

**STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES  
TITLE IV-B SUBPART 2: PROMOTING SAFE AND STABLE FAMILIES PROGRAM  
REQUEST FOR PROPOSAL (RFP)**

**FUNDING PERIOD:** Grants may be awarded for a 36 month period: July 1, 2007 through June 30, 2010.

Please Note: Awards for funding will be evaluated annually with special emphasis given to regional service array needs. Based upon changes in such needs, awards may be increased or reduced with 30 day notice to sub grantees on an annual basis.

**PROPOSAL DEADLINE:** **Friday, March 16, 2007, no later than 5:00 p.m.** Proposals with postmarks dated March 16, 2007 that arrive late (after 5:00 p.m.) will NOT be accepted.

**COPY REQUIREMENTS:** One (1) original and three (3) clear copies. Only hard copies will be accepted. Faxed or emailed documents will not be accepted. Unrequested attachments will not be accepted.

**ELIGIBILITY:** Any 501(c)(3) nonprofit organization, school district, tribal government, or local government agency is eligible to receive federal money for Title IV-B/2 Safe and Stable Families programs.

**RFP AVAILABILITY:** Beginning Monday, January 8, 2007, Request for Proposal (RFP) packets may be obtained by calling Debbie Tanaka at 775 684-7946 or by email at [dtanaka@dcfs.state.nv.us](mailto:dtanaka@dcfs.state.nv.us)

RFP packets may also be obtained at the pre-application workshops.

The RFP may also be downloaded at the State of Nevada Division of Child and Family Services website at [www.dcf.state.nv.us](http://www.dcf.state.nv.us)

THE PRE-APPLICATION WORKSHOPS will be conducted as noted below. DCFS staff will conduct the pre-application workshops, will be present to answer questions and sign Certificates of Attendance. (It is highly recommended that workshop attendees be the Executive Director, fiscal agent or the Grant Writer from each program submitting an application. A signed Certificate of Attendance must accompany the application):

**Monday, January 29, 2007 1:00pm to 3:00pm:**

**Reno Location:**

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Jan Evans Juvenile Justice Center  
650 Ferrari McLeod Blvd.  
Reno, NV 89512

Please be informed that there will be a security screening at the Jan Evans Juvenile Correctional Center.

**Tuesday, January 30, 2007 1:00pm to 3:00pm:**

Las Vegas Location:  
Grant Sawyer Building  
555 East Washington Avenue, Suite 1412  
Las Vegas, NV 89101

**Thursday February 1, 2007 1:00pm to 3:00pm:**

Rural Location:  
Nevada Department of Motor Vehicles, Nevada Highway Patrol Conference Room  
3920 Idaho Street  
Elko, NV 89801

The State of Nevada Department of Health and Human Services, Division of Child and Family Services will accept written proposals for family support, family preservation, time-limited family reunification, adoption promotion and support services, and Family Assessment Services in support of the Division's Program Improvement Plan (PIP) and Title IV-B/2 Five Year Plan. These plans can be located at [www.dcss.state.nv.us](http://www.dcss.state.nv.us)

Proposals must emphasize service delivery objectives as noted in this document under "special emphasis" be directly related to the Program Improvement Plan and the Division's federal requirements for safety, permanency and well-being outcomes; systemic factors and items pertaining to the Title IV-B/2 Service Areas of Family Support; Family Preservation; Time-limited Family Reunification Services; Adoption Promotion and Support Services; and identification of performance indicators with specified methods of measurement.

Because funds will be allocated annually, each sub grantee must submit their proposals with annual budgets based on the state fiscal year, July 1 through June 30. Funds not expended in each state fiscal year may be reallocated on a competitive basis or extended to the current sub grantee upon review and approval of a revised budget and scope of work submitted with the year-end report. Year end Monthly Financial Status and Request for Funds Reports along with program reports will be required at the end of each state fiscal year.

Proposals will be accepted to provide services in all geographic areas of the state. Proposals must adequately describe community needs and address services to be provided to meet these needs. Proposals will be evaluated on a competitive basis for funding period between twelve

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(12) to thirty six (36) months. The Division anticipates awarding approximately \$1,382,840.00 statewide with \$345,710.00 per Title IV-B/2 categorical service area:

- Family Support;
- Family Preservation;
- Time-limited Family Reunification Services;
- Adoption Promotion and Support Services

Preference will be given to respondents in Rural Counties who are requesting funding to provide services in the following targeted areas:

- Mental Health Assessments and Treatment;
- In-home Family Preservation Services

Preference will be given to respondents in Washoe County who are requesting funding to provide services in the following targeted areas:

- Family Counseling;
- Family Substance Abuse Treatment

Preference will be given to respondents in Clark County who are requesting funding to provide services in the following targeted areas:

- Family Preservation: intensive supervision and counseling to improve parenting skills and mitigate risk factors that can result in maltreatment. This service priority is for direct in-home services. Due to the scope of the methamphetamine problem in Southern Nevada, implementation of a model that appropriately addresses methamphetamine use is essential;
- Homemaker Services: to include basic family support activities related to homemaking and meal preparation tasks, monitoring family functioning and parenting skill development, transportation for parents and children to necessary medical appointments and to visitation locations when the child is in out-of-home care;
- Family Substance Abuse Assessment and Treatment;
- Mental Health Assessments;
- Domestic Violence Response: assessment, intervention, and advocacy to assist families affected by domestic violence;
- Home Studies and Social Summaries: must be completed for foster and adoptive homes prior to approval as a placement resource

The approximate percentage of funds will be allocated for the following geographical areas:

Clark County - 70%

Washoe County - 20%

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Rural Region (all rural counties) - 10%

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

DCFS will attempt to adhere to a distribution of funds as per the following. DCFS will determine the categorical service areas distribution based on demand and need for services, with priority given to programs offering the widest array of Pre-Placement Prevention Services. DCFS reserves the right to modify reporting formats and reporting requirements.

