

**DRAFT Minutes of the Thursday April 16, 2020 meeting
Department of Health and Human Services (DHHS)
Grants Management Advisory Committee (GMAC)**

The Grants Management Advisory Committee (GMAC) held a public meeting on Thursday, April 16, 2020, beginning at 10:00 a.m.

Per Governor Sisolak's Emergency Directive 006, there was no physical location required for this teleconferenced meeting. Public comments by teleconference are welcome.

Teleconference number: Conference call 888-204-5984, access code 2799329#

Materials: <http://dhhs.nv.gov/Programs/Grants/PGS/>

I. Call to Order, Roll Call, and Announcements

The meeting was called to order at 10:00 a.m. by Chair Diane Thorkildson. Connie Lucido took roll call and a quorum of the Grants Management Advisory Committee was confirmed.

Members Present

Leslie Bittleston
Ali Caliendo
Amy Kelley
Christopher Linton
Tom McCoy
Fred Schultz
Fernando Serrano
Diane Thorkildson
Shirley Trummell
Stacy York

Members Absent

Susan Lucia-Terry

Department of Health and Human Services, Grants Management Unit staff present

Connie Lucido, Chief
Lori Follett
Katherine Pacheco
Cyndee Joncas
Jennifer Hughes
Jen White

Others Present

Christopher Croft, NCAA
Jenny Fay, Cupcake Girls
Karen Van Hest, Catholic Charities of Northern Nevada

There were no additional announcements.

II. Public comment #1

Chair Ms. Thorkildson invited public comment. There were no comments.

III. ACTION ITEM: Approval of minutes of January 13, 2020 meeting

Chair Ms. Thorkildson asked if there were any corrections to the minutes from the January 13, 2020 meeting.

Ali Caliendo stated she was present in person at the meeting, not by phone as the minutes state.

Chair Ms. Thorkildson entertained a motion to approve the January 13, 2020 meeting minutes with changes. A motion to approve was made by Leslie Bittleston, and Stacy York seconded the motion. The motion passed unanimously without public comment.

The minutes of the January 13, 2020 meeting were approved with changes.

IV. COVID-19 update (discussion and information) Connie Lucido

Ms. Lucido presented information regarding funding and grants administered by the Grants Management Unit (GMU). GMU staff has been reaching out to subrecipients in an effort to gain understanding of expected expenditures over the next three months (through the end of the State fiscal year). It is expected that all awards will continue as awarded, excluding those subrecipients that are spending below what was budgeted. Those subgrant awards will be amended to a more accurate budget and unused funds will be reallocated through an approved mechanism.

Community agencies have reported changes in operational status due to the need for social distancing. Our Federal partners are encouraging flexibility where it can be allowed as well as adjustments in scope of work within Federal requirements. An influx of Community Services Block Grant (CSBG) funds are expected as a result of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which awarded an additional \$1 billion dollars, of which approximately \$5 million is earmarked for Nevada. The funds will be distributed using the same formula approved by the Federal Agency for use in Community Action Agencies (CAA). Additional Title XX funds are not expected to be received, however, as previously stated, our Federal partners have encouraged flexibility when policies permit.

The Nevada Health Response website, www.nvhealthresponse.nv.gov, is Nevada's official website and contains up-to-date COVID-19 information as well as prevention information.

Ms. Thorkildson asked if there were any questions and posed one from herself – How is the Title XX money being used in view of the Medicaid expansion and needs assessment? Ms. Thorkildson asked for an overview presentation at the next GMAC scheduled meeting which would describe where Title XX funds are being expended.

Ms. Lucido replied she will put one together for the July GMAC meeting. The GMU is currently looking at those same questions.

Ms. Bittleston asked if the additional \$5 million earmarked for Nevada will have to be approved by the GMAC before disbursement?

Ms. Lucido replied entities must go through steps and organizational standards requirements prior to being approved to receive CSBG dollars. The additional funds will be disbursed using the same formula, so therefore will not be disbursed through the GMAC.

Ms. Thorkildson invited questions or comments. There were no questions or comments.

V. ACTION ITEM: Approve Human Trafficking Request – Lori Follett

a) Cupcake Girls

Lori Follett presented the request for reimbursement from Cupcake Girls and explained the request is being submitted to the GMAC for approval due to the non-emergency status of the request.

Amy Kelley asked if there was a more detailed narrative.

Ms. Follett replied the information on the request listed above the amount is the entire narrative and said Jenny Fay from Cupcake Girls is present on the phone for questions.

Ms. Kelley asked for a more extensive narrative for future requests for reimbursement.

Ms. Follett replied a more extensive narrative will be provided in the future.

Ms. Thorkildson invited a motion to approve the request for reimbursement from Cupcake Girls. Ms. Bittleston motioned for approval, Fernando Serrano seconded, and the motion passed unanimously without public comment.

VI. Public Comment #2

Chair Ms. Thorkildson invited public comment. There were no public comments.

VII. Additional Announcements and Adjournment

Ms. Thorkildson asked that an agenda item be added to the next scheduled GMAC meeting – potential conflict of interest.

Ms. Thorkildson works for the University of Nevada, Center for Excellence in Disabilities, which is part of the College of Education. Previously the budgets under her supervision were not part of the Positive Behavioral Support grant recipient but in the future she will be working with that entity. That change

will present a conflict of interest. Ms. Thorkildson discussed this potential future problem with Ms. Lucido who then reached out to the Deputy Attorney General (DAG). The DAG stated there would be no problem if Ms. Thorkildson acknowledged the potential conflict of interest and recused herself from matters involving that grantee.