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).

**Technical assistance:**

The Division of Child and Family Services (DCFS), in collaboration with the University of Nevada, Reno (UNR) Department Human Development and Family Studies (HDFS) Child and Family Services Analysis Program (CFSAP), would like to ensure you that technical assistance in every aspect is available to you. For specific grant related questions, please contact Christine Lovass-Nagy at 775-684-4449 by phone or [clovass-nagy@dcfs.state.nv.us](mailto:clovass-nagy@dcfs.state.nv.us) by email. The UNR CFSAP staff is available to assist you in the completion of your agency's proposal and brainstorming of measurable outcomes. For such services, please contact the UNR CFSAP staff at 775-784-3586. To ensure that the UNR CFSAP has sufficient time to work with your organization, please allow two business days for all requests for technical support made to the UNR CFSAP.

**Proposals must be submitted to:**

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

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**RFP CALENDAR**  
**TITLE IV-B/2, SUBPART 2: PROMOTING SAFE AND STABLE FAMILIES**

Monday, January 8, 2007: Request for Proposal (RFP) packets may be obtained by

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Contacting Debbie Tanaka at 775-684-7946. RFP packets may also be obtained at the pre-application workshop listed below.

January 29, 30 and February 1, 2007: Pre Application Workshops

Reno: Monday, January 29, 2007

Las Vegas: Tuesday, January 30, 2007

Elko: Thursday, February 1, 2007

Friday, March 16, 2007:

Proposals due by 5:00 p.m. -- no exceptions.

Submit to:

Division of Child and Family Services

4126 Technology Way, 3<sup>rd</sup> Floor

Carson City, NV 89706

Attn: Debbie Tanaka

Week of April 16- 20, 2007:

Review of proposals and recommendations for funding levels by Title IV-B/2 RFP Review Panel.

May 1-4, 2007:

Budget and technical services negotiations with successful applicants.

May 18, 2007:

Deadline for applicants to submit any required budget, services plan revisions, or other necessary forms to the Division.

June 1, 2007:

Notice of Sub-Grant Award sent by mail/fax to successful applicants.

July 1, 2007:

Funding Begins.

## **BACKGROUND AND DEFINITIONS OF TITLE IV-B/2 SERVICES**

Introduction: The Division of Child and Family Services (DCFS) is requesting proposals for family support, family preservation, time-limited family reunification, adoption promotion and support services, and family assessment services in support of the Division's Program

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Improvement Plan and Title IV-B/2 Five Year Plan as pertaining to the requirements of the Title IV-B/2, Subpart 2, Promoting Safe and Stable Families Program for the period of July 1, 2007 through June 30, 2010.

Funds will be granted to community-based organizations or local governments throughout Nevada to ensure that Title IV-B/2 services are provided statewide (north, south, and rural) to:

- Families whose children are at risk of being removed from their home due to abuse or neglect;
- Families referred by a state or county child protective services / child welfare agency;
- Foster or relative caregiver families;
- Families with special needs adoptive children

Proposals must address one of the following four (4) specific program areas: 1) Family Support (Prevention and Support Services); 2) Family Preservation; 3) Time-Limited Family Reunification Services; 4) Adoption Promotion and Support Services; and 5) In the rural regions of the state, proposals to provide Family Assessment Services are being requested (see definitions, below). Approximately \$345,710 will be available per program category statewide. Successful applicants will be required to provide at least twenty-five percent (25%) of the total program cost in cash or in-kind match.

**Funding priority will be given to agencies offering the broadest array of Pre-Placement Prevention services to families whose children are at risk of removal from their homes.**

Applicant will require its employees, volunteers and other workforce members to maintain the confidentiality of any information that would identify persons receiving services.

Site Reviews and Monitoring: DCFS will conduct a minimum of one on-site review annually. By signing a subgrant award, the subgrantee agrees to collaborate during the site visit process. These site reviews may involve the following areas:

- Program evaluation/outcome measures;
- Case record content;
- Human resources/policies and procedures;
- Trustee or advisory board activities;
- Fiscal policies and procedures;
- Verification of expenditures

A formal site visit will result in a written report of findings. If additional information is required, sub grantee agrees to provide the requested documentation. Should site review results highlight fiscal vulnerabilities, an independent audit may be required.

Reporting: There are two (2) types of required reports. The first is a financial report entitled “Monthly Financial Status and Request for Funds Report” which consists of monthly reimbursement requests to be submitted by the fifteenth of each month for the previous month.

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The second is a HDFS (Human Development and Family Studies) report entitled the “Title IV-B/2 Monthly Program Report” (see attachments) to be submitted by the fifteenth of each month for the previous month as well as a year-end summary report, all completed electronically via the HDFS website. By signing a sub-grant award, the subgrantee agrees to provide these reports within required timelines.

Sub-grantee Non-Compliance: DCFS will maintain close scrutiny over the following:

- Reporting deadlines (both financial and program reports);
- Compliance with Scope of Service (see attachments);
- Cooperation with program evaluation initiatives;
- Site visit responses;
- Fiscal audit responses;
- DCFS may require corrective action plan implementation to overcome barriers to outcomes noted through evaluation processes

DCFS reserves the right to terminate any funding if there is a pattern of non-compliance or if there are questions of fiscal mismanagement.

Definitions of service categories are as follows:

- 1) Family Support (Prevention and Support Services) is defined as: Community-based services which promote the well-being of children and families and are designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and to enhance child development. These services may include \*respite care for parents and other caregivers (must demonstrate funds are unavailable through other sources), early developmental screening of children to assess the needs of these children and assistance in obtaining specific services to meet their needs; mentoring, tutoring, and health education for youth; a range of center-based activities (informal interactions in drop-in centers, parent support groups); services designed to increase parenting skills; counseling and home-visiting activities.
  - a. Child Protective Services, (CPS) has contracted with community-based agencies to provide Family Assessment Services in rural areas of the state. The assessment evaluates client family needs in the following areas: Environment, Parental Capabilities, Family Interactions, Family Safety and Child Well-Being. This assessment assists community providers in determining the needs of specific families and family members; in order to develop a comprehensive approach to providing supportive services to referred families.
- 2) Family Preservation is defined as:
  - a. Crisis Intervention: Services for children and families designed to help families (including adoptive, foster and extended families) at-risk or in crisis;

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- b. Pre-Placement Prevention: Services to prevent family disruption and unnecessary removal of children from their homes (as appropriate). These services may include intensive family preservation, post-adoptive support services, case management, counseling, day care, \*respite care services, homemaker services, services designed to increase parenting skills, family budgeting, coping with stress, health, and nutrition. Preference will be given to those applicant agencies identifying Pre Placement Prevention Services as a major component of their programs;
- c. Reunification Services: Services to help children, where appropriate, return to families from which they have been removed or be placed for adoption or legal guardianship. These services may include day care services, homemaker or caretaker services, family or individual counseling for parent(s) and child, follow-up care to families to whom a child has been returned after placement and other reunification services the State identifies as necessary.

\*Respite Care Services are services provided to individuals unable to care for themselves in a variety of settings on a regular or intermittent basis to meet planned or emergency needs of the primary caretakers. Must demonstrate funds are unavailable through other sources. The parent/step parent or the primary caretaker of the individual cannot be the provider of respite care. Respite can be provided in: the individual's home, foster care homes, group homes, licensed child care facilities, certified respite homes, social day care facilities, recreation programs, and camp programs. (Training of respite care providers and "training of trainers" of respite care providers is included in the definition of respite care services.)

3) Time-Limited Family Reunification Services are defined as: Services and activities that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution and to the parent or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that the child, pursuant to section 475 (5)(F), is considered to have entered foster care. The services and activities are the following: 1) Individual, group, and family counseling; 2) Inpatient residential, or outpatient substance abuse treatment services; 3) Mental health services; 4) Assistance to address domestic violence.

4) Adoption Promotion and Support Services are defined as: Services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

Specific adoption promotion and support services include: 1) recruitment and preparation of adoptive families interested in the placement of children awaiting adoption; 2) completion of adoption home-study assessments or social summaries of children waiting

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to be adopted; 3) post placement supervision of children in adoptive placement; and, 4) counseling, treatment intervention, support group activities for adoptive families of special-needs children; and 5) respite care services to adopted special-needs children.

## **GRANT APPLICATION PROCESS AND INSTRUCTIONS**

### **A. APPLICATION PROCESS**

#### **1. General Information**

- a. Application Kit includes all forms necessary to apply for Title IV-B/2 funds. Specific application requirements, such as the narrative are also detailed.
- b. All materials that are submitted must be on white paper, typed, single spaced, Times New Roman, size 12, black and kept within specified page limits. Illegible material will be returned without consideration.
- c. The name of the applicant agency and page number must be clearly indicated by footer on each page.
- d. The original (clearly labeled) and three (3) copies of all application materials must be submitted.
- e. Any materials previously submitted are not valid for consideration as part of an application for funds.
- f. All material submitted by an applicant becomes the property of the Division.
- g. Additional application materials not requested by the Division are not necessary, and will not be considered as part of the grant application.
- h. All required information must be submitted with the application in order to be considered.
- i. 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.
- j. Late or incomplete applications will not be considered for funding.

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- k. All grant applications, and any questions regarding the application procedures or need for technical assistance should be directed to Christine Lovass-Nagy, Clinical Program Planner II, Division of Child and Family Services, 4126 Technology Way, 3<sup>rd</sup> Floor, Carson City, NV 89706 (775) 684-4449.
- l. Do not put applications in binders or covers.
- m. The Division of Child and Family Services is not responsible for any costs incurred by applicants responding to any request for proposal. Proposals submitted become the property of the Division.
- n. Awards for funding will be a three (3) year provisional award. All awards for funding will be evaluated annually with consideration given to regional service array needs. Based upon the annual service array assessment and changes in service needs, awards may be increased or reduced with 30 day notice to sub grantees.

## 2. Application Review Process

Applicants will be required to complete an application, based on requirements specified in the Application Kit and this Program Manual. All new and current TITLE IV-B/2 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 manual and the Application Kit, 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 5:00 p.m. on the deadline date of March 16, 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 manual and the Application Kit 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.

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**3. Evaluation: Narrative submissions must address each of the following areas:**

Title IV-B/2 categorical service areas  
Goals and Objectives  
Methods and Services  
Performance Measures and Program Evaluation  
Annual Budget Detail and Budget Narrative

**4. Decision Letters 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 Title IV-B/2 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.

**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 8 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

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

**3) Proposed Services to be funded** (2 page maximum-Discussion should include services and activities as related to the Program Improvement Plan and/or Title IV-B/2 Five Year Plan) - 45 points possible

- a) Describe day-to-day services and activities to be funded;
- b) Provide a program implementation timeline that shows when each program component will be initiated.
- c) Describe how proposed services will be staffed and staff qualifications;
- d) Describe collaboration with referral sources and the referral process;
- e) Describe targeted child/family population to be served; Include how many of these children/families will be served during a one year period; (Refer to page 2 of the RFP)
- f) Describe the targeted service area (geographic);
- g) Include a statement of agreement to participate in the state Title IV-B/2 program evaluation.