The DAG's recommendation is in conflict with Nevada Revised Statutes (NRS) which states GMAC members must have no connection to grant funding recipients. Another potential conflict of interest situation involves the possible replacement of the Nevada Association of Counties (NACO) representative member with a member who is associated with a couple of organizations who receive funding.

Ms. Lucido responded the issue will be added to the agenda and representation will be invited to the meeting.

Ms. Lucido reminded the members of the next GMAC meeting, which is scheduled for Thursday, July 16, 2020, 10:00 a.m.

Chair Ms. Thorkildson adjourned the meeting at 10:25 a.m.



State of Nevada
Department of Health and Human Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE, GRANT MANAGEMENT UNIT
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Carson City, Nevada 89706
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NOTICE OF FUNDING OPPORTUNITY (NOFO):

FOR

NAME OF PROGRAM

Release Date: May 4, 2020

Questions to be Submitted: On or before May 11, 2020, 3:00 p.m. PST

Must be submitted to gmu@DHHS.NV.GOV
with **NOFO -Program Name** in the subject line of the email.

DEADLINE FOR APPLICATION SUBMISSION: MONDAY, JUNE 11, 2020, 3:00 P.M.

For additional information, please contact:

Grant Management Unit
Department of Health and Human Services
Director's Office
Email: gmu@DHHS.nv.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF FUNDING OPPORTUNITY (NOFO) SUMMARY

Notice of Funding Type: New Award.

Any applicant who wants to be considered for funding under the Nevada State Mental Health Block Grant (MHBG) funds must submit an application in compliance with this NOFO, pursuant to Code of Federal Regulations (CFR 200.318). **This includes any applicant that is currently receiving xxxx funds that may want to request a continuation of that funding.** This NOFA may also be used for future state or federal subgrant awards should additional money become available, for a period not to exceed four (4) years, for mental health programs.

Funding Opportunity Award Type: Grant

Expected Project Period: October 1, 2020 – September 30, 2021 and/or
 October 1, 2021 – September 30, 2022.

Reporting Periods: Monthly or Quarterly, as defined in Notice of Grant Award (NOGA).

Estimated Number of Awards: 3-10 awards, with awards ranging from \$100,000 - \$600,000

Estimated Dollar Available: \$2-4 million

Award Restrictions: There are two (2) expected project periods. The first project period begins October 1, 2020 and ends **on or** before September 30, 2021. The second project period begins October 1, 2021 and ends **on or** before September 30, 2022. All awards have the potential to be extended through September 30, 2022 based on performance and program needs. A scope of work with timeline and budget must be submitted as part of the application. *Mental Health Block Grant Funds (MHBG) cannot be carried over.* All funding is subject to change, based on the availability of funds, federal awards, and the state needs. **By submitting an application or responding to this NOFO, there is no guarantee of funding or funding at the level requested.**

RFA Timeline	
Task	Due Date/Time
Notice of Funding Opportunity Released	05/04/2020
Deadline for submission of written questions	05/11/2020, 3:00 PST
Deadline for written response to submitted written questions	05/15/2020, 3:00 PST
Deadline for submission of application	06/11/2020, 3:00 PM PST
Evaluation Period, on or before	07/09/2020
Funding Decisions, Applicants Notified on or before	07/31/2020
Completion of contract/subgrant awards, on or before	09/30/2020
Notice to Proceed (NTP)/Project Start Date, on or after	10/01/2020
Grant Period – Year Two, no carryovers.	10/01/2020 – 09/30/2021
Grant Period – Year Three, no carryovers.	10/01/2021 – 09/30/2022

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I. FUNDING OPPORTUNITY INTRODUCTION

- 1. Background**
- 2. Purpose**
- 3. Target Population**
- 4. Eligible Entities**
- 5. Ineligibility Criteria**
- 6. Matching Fund Requirements**

II. PROJECT SPECIFIC INFORMATION

- 1. Vision and Guiding Principles**
- 2. State Strategic Plan Compliance**
- 3. System Goals and Strategies**
- 4. Key Priority Service Areas**

Program activities must be focused on:

1. Excluded Activities

MHBG funds cannot be used for primary prevention activities; nor can applicants use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with a SMI.

2. Cultural Competence

DHHS expects all applicants to gather and utilize knowledge, information, and data about individuals, families, communities, and groups and integrate that information into clinical practices, standards and skills, service approaches, techniques, and evidenced-based initiatives to best address each client's treatment needs. Culturally competent care is a core value.

III. GRANTEE RESPONSIBILITIES

1. Program Implementation

2. Data Collection and Reporting

A. Data Collection

B. Performance Reports

3. Compliance of Application

Applicant agrees to the following requirements of compliance with submission of an application.

- 1) If the applicant has not met performance measures of previous DHHS contracts, DHHS reserves the right to not award additional contracts.
- 2) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.
- 3) DHHS may conduct on-site subrecipient reviews annually, or as deemed necessary.
- 4) DHHS reserves the right during the contract period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.
- 5) The applicant, its employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined under Eligible Organizations.

4. Program Income

Under Section 2 CFR §200.80, program income is defined as gross income earned by an organization that is directly generated by a supported activity or earned as result of the federal or state award during a specific period of performance. For programs receiving XXXX funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. Program income must be identified monthly on the Request for Reimbursement (RFR). All program funds must be expended prior to requested federal grant funds. Examples of where program funds have been used to augment program activities include, but are not limited to, outreach activities specific to program, bilingual telephone or program staff, improving Electronic Health Records (EHR), and/or telehealth equipment.