**Note: Funding priority will be given to agencies offering the broadest array of Pre-Placement Prevention Services to families whose children are at risk of removal from their homes.**

**4) Evaluation** [4 page maximum-Evaluation should be based on measurement related to the four service categories: Family Support, Family Preservation, Time Limited Family Reunification, Adoption Promotion (In Rural Region- Support and Family Assessment)] - 35 points possible

- a) List at least two specific, measurable outcomes directly related to a PIP Outcome and Item number and your scope of work to be achieved with clearly defined goals and objectives (using the form provided at the Pre-Application workshop and attached in the RFP packet) and timelines for completion;
- b) Describe methods to evaluate success in achieving outcomes.
- c) For programs already receiving Title IV-B/2 funding: Provide an analysis of year to year outcomes achieved for children and families as a result of previous Title IV-B/2 funding during funding year 2006 to 2007 (1 page maximum). If there has been a decrease in outcomes achieved, describe how the proposed scope of work will address this decrease. Please summarize any data obtained to evaluate services provided via Title IV-B/2 funding during this time frame and attach any evaluation instruments used (1 page maximum).

**5) Budget Request, Budget Justification, and Program Revenues** - 10 points possible  
Please use the form provided on pages 17-19, 22 and 23.

**6) Submit the Following Attachments To the Title IV-B/2 Proposal**

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- 2;
- a) A copy of an organizational chart with current and proposed staff specific to this project. Clearly delineate positions proposed for funding through Title IV-B/2, Subpart
  - b) List of Board or Governing Body with Officers', Affiliations and Terms;
  - c) Copy of current IRS designation 501(c)(3). This applies only to private, nonprofit organizations and does not apply to local government agencies;
  - d) List of services currently provided by the applicant organization;
  - e) Scope of Work completed as per form attached, page 23;
  - f) Balance Sheet and income/expense statement from most recent organization audit;
  - g) Management letter/s from most recent Audit and Schedule of Questionable Costs;
  - h) Copies of Insurance Coverage (not applicable to local government agencies):
    - 1) Commercial General Liability;
    - 2) Professional Liability;
    - 3) Business Auto;
    - 4) Worker's Compensation;
    - 5) Other Insurance Policies

**PROPOSAL COVER PAGE**

Submit this cover page with the completed proposal, **no later than March 16, 2007, 5:00 p.m.**  
**Do not leave any line blank.**

Grant Period: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_  
 Amount year 1: \_\_\_\_\_ Amount year 2: \_\_\_\_\_ Amount year 3 \_\_\_\_\_  
 Total Amount Requested must equal sum of year 1, year 2 and year 3.  
 Annual amounts requested for Family Support \_\_\_\_\_, Family Preservation \_\_\_\_\_,  
 Time Limited Family Reunification \_\_\_\_\_, and Adoption Support \_\_\_\_\_  
 Applicant Organization: \_\_\_\_\_

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Project Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Fiscal Agent (if different from Applicant Organization): \_\_\_\_\_

Fiscal Agent Address: \_\_\_\_\_

Date of the most recent audit completed: \_\_\_\_\_

Administrator/Director (typewritten): \_\_\_\_\_

Administrator/Director (signature): \_\_\_\_\_

Brief description of proposed services: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Projected number (unduplicated) of adults and children to be served:

Children: \_\_\_\_ Families: \_\_\_\_ Single Heads of Households: \_\_\_\_ Persons with Disabilities: \_\_\_\_  
 Children receiving services from DCFS or County child welfare agency (Washoe DSS or Clark DFS) as a result of CPS involvement or referral: \_\_\_\_  
 Families receiving services from a public child welfare agency, DCFS or counties: \_\_\_\_

Program Category	Washoe	Clark	Rural
Family Support			
Family Preservation			
Time-Limited Family Reunification			
Adoption Promotion and Support Services			

**CHECKLIST TO ASSIST IN SUBMITTAL OF THE  
 TITLE IV-B/2 SAFE AND STABLE FAMILIES PROGRAM GRANT PROPOSAL**  
 (Please attach to proposal)

- \_\_\_\_\_ Checklist
- \_\_\_\_\_ Completed Cover Sheet
- \_\_\_\_\_ Proposal Narrative
- \_\_\_\_\_ Budget Form: Proposed Program Budget Summary
- \_\_\_\_\_ Budget Narrative/Justification

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- \_\_\_\_\_ Budget Form: Overall Program Income/Revenue Sources
- \_\_\_\_\_ Organizational Chart
- \_\_\_\_\_ 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
- \_\_\_\_\_ Completed Scope of Services form
- \_\_\_\_\_ Balance Sheet and income/expense statement from most recent organization audit
- \_\_\_\_\_ Management letter/s from most recent Audit and Schedule of Questionable Costs
- \_\_\_\_\_ Copies of Insurance Coverage (not applicable to local government agencies):

- \_\_\_\_\_ Commercial General Liability
- \_\_\_\_\_ Professional Liability
- \_\_\_\_\_ Business Auto
- \_\_\_\_\_ Worker's Compensation
- \_\_\_\_\_ Other Insurance Policies

- \_\_\_\_\_ Three (3) copies, plus one (1) original, with the original clearly marked, for a total of four (4) documents
- \_\_\_\_\_ Certifications 1–5
- \_\_\_\_\_ Certification of Application
- \_\_\_\_\_ Certification of Attendance at Pre application Workshop

NOTE: Please do not submit the monthly reporting forms with your proposal. They have been attached to this RFP for your reference, only.

### **BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION**

In column 1 in the form below, describe the expenses and show calculations (how you arrived at the dollar amount). In column 2, show the amount of funds being requested to support the proposed project. In column 3, show the amount of \*all other funds (or the dollar amount of inkind resources) to be used for the project. In column 4, add column 2 and column 3 to show the total cost of services to be provided for each expense category. A match of 25% of Total Program Costs is required. Match is calculated by requested amount divided by .75 equals Total Program Cost, times by .25 = Match. **Example: \$100,000 requested divided by .75 times .25 equals \$33,333.33 match.** Match does not have to be by category, but in total.

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Organization Name:

Proposal/Service Category:

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> Title IV-B/2 Funds Requested	<u>Column 3</u> Match (at least 25% 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**

**BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION**  
(PAGE 2 OF THIS FORM)

Organization Name:

Proposal/Service Category:

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> Title IV-B/2 Funds Requested	<u>Column 3</u> Match (at least 25% of total program costs, cash or in-kind	<u>Column 4</u> TOTAL PROGRAM BUDGET (Columns 2+3)

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<p>B. Operating Costs</p> <ol style="list-style-type: none"> <li>1. Occupancy</li> <li>2. Communications</li> <li>3. Supplies</li> <li>4. Travel</li> <li>5. Other (Describe)</li> </ol>			
Subtotal			
C. Equipment (any purchase equal to, or greater, than \$ 1,000)			
Subtotal			

**USE ADDITIONAL SHEETS, IF NECESSARY**

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**BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION  
(PAGE 3 OF THIS FORM)**

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> Title IV-B/2 Funds Requested	<u>Column 3</u> Match - 25% of total program costs, cash or in-kind	<u>Column 4</u> TOTAL PROGRAM BUDGET (Columns 2+3)
D. Contractual Services			
Subtotal			
E. Other Expenses			
Subtotal			
GRAND TOTAL (Items A-E)			

**USE ADDITIONAL SHEETS, IF NECESSARY**

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## BUDGET REQUEST AND JUSTIFICATION

In column 1 of the budget forms describe the expenses and show calculations (how you arrived at the dollar amount). In column 2, show the amount of funds being requested to support the proposed project. In column 3, show the amount of \*all other funds (or the dollar amount of in-kind resources) to be used for the project. In column 4, add column 2 and column 3 to show the total cost of services to be provided for each expense category. A match of 25% of Total Program Costs is required. This figure is computed as follows: **Requested amount divided by .75 = Total Program Cost, times by .25 = Match.** Use the following instructions as a guide for describing each category of expense in Column 1:

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: IV-B 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>\$ .445 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 \$1000 should be included under Operating Costs,

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Supplies. All equipment costing \$1000 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 Title IV-B/2 funds must be marked as IV-B 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 services costs.

E. OTHER EXPENSES: This category includes everything not covered by the above. Note: Federal law prohibits the provision of food as a reimbursable item. Wraparound funds are allowable for such items as rental assistance, transportation, utilities, children's clothing, etc. Programs requesting these funds must adhere to the following requirements: 1) Maximum per family per year = \$2,000; 2) Must document that there was an attempt to access all other possible resources prior to use of wraparound funds. 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.

**BUDGET FORM: PROGRAM REVENUES**  
**Please list all other revenues for your agency/program.**

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<b>Funding Source</b>	<b>Pending or Secured</b>	<b>Time Period</b>	<b>Amount</b>
		<b>Total</b>	

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

### **BUDGET FORM: PROGRAM REVENUES EXAMPLE**

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

<b>Funding Source</b>	<b>Pending or Secured</b>	<b>Time Period</b>	<b>Amount</b>
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.

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**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

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**STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF CHILD AND FAMILY SERVICES  
MONTHLY FINANCIAL STATUS AND REQUEST FOR FUNDS REPORT**

FOR STATE USE ONLY			
Job#: _____	BA#: <u>3145</u>	Category #: <u>20</u>	CFDA #: <u>N/A</u>

CONTACT INFORMATION	
Vendor Name: _____	Vendor Number: _____
Program Name: _____	Email address: _____
Street/P.O. Box: _____	Telephone: _____
City: _____	Fax: _____
Zip Code: _____	Tax ID Number: _____
Contact Person: _____	Fiscal Agent: _____

GRANT REPORTING INFORMATION			
State Grant #: _____	Month: _____	Year: _____	
Award Period: _____ to _____	Report Period: <u>January</u>	<u>2006</u>	
1. Final Report: _____ yes _____ no	3. Prepared by: _____		
2. Amended Report: _____ yes _____ no			

EXPENDITURES						
Category	Approved Budget	Previously Reported Expenditures	4. Current Period Expenditures	Year to Date Costs	Budget Balance	Percent Expended
Personnel	\$ 10,000	\$ -		\$ -	\$ 10,000	0%
Operating	5,000	-		-	5,000	0%
Contractual	4,000	-		-	4,000	0%
Travel	-	-		-	-	N/A
Other	1,000	-		-	1,000	0%
<b>SUBTOTAL</b>	<b>20,000</b>	<b>-</b>		<b>-</b>	<b>20,000</b>	<b>0%</b>
Required Match	5,000	-		-	5,000	0%
<b>TOTALS</b>	<b>25,000</b>	<b>-</b>		<b>-</b>	<b>25,000</b>	<b>0%</b>