5. Licenses and Certifications

The Applicant, employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable for defined mental health direct services for children/youth and/or adults. Prior to award issuance, if selected, DHHS reserves the right to request that agencies provide documentation of all licenses and certifications.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Technical Requirements

A. Completed applications must be submitted via mail to the DHHS-DO-GMU no later than **Friday, June 11, 2020, by 3:00 PM (Pacific Standard Time)**. Proposal(s) must be delivered via email in PDF format to: gmu@DHHS.NV.GOV. If you do not receive an acknowledgement of application receipt within 48 business hours, please send an email to with **Notification Status** in the subject line.

The DHHS is not responsible for issues or delays in e-mail service. Any applications received after the deadline may be disqualified from review. Therefore, the DHHS encourages organizations to submit their applications well before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.

B. A complete application will require all items listed under the Application Checklist.

C. Formatting: Applicants are required to use **11-point Arial Font, with 1.0” margins, double-spaced (unless specifically referenced as single spaced) and convert all items into one PDF document format. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification from review.**

D. Do not submit unsolicited materials as part of your application. Any unsolicited materials mailed, delivered or e-mailed to DHHS will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.

E. Complete the Application Checklist prior to submitting. The Application Checklist is for the benefit of the applicants and **is not** required to be included in the submission packet.

F. Once the application is submitted, no corrections or adjustments may be made. DHHS will consider corrections or adjusted prior to the issuance of a subgrant, should both the DHHS and the applicant agree on such changes or adjustments. Corrections or adjustments shall not be considered on any item that was considered critical to the consideration for the award.

2. Application Review Requirements

Applications that meet the basic minimum requirements will be evaluated using the following review criteria.

A. Project Abstract Summary

A one-page abstract should serve as a succinct description of the proposed project and must include the target population, priority area, geographic area, services provided, the total budget, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and the legislature, so write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract. Abstract should be single spaced, and not exceed 500 words.

B. Project Application Form

All applicants must complete the Project Application Form. Each letter corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application. *Not to exceed four (4) pages.*

- A. Organization Type.** Check the type of organization that is requesting funds.
- B. Geographic Area of Service.** Check only one type of geographic area and provide a brief description of that area (up to 100 words).
- C. Applicant Organization.** Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the 9-digit zip code is required). DHHS will consider the application incomplete if the Federal Tax ID field or DUNS/EI field is incomplete.
- D. Project Point of Contact (POC).** This field refers to the identified person at the applicant organization that DHHS will contact with follow-up questions about the application. This is also the person DHHS will contact with questions about quarterly reports, monthly financial claim forms, etc.
- E. Fiscal Officer.** Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone other than the Project Point of Contact.
- F. Key Personnel.** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide identified services. List all such personnel in the provided table, adding additional rows as necessary. Include an up-to-date résumé and a copy of all required licenses for each person as an addendum to the application.
- G. Target Population.** Organizations are required to select not less than (one) target population for the delivery of proposed services. Check at least one box.
- H. Sub-Population of Focus:** Organizations “may” also identify a sub-population of the defined population in “G.” If organizations select a sub-population, organizations will be responsible to provide services and collect data/performance measures on the additional sub-population.
- I. Priority Area.** Organizations must only check one priority area, per application. No more than one priority area should be defined in the application. Applicants may submit more than one application. Checking more than one priority area may result in disqualification. Organizations should define one priority area for either Adults or Juveniles, but not both.

- J. Third-Party Payers.** Some organizations bill third-party payers (e.g. insurance companies) for some mental health services. If the applicant does not bill any third-party payers, check the **No** box, and continue to field K. Otherwise, confirm by checking the **Yes** box and for each third-party payer organization and provide the specified financial information for the applicant’s most recent, complete reporting period. Add rows to the table, if necessary
- K. Current Funding.** Some organizations receive funding (e.g. Federal grant dollars, foundation grants, donations, etc.) for mental and/or behavioral health services. If the applicant does not receive funding, check the **No** box, and continue to field K. Otherwise, confirm by checking the **Yes** box and for each funding source, provide the name, type of funding, project period end date, and whole dollar amount. Add rows to the table, if necessary.
- L. Funding Capacity and Sustainability.** Organizations that have an active subgrant award and receive MHBG funding should check **Yes**. If your organization does not have currently have an active MHBG subgrant, check **No**. For applicants that have MHBG funding, respond to clarification questions. For those applicants who do not have an active grant, go to M.
- M. Certification by Authorized Official:** The administrator, director, or other official ultimately responsible for this project/program must sign this document.

C. Project Narrative

The applicant must provide a Project Narrative that articulates in detail the content requirements provided below and the specific criteria described Section II. Please include the title “Project Narrative” at the beginning of the Project Narrative. The project narrative should not exceed a total of **ten pages** double-spaced. **Page numbers and headings are required.**

The Project Narrative must include the following information under each subheading.

1. The Organization Description

The Organization Description should include the history of your organization demonstrating not less than three (3) years of operation, its structure, information about major accomplishments of the organization, and relevant experience. Describe formal collaborations and/or existing Memorandums of Understanding with established partners and relationships that will be important to carrying out the activities funded by the grant, and an explanation of how the description you provide makes your organization an appropriate grantee. Describe organization’s background and qualifications and experiences with the implementation of projects similar in scope and complexity to the Proposed Project. Provide at least three (3) examples of the applicant’s success.

2. Project Design and Implementation

The Project Design and Implementation should provide a detailed description of the program that will be funded. Describe how the project will address Target Population in Section II. The applicant must tie project activities/deliverables to objectives and deliverables in the program design. Describe the goals of the project, how they will be achieved, how many individuals will be targeted, the target population and/or subpopulation, and key priority services areas. Explain how the project will address the needs identified in the NOFO **(OR OTHER STRATEGIC DOCUMENT)**

3. Capabilities and Competencies

Describe the capabilities of the applicant, the subrecipients, and/or contractors to successfully implement the project. This section should also state the competencies of

the staff assigned to the project. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project.