CASH FLOW	
5. Current request for advance funds (prior approval required): _____	
Year to date total expenditures:	-
Less: prior reimbursements received:	-
6. Less: expenses applied to advance:	-
<b>CURRENT REQUEST:</b>	<b>\$ -</b>
Total grant award:	\$ 20,000
Less: advance funds received:	-
Less: prior reimbursements received / requested:	-
<b>TOTAL FUNDS AVAILABLE:</b>	<b>20,000</b>
Less: current request:	-
<b>BALANCE OF REMAINING FUNDS:</b>	<b>\$ 20,000</b>

I certify that, to the best of my knowledge and belief, the data reported represents actual receipts and actual expenditures which have been incurred in accordance with the approved grant documents, and are based on official accounting records and supporting documents which will be maintained for purposes of audit.		
7. Signature of Authorizing Subgrantee Official _____	Date _____	Title _____

Reimbursement is correct and accepted as presented: <input type="checkbox"/>	Reviewer's initials: _____	Date: _____
Request is approved in the amount of: \$ _____	Job # _____	BA# _____
Category: _____	Recommended for Payment By: _____	Title: _____
Date: _____	Approved for Payment By: _____	Title: _____
Date: _____	Approved for Processing By: _____	Title: _____
Date: _____		

File Last Modified 8/8/06

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## **INSTRUCTIONS**

### **Monthly Financial Status and Request for Funds Report**

All Monthly Financial Status and Request for Funds Report 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 Debbie Tanaka at 775-684-7946 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.

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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: Debbie Rabe

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 Debbie Tanaka at 775-684-7946 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.

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**RFP ATTACHMENTS:**

**Title IV-B Report**

All items on this report directly correspond to the Program Improvement Plan

1. Grantee Information

Grantee	
Address	
Telephone	
Email	
Prepared By	
Report for	

2. Referrals received

From DCFS:	
From Washoe:	
From Clark:	
Self Referral:	
From Other Agencies:	

3. Total Title IV-B clients served during reporting period

	<u>New</u>	<u>Carried Over</u>
<u>Individuals Served</u>		
<u>Families Served</u>		
<u>Children Served</u>		
<u>Persons with a disability served</u>		
<u>Single heads of household served</u>		

4. Of the clients you served, how many were in the Child Welfare System

	New	Carried Over
Unduplicated Families Served		
Unduplicated Children Served		
Unduplicated Persons with a disability served		

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Unduplicated Single heads of household served		
-----------------------------------------------	--	--

5. Grantee Outcomes

6. Services Provided

Please approximate the total time (hours) spent providing Title IV-B services this month:	
-------------------------------------------------------------------------------------------	--

Basic Needs:

Child Safety Seats	
Holiday	
Transportation Assistance	
Clothing	
Housing	
Utility Assistance	
Food	
Rental Assistance	
Other Basic Needs:	

Children/Youth Development

Child Care	
Development Screening	
Pre-Kinder classes	
Child Development Classes/Activities	
Mentor Program	
Teen/Youth Support Group	
Day Care Assistance	
Playgroup	
Tutoring	

Health:

CPR Education	
Nutrition Classes	
Health Education	
Health Screening	

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**Information & Referral:**

Community Awareness Campaign	
Referrals to Outside Agencies	
Resource Library	

**Life skills/Development Training:**

Budget/Financial Counseling	
GED Classes	
Life skills Group	
Employment Training	
Homemaker Services/Training	
Literacy Training	
ESL Classes	
Job Search/Placement Assistance	
Parenting Classes/Training	

**Support Services:**

Assessment Services	
Crisis Intervention	
Home Visits	
Respite	
Case Management	
Domestic Violence Services	
Individual Counseling	
Support Groups	
Client Advocacy	
Family Counseling	
Relative Searches	
Therapy	

**7. Story Maps**

**Setting:**

e.g. class, home visit, support group, etc.

**Clients/Participants:**

Please describe clients/participants (do not use names)

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**Problems/Circumstances:**

Circumstances leading to overall problem and/or success

**Interventions:**

**Solutions/Outcomes:**

**Solutions/Outcomes:**

Division of Child and Family Services  
FPO Grants Management Unit

**CERTIFICATION # 1**

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**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.

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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 Non-procurement 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".

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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.

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Signature

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Title

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Grantee Legal/Corporate Name

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Date

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Division of Child and Family Services  
FPO Grants Management Unit

**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:

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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

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- (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**

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- (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

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Division of Child and Family Services  
FPO Grants Management Unit

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

- (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.

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Signature \_\_\_\_\_ Title \_\_\_\_\_

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Grantee Legal/Corporate Name \_\_\_\_\_ Date \_\_\_\_\_

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**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.

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Signature

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Title

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Grantee Legal/Corporate Name

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Date

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Division of Child and Family Services

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**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

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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

Division of Child and Family Services  
FPO Grants Management Unit

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## 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

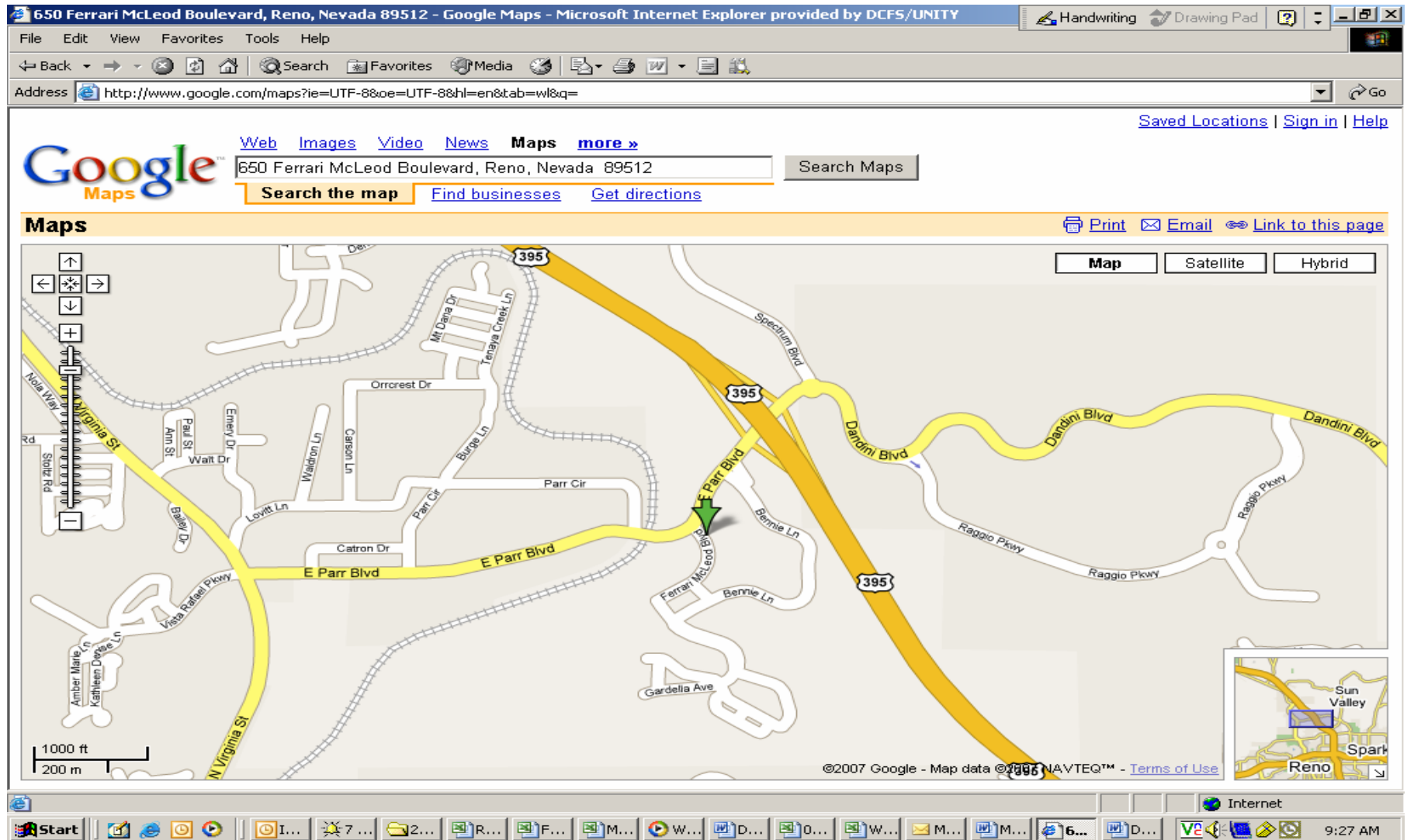
\_\_\_\_\_  
Date

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

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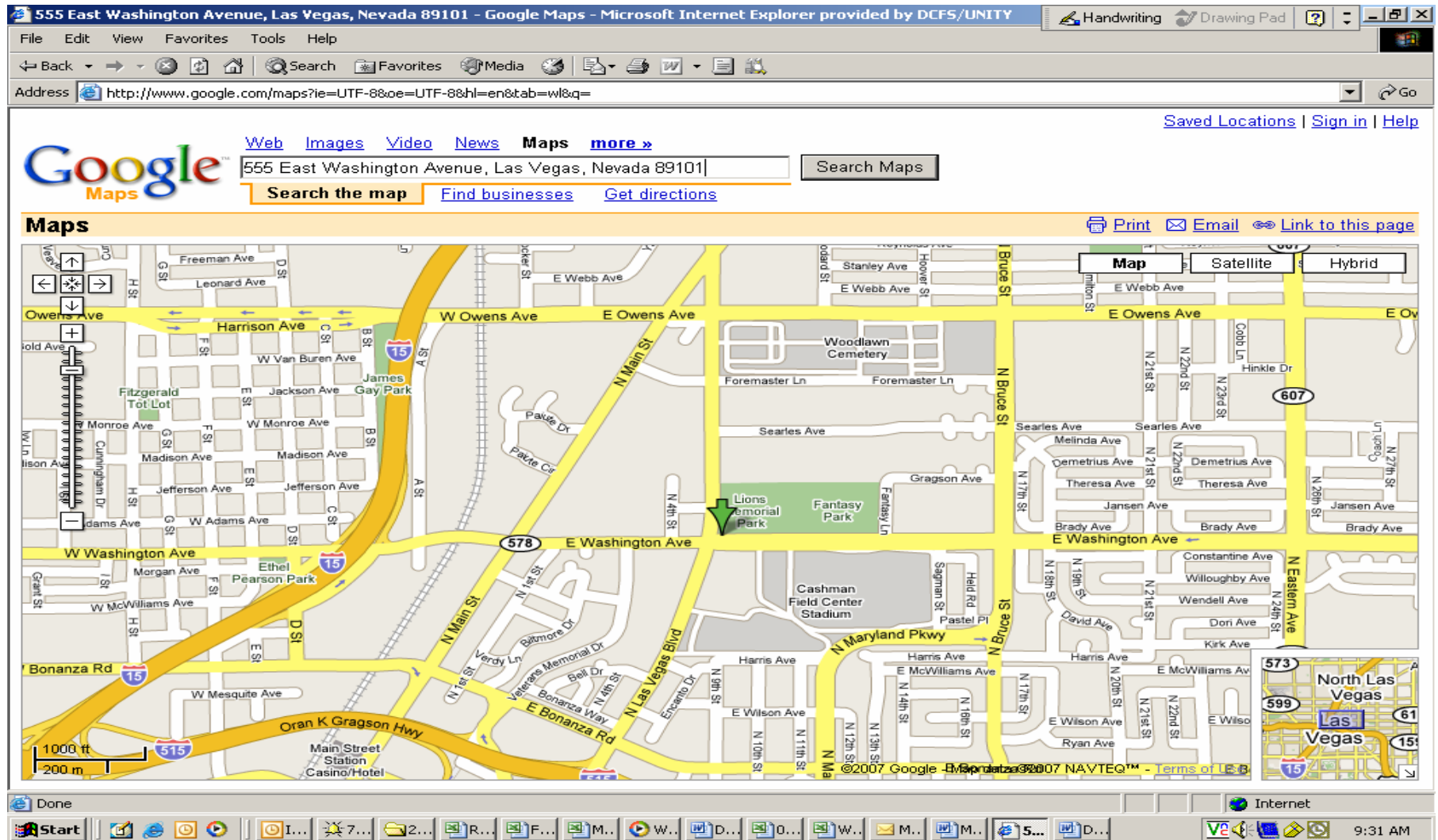
Map to the Reno Pre-Application Workshop on Monday, January 29, 2007 from 1:00pm to 3:00pm