4. Plan for Collecting the Data

Describe the process for collecting data and measuring project performance. Identify who will collect the data, who is responsible for performance measurement, and how the information will be used to guide and evaluate the project’s impact. Describe the process to accurately collect data, including whether or not the agency has an electronic health record system.

D. Scope of Work

Submit the below form to provide a description of the services proposed that includes goals, implementation timeline with key dates, activities, and deliverables (**maximum of five pages**) **Single Spaced**. This section should be written in complete sentences.

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

Objective	Activities Strategies	Due Date	Documentation Needed
1.	1.	XX/XX/XX	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.

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

Objective	Activities Strategies	Due Date	Documentation Needed
1.	1.	XX/XX/XX	1.
*Note to preparer: Add lines to the table as applicable to accomplish all the goals. Line up activities, due dates and documentation as best as possible.			

*** For each goal/objective, include implementation activities and due dates. There may be more than one Activity and Due Date per objective.**

E. Budget

Provide a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for program activities). **All proposals must include a detailed project budget for each project period requesting grant funding.** If one shot funding is requested, that should be identified in project period one only. The budget should be an accurate representation of the funds actually needed to carry out the proposed *Scope of Work* and achieve the projected outcomes over the grant period. If the project is not fully funded, the DHHS will work with the applicant to modify the budget, the *Scope of Work* and the projected outcomes.

Applicants **must** use the budget template form (Excel spreadsheet) provided in this RFA. Use the budget definitions provided in the “Categorized Budgets” section below to complete

the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. **Ensure that all figures add up correctly and that totals match within and between all forms and sections.**

Budget Funding Limitations: Budget proposals that provide direct services should have a minimum of 75% of the budget for direct services; with not more than 15% for administration and 10% for data collection (not including indirect).

1. **Personnel:** Employees who provide direct services are provided here. The Personnel section is for staff that are responsible, who work as part of the applicant organization, for whom the applicant organization provides a furnished work-space, tools, and the organization determines the means and the method of service delivery. Contractors include those staff who provide products or services independently, and provide their own work-space, tools, means and methods for completion.

For example:

Intake Specialist \$20/hour X 40 hours/week X 52 weeks	= \$ 41,600
Fringe = \$41,600 X 15% (e.g. health insurance, FICA, workmen's comp)	= \$ 6,240
Personnel Total	= \$ 47,840

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs (*explained later*).

2. **Travel:**

Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 57.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

3. **Operating**

Supplies: List and justify tangible and expendable property, such as office supplies, printing, program supplies, etc., that are purchased specifically for this project. As a general rule, supplies do not need to be priced individually, but a list of typical program supplies is necessary.

Occupancy: Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with **this grant project** should be requested in this budget. Note: Rent is not an allowable expense under occupancy for administrative services. That should be paid through indirect.

Communications: Identify, justify, and cost-allocate any communication expenses associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

4. Equipment

Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. A computer that is valued at \$1,200 is not considered equipment, and should be requested in Operating. An X-Ray machine that costs \$5,001 dollars, would be listed as equipment.

5. Contractual/Consultant Services

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DHHS. An example of a consultant would be a CPA that provides services to multiple agencies or firms and/or operates their own agency, in their own office, or on their own schedule. Another example would be an individual that provides intermittent, as-needed services and has the free-agency to determine how those services are developed or provided.

6. Other Expenses

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as client transportation, conference registrations etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a “pass-through” entity, and its capacity to do so.

7. Indirect Costs

Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration staff, human resources, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. If agencies have a federally approved indirect cost rate, that rate must be used. All other agencies may use the Modified Total Direct Cost Base and Exclusions, currently at 10%.

F. Resume of Key Program Staff Member

Provide the resume of the key staff member with the licensure or expertise in providing evidence-based services. This resume should not be more than two (2) pages long and should represent experience related to the proposed project. The DHHS receives the right to request additional resumes based on the proposed project (and also included in the Project Information Form).

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3. Scoring Matrix

<i>Field Name</i>	<i>Scoring Points or TR*</i>	<i>Page Limit</i>	
1. Abstract	5	1	Single spaced, 500 words, Arial or Times New Roman 11 Point Font
2. Project Application	15	4	Must use attached form
3. Narrative	30	10	Double-spaced, page numbered with headings as defined in RFA, Arial 11 Point Font (Tables may be single spaced)
4. Scope of Work	30	5	Must use attached form, Arial 11 Point Font, may be single spaced
5. Proposed Project Budget and Narrative	15	8	Must use attached form
6. Resume of Project Manager	5	2	Project Manager with clinical expertise (through EVP and/or licensure)
		30	Total PAGES (CANNOT EXCEED)
Total	100		
Provisions of Grant Award is signed	TR	N/A	Sign and attach
Internal Controls Certification	TR	N/A	Sign and attach
* Technical Requirement			

V. SELECTION PROCESS OF NOFO

DHHS has selected to use the Notice of Funding Opportunity (NOFO) process which describes the needs and existing goals under the MHBG.

- The application must request funding within programmatic funding constraints.
- The application must be responsive to the scope of the solicitation.
- The application must include all items designated as basic minimum requirements.

1. RFA Review Process

Proposals received by the deadline will be reviewed as follows:

A. Technical Review

DHHS/DHHS staff will perform a technical review of each proposal to ensure that minimum standards are met. Proposals may be disqualified if they:

- Are missing fundamental elements (i.e. abstract, application, narrative, scope of work or budget);
- Do not meet the intent of the RFA; or
- Are submitted by an entity that is financially unstable as evidenced by information gleaned from the submitted fiscal documents.