Jan Evans Juvenile Justice Center, 650 Ferrari McLeod Boulevard, Reno, Nevada 89512

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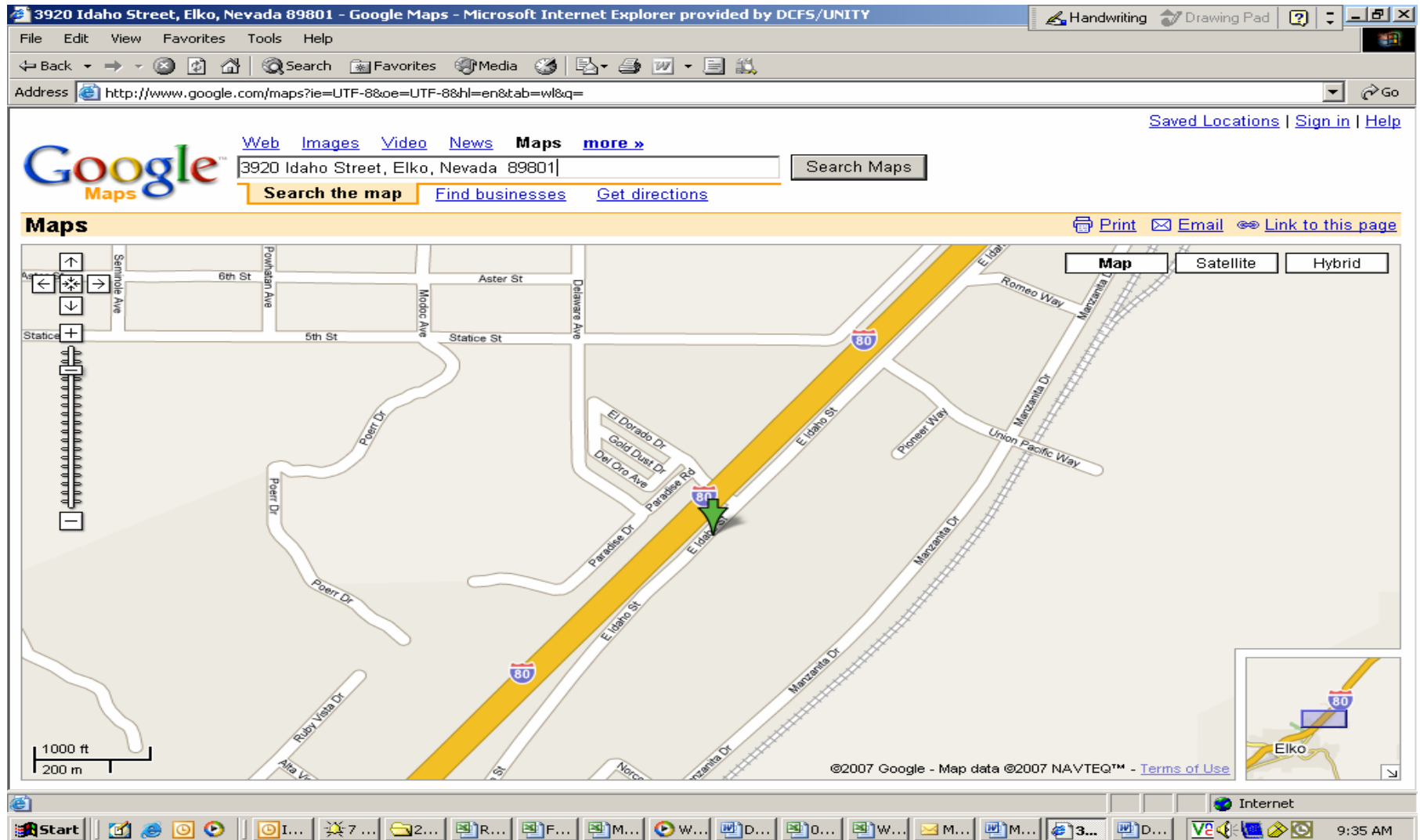
Map to the Las Vegas Pre-Application Workshop on Tuesday, January 30, 2007 from 1:00pm to 3:00pm



Grant Sawyer Building, 555 East Washington Avenue, Suite 1412, Las Vegas, Nevada 89101

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Map to the Elko Pre-Application Workshop on Thursday, February 1, 2007 from 1:00pm to 3:00pm



Nevada Department of Motor Vehicle, 3920 Idaho Street, Elko, Nevada 89801

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