B. Evaluation

Applications that meet minimum standards will be forwarded to a review team selected by the DHHS. Reviewers will score each application, using the Scoring Matrix. In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the scoring process. Requests must stand on their own merit.

C. Program Priorities

Projects applications shall not be selected solely on total scores, but will also consider priority populations and shall be reviewed under each funding priority as defined in Section 2.4. Each proposed area of service will be reviewed separately. DHHS will make awards based on a combination of the grant proposals able to meet the needs of the target population and funding priorities in each section.

D. Final Review – Director

After reviewing and scoring the applications based on priority areas, the DHHS will submit funding recommendations to the DHHS Director, who will make the final funding decisions. Final decisions will be made by the DHHS Director based on the following factors:

- a. Scores on the scoring matrix;
- b. Geographic distribution between Clark County and the rest of the state;
- c. Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
- d. Availability of funding

2. Notification Process

Applicants will be notified of their status with a Letter of Intent after July 2020 and all considerations have been made. DHHS/DHHS staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the DHHS/DHHS. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work and/or Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews, etc.).

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. **All funding is contingent upon availability of funds.** Upon successful conclusion of negotiations, DHHS staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA and any supporting documents will be distributed to the subrecipient upon approval of the Subaward.

3. DISCLAIMER

DHHS reserves the right to accept or reject any or all applications. This NOFO does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel solicitation if it is in its best interest.

4. UPON APPROVAL OF AWARD

A. Monthly Financial Status and Request for Reimbursement Reports

DHHS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 15th of the following month.

B. Performance Reporting

Applicants who receive an award must collaborate with the DHHS in reporting quarterly on progress in meeting goals. Additional performance reports may be requested as instructed by the DHHS. Quarterly progress reports will be due by the 15th of the month following the end of the reporting quarter.

C. Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DHHS to the state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. At least one (1) board or executive level team member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the monitoring.

D. Compliance with changes to Federal and State Laws

As federal and state laws change and affect either the DHHS process or the requirements of recipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

E. Applicant Risk

Pursuant to the Part 200 Uniform Requirements, before award decisions are made, DHHS also reviews information related to the degree of risk posed by the applicant. Among other things to help assess whether an applicant that has one or more prior federal awards has a satisfactory record with respect to performance, integrity, and business ethics, DHHS checks whether the applicant is listed as excluded from receiving a federal award. In addition, if DHHS anticipates that an award will exceed \$250,000 in federal funds, DHHS also must review and consider any information about the applicant that appears in the nonpublic segment of the integrity and performance system accessible through the Federal Awardee Performance and Integrity Information System, FAPIIS.

VI. Application Form

A. Organization Type

Public Agency 501(c)(3) Nonprofit

B. Geographic Area of Service

<input type="checkbox"/> Town/City	
<input type="checkbox"/> County	
<input type="checkbox"/> Region	

C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID #	(xx-xxxxxxx)	
DUNS No.		

A. Program Point of Contact

Name		
Title		
Phone		
Email		
Same mailing address as section B? <input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information		
Address		
City		NV
Zip (9 digit zip required)		

B. Fiscal Officer

Name		
Title		
Phone		
Email		
Same mailing address as section B?	<input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information	
Address		
City		NV
Zip (9 digit zip required)		

C. Key Personnel (Add Rows if Required)

Name	Title	Licensed?
Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscal Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Target Population (Must Select At Least One).

- Children with SED and their families (Age 0-17)
- Adults with SMI (Age 18-64)
- Older Adults with SMI (65 years or older)
- Individuals with SMI or SED in the rural and homeless populations

H. Does applicant propose to have any subpopulation of focus as a secondary measure to the primary target population (not required), check all that apply.

- Veterans
- Pregnant Women
- Homeless
- Rural or Frontier Population

2. **Priority Area** (Note – Applicants may not check more than one priority area). Applicants may submit more than one application. Checking more than one priority area may result in disqualification. Applicants must select at least one.

Adult:

- A1 - Adult Criminal Justice Diversion
- A2 - Adult Assertive Community Treatment (ACT) Services
- A3 - Community Based Treatment

Youth/Child:

- Y1 – Youth/Child Juvenile Justice Diversion
- Y2 – Residential Treatment
- Y3 – Target Transitional Age Youth/Children (TAY)
- Y4 – Adolescent Services

J. Third-Party Payers of Services

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for family planning services? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> No			
Third-Party Payers	Period	Billables Received (\$)	Percentage of Operating Income (%)
<i>Best Health Insurance</i>	<i>2017 YTD</i>	<i>130,000</i>	<i>10</i>

K. Current Funding (federal, state, and private funding). Add rows as required. Private funding may be identified as total. Any federal or state funds must be detailed out.

Funding	Type	Project Period End Date	Current or Previous Amount Awarded (\$)
<i>Mental Health Block Grant Funding</i>	<i>Grant</i>	<i>April 2020</i>	<i>43,210</i>

M. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the **NAME OF PROGRAM** and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award.

Name (type/print):

Phone

Title

Email

Signature

Date

VII. GENERAL PROVISIONS OF GRANT ACCEPTANCE OR AWARD

Applicability: This section is applicable to all subrecipients who receive finding from the Division of Public and Behavioral Health. The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants & / or Projects for Assistance in Transition from Homelessness
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP - Generally Accepted Accounting Principles and/or GAGAS Generally Accepted Government Auditing Standards
8. GSA - General Services Administration for guidelines for travel
9. The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention Policies and guidelines.
10. State Licensure and certification
 - a. The Subrecipient is required to be in compliance with all State licensure and/or certification requirements.
11. The Subrecipient's commercial general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent Sub- grantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
12. To the fullest extent permitted by law, Subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Subrecipient, its officers, employees and agents.
13. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
14. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
15. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
16. The subrecipient is required maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subgrantee serves minors with funds awarded through this sub-grant.
17. Application to 211 o As of October 1, 2017, the Subrecipient will be required to submit an application to register with the Nevada 211 system.
18. The Subrecipient agrees to fully cooperate with all Bureau of Behavioral Health Wellness and Prevention sponsored studies including, but not limited to, utilization management

- reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
19. The Subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
 20. The Subrecipient acknowledges that to better address the needs of Nevada, funds identified in this sub-grant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
 21. The Subrecipient acknowledges that if the scope of work is NOT being met, the Subrecipient will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The Subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.
 22. "The Subrecipients will NOT expend Division funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health services Block Grant Funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over \$1,000 without approval from the Division. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS. g. To provide treatment services in penal or correctional institutions of the State.
 23. Failure to meet any condition listed within the sub-grant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Audit Requirements

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:

Printed: 7/19/2019 8:58 PM - Nevada Page 4 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 4 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 4 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 4 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 4 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022 Page 187 of 337

24. For subrecipients of the program who expend less than \$750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.
25. For subrecipients of the program who expend \$750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Division Audit policy.

Year-End Financial Report

26. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.
27. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
28. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
29. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
30. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
 - a. List individual federal and State programs by agency and provide the applicable federal agency name.
 - b. Include the name of the pass-through entity (State Program).
 - c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
 - d. Include the total amount provided to the non-federal entity from each federal and State program.
31. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.
Behavioral Health, Prevention and Treatment Attn: Management Oversight Team 4126
Technology Way, Second Floor Carson City, NV 89706

Limited Scope Audits

32. The auditor must:
 - a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
 - b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
 - c. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program;
 - d. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding;
 - e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
33. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.
34. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:
 - a. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies;
 - b. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests;
 - c. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and
 - d. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).

35. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the Printed: 7/19/2019 8:58 PM - Nevada Page 5 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 5 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 5 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022 Page 188 of 337 auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:
Behavioral Health, Prevention and Treatment Attn: Management Oversight Team 4126 Technology Way, Second Floor Carson City, NV 89706

Amendments

36. The DHHS policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the Bureau of Behavioral Health Wellness and Prevention prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via e-mail.
37. For any budgetary changes that are in excess of 10% of the total award, an official amendment is required. Requests for such amendments must be made to the Bureau of Behavioral Health Wellness and Prevention in writing.
38. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
39. Any significant changes to the Scope of Work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all Scope of Work amendments.
40. The Subrecipient acknowledges that requests to revise the approved sub-grant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
41. Final changes to the approved sub-grant that will result in an amendment must be received 60 days prior to the end of the sub -grant period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60 day deadline will be denied.

Remedies for Noncompliance

42. The Division reserves the right to hold reimbursement under this sub-grant until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

Agreed to:

Signature: _____

Date: [Click here to enter a date.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

VIII. FINANCIAL AND INTERNAL CONTROLS QUESTIONNAIRE

ORGANIZATION FINANCIAL INFORMATION (for nonprofit organizations only)

1. According to your organization's most recent audit or balance sheet, are the total current assets greater than the liabilities?
 YES NO

2. Is the total amount requested for this MHBG Program funding opportunity greater than 50% of your organization's current total annual budget?
 YES NO

ACCOUNTING

3. Briefly describe your organization's accounting system and accounting processes, including:
 - A. Is the accounting system computerized, manual, or a combination of both? If your accounting system is computerized, indicate the name of the financial software.
[Click here to enter text.](#)

 - B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?
[Click here to enter text.](#)

 - C. Your expenditure reports will be due by the 15th of each month. (If the 15th falls on a Saturday, Sunday, or State of Texas holiday, expenditure reports are due the next business day.) To ensure that you submit expenditure reports timely, please respond to the following:
 - 1) By what date must any Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 10th of each month)?
[Click here to enter text.](#)
 - 2) By what date do you close the General Ledger (e.g., GL is closed no later than the 10th of each month)?
[Click here to enter text.](#)

 - D. How are transactions organized, maintained, and summarized in financial reports?
[Click here to enter text.](#)

Answer each of the following questions with either a "YES", "NO", or "NOT APPLICABLE" by checking the respective box.

4. The MHBG has adopted the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) as the fiscal and administrative guidelines for this grant program. Is the staff who will be responsible for the financial management of your award familiar with these documents?

YES NO

5. Does your organization have written accounting policies? Do your policies include policies on the procurement of goods/services?

YES NO

6. Does your accounting system identify and segregate:

- Allowable and unallowable costs;
- Direct and indirect expenses;
- Grant costs and non-grant costs; and
- The allocation of indirect costs.

YES NO

7. If your organization has more than one grant contract, does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each contract?

YES NO NOT APPLICABLE

8. Are individual cost elements in your organization's chart of accounts reconciled to the cost categories in the approved budget?

YES NO

9. Are your accounting records supported by source documentation (invoices, receipts, approvals, receiving reports, canceled checks, etc.) and on file for easy retrieval?

YES NO

GENERAL ADMINISTRATION AND INTERNAL CONTROLS

10. Does your organization have written personnel policies?

YES NO

11. Does your organization have written job descriptions with set salary levels for each employee?

YES NO

12. UGMS requires that any staff paid from State grant funds, such as MHBG, to keep a record of time and attendance.

A. For staff funded 100% by the MHBG grant, each staff person only needs to certify their time monthly. Both the employee and the employee's supervisor must sign the monthly certification of time worked.

B. For staff who split their time between the MHBG grant and other funding sources, they will

need to keep a time record or personnel activity reports or equivalent documentation must meet the following standards:

- 1) They must reflect an after-the-fact distribution of the actual activity of each employee.
- 2) They must account for the total activity, for which each employee is compensated.
- 3) They must be prepared at least monthly and must coincide with one or more pay periods;
and
- 4) They must be signed by the employee and the supervisory official having first-hand knowledge of the work performed by the employee.

13. Does your organization maintain time allocated personnel activity reports that meet the above criteria?

YES NO

14. Does your organization maintain personnel activity reports or equivalent documentation that meet the above criteria?

YES NO

15. Are payroll checks prepared after receipt of approved time/attendance records and are payroll checks based on those time/attendance records?

YES NO

16. Are procedures in place to determine the allowability, allocability, and reasonableness of costs?

YES NO

The Organizational Financial Information and Internal Controls Questionnaire must be signed by an authorized person who has completed the form or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Signature: _____

Date: [Click here to enter a date.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

IX. Budget Form



Form Budget
Narrative 2020.xls

X. Applicant Checklist

For your own use (do not submit with application).

Section A: Abstract (One page)

- Abstract is compliant with formatting (single spaced, under 500 words)
- Does not exceed one page

Section B: Application Form (Does not exceed four (4) pages). No modifications.

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions
- Certification is signed.

Section C: Narrative (Does not exceed 10-pages)

- Separate Headings for *Organization, Project Design and Implementation; Capabilities; and Data Collection.*
- Does not exceed 10 pages, double-spaced.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

Section D: Scope of Work (Does not exceed 5-pages)

- All sections are complete and matches the narrative.
- Single-spaced, Arial 11-point font has been retained

Section E: Budget (Existing Form – No modifications)

- Proposed Project Budget* is complete on the required form
- Proposed Project Budget* is mathematically correct.
- Proposed Project Budget* match numbers in the *Budget Narrative*.
- Justifications for *Budget Narrative* match the projected number of services identified in Narrative
- Page limits have not been exceeded.
- One-inch margins have been retained.

Section F: Resume (two-page limit)

- Resume of lead clinician or licensed professional to oversee EBP

Section G: Attachments (Existing Forms – No modifications). Not in page count.

- Provisions of Grant Award is signed
- Internal Controls Certification is signed

Application Submission

- A single PDF will be emailed no later than 3:00 p.m. on **Monday, June 11, 2020.**

Attachment	Grant Award Provisions Attached	y	Y	y	y	y	y	y	y		y
Attachment	Internal Control Provisions Attached	y	Y	y	y	y	y	y	y		y
Submission	Arial 11 point font and one inch margins retained	y	Y	y	y	y	y	y	y		y
Narrative	Includes proposed headings: Organization, Project Design and Implementation, Capabilities and Data Collection	y	Y	y	y	y	y	y	n		y
Narrative	Double Spaced	y	Y	y	y	y	y	y	y		y
Budget	Submitted	y	N	y	y	y	y	y	y		y
Budget	Mathematically Correct	y	N	y	y	n	y	y	y		y
Budget	Direct costs only, indirect collected as de minimus	y	N	y	y	n	y	y	y		y
Overall Technical Review Score		Pass	Fail	Pass	Pass	Fail	Pass	Pass	Pass	Fail	Pass

Title XX Summary

Total Appx Annual Funding Award: \$ 14,366,284

Purpose:

To support social services directed towards achieving economic self-sufficiency; preventing or remedying neglect, abuse, or the exploitation of children and adults; preventing or reducing inappropriate institutionalization; and securing referrals for institutional care, where appropriate.

Goals:

Federal law establishes the five broad goals for the SSBG. Social services funded by states must be linked to one or more of these goals. The five goals are:

- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

Service Categories:

1. **Adoption Services** | No service provided under this funding source.
2. **Case Management Services** | Nevada Child and Family Services Statewide \$1,567,562
3. **Congregate Meals** | No service provided under this funding source.
4. **Counseling Services** | Nevada Child and Family Services \$2,236,999
5. **Day Care Services – Adults** | No service provided under this funding source.
6. **Day Care Services— Children** | No service provided under this funding source.
7. **Education and Training Services** | No service provided under this funding source.
8. **Employment Services** | Nevada Aging and Disability Services \$1,181,336
9. **Family Planning Services** | No service provided under this funding source.
10. **Foster Care Services for Adults** | No service provided under this funding source.
11. **Foster Care Services for Children** | Nevada Child and Family Services \$1,721,734
12. **Health-Related and Home Health Services** | Nevada Public and Behavioral Health \$188,511
13. **Home-Based Services** | No service provided under this funding source.
14. **Home Delivered Meals** | No service provided under this funding source.
15. **Housing Services** | No service provided under this funding source.
16. **Independent and Transitional Living Services** | No service provided under this funding source.
17. **Information and Referral Services** | No service provided under this funding source.

- 18. Legal Services** | No service provided under this funding source.
- 19. Pregnancy and Parenting Services for Young Parents** | No service provided under this funding source.
- 20. Prevention and Intervention Services** | Various \$2,164,726
Clark County Social Services; Northern Nevada RAVE Washoe; Money Management, Inc.; Clark County DCFS; Wells Family Resource Center Elko; The Children's Cabinet; Hopelink; Olive Crest; Boys Town Crisis Intervention; UNR Mineral County Mineral County; Nye Communities Coalition; Child Assault and Prevention Program; Alzheimer's Association; Washoe Courts
- 21. Protective Services for Adults** | Nevada Aging and Disability \$2,563,750
- 22. Protective Services for Children** | No service provided under this funding source.
- 23. Recreational Services** | No service provided under this funding source.
- 24. Residential Treatment Services** | Nevada Child and Family Services \$1,420,117
- 25. Special Services for Persons with Developmental or Other Physical Disabilities** | No service provided under this funding source.
- 26. Special Services for Youth Involved in or at Risk of Involvement With Criminal Activity** | No service provided under this funding source.
- 27. Substance Abuse** | Nevada Public and Behavioral Health \$603,236
- 28. Transportation Services** | No service provided under this funding source.
- 29. Other Services** | Administrative Costs (statewide) \$718,313

**Director's Office, Grant Management Unit
Social Services Block Grant (SSBG) – aka Title XX
Service Categories**

CATEGORY	DESCRIPTION
Adoption Services	Adoption services are those services or activities provided to assist in bringing about the adoption of a child. Component services and activities may include, but are not limited to, counseling the biological parent(s), recruitment of adoptive homes, and pre- and post- placement training and/or counseling.
Case Management Services	Case management services are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include initial assessments, individual case plan development, counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that client rights are protected.
Congregate meals	Congregate meals are those services or activities designed to prepare and serve one or more meals a day to individuals in central dining areas in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization; and other services such as transportation and information and referral.
Counseling Services	Counseling services are those services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or drug abuse.
Daycare Services – Adults	Day care services for adults are those services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Component services or activities may include opportunity for social interaction, companionship and self- education; health support or assistance in obtaining health services; counseling; recreation and general leisure time activities; meals; personal care services; plan development; and transportation.
Daycare Services – Children	Day care services for children (including infants, preschoolers, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, plan development, and licensing and monitoring of childcare homes and facilities.
Education and Training Services	Education and training services are those services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component

	<p>services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.</p>
<p>Employment Services</p>	<p>Employment services are those services or activities provided to assist individuals in securing employment or acquiring or learning skills that promote opportunities for employment. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.</p>
<p>Family Planning Services</p>	<p>Family planning services are those educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. These services and activities include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption). Specific component services and activities may include pre-conceptional counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).</p>
<p>Foster Care for Adults</p>	<p>Foster care services for adults are those services or activities that assess the need and arrange for the substitute care and alternate living situation of adults in a setting suitable to the individual's needs. Individuals may need such services because of social, physical or mental disabilities, or as a consequence of abuse or neglect. Care may be provided in a community-based setting, or such services may arrange for institutionalization when necessary. Component services or activities include assessment of the individual's needs; case planning and case management to assure that the individual receives proper care in the placement; counseling to help with personal problems and adjusting to new situations; assistance in obtaining other necessary supportive services; determining, through periodic reviews, the continued appropriateness of and need for placement; and recruitment and licensing of foster care homes and facilities.</p>
<p>Foster Care for Children</p>	<p>Foster care services for children are those services or activities associated with the provision of an alternative family life experience for abused, neglected or dependent children, between birth and the age of majority, on the basis of a court commitment or a voluntary placement agreement signed by the parent or guardian. Services may be provided to children in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, childcare institutions, pre-adoptive homes or supervised independent living situation. Component services or activities may include assessment of the child's needs; case planning and case management to assure that the child receives proper care in the placement; medical care as an integral but subordinate part of the service; counseling of the child, the child's parents, and the foster parents; referral and assistance in obtaining other necessary supportive services; periodical reviews</p>

	to determine the continued appropriateness and need for placement; and recruitment and licensing of foster homes and child care institutions.
Home-Related and Home Health Services	Health related and home health services are those in-home or out-of-home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.
Home-Based Services	Home based services are those in-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-being. These services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse and neglect of a child or adult. Major service components include homemaker services, chore services, home maintenance services, and household management services. Component services or activities may include protective supervision of adults and/or children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance, teaching of homemaking skills, training in self-help and self-care skills, assistance with meal planning and preparation, sanitation, budgeting, and general household management.
Home Delivered Meals	Home-delivered meals are those services or activities designed to prepare and deliver one or more meals a day to an individual's residence in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization services; and information and referral.
Housing Services	Housing services are those services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.
Independent and Transitional Living Services	Independent and transitional living services are those services and activities designed to help older youth in foster care or homeless youth make the transition to independent living, or to help adults make the transition from an institution, or from homelessness, to independent living. Component services or activities may include educational and employment assistance, training in daily living skills, and housing assistance. Specific component services and activities may include supervised practice living and post-foster care services.
Information and Referral Services	Information and referral services are those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

<p>Legal Services</p>	<p>Legal services are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.</p>
<p>Pregnancy and Parenting Services for Young Parents</p>	<p>Pregnancy and parenting services are those services or activities for married or unmarried adolescent parents and their families designed to assist young parents in coping with the social, emotional, and economic problems related to pregnancy and in planning for the future. Component services or activities may include securing necessary health care and living arrangements; obtaining legal services; and providing counseling, childcare education, and training in and development of parenting skills.</p>
<p>Prevention and Intervention Services</p>	<p>Prevention and intervention services are those services or activities designed to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of, abuse, neglect, or family violence, or to assist in making arrangement for alternate placements or living arrangements where necessary. Such services may also be provided to prevent the removal of a child or adult from the home. Component services and activities may include investigation; assessment and/or evaluation of the extent of the problem; counseling, including mental health counseling or therapy as needed; developmental and parenting skills training; respite care; and other services including supervision, case management, and transportation.</p>
<p>Protective Services for Adults</p>	<p>Protective services for adults are those services or activities designed to prevent or remedy abuse, neglect or exploitation of adults who are unable to protect their own interests. Examples of situations that may require protective services are injury due to maltreatment or family violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources. Component services or activities may include investigation; immediate intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and the family; assessment/evaluation of family circumstances; arranging alternative or improved living arrangements; preparing for foster placement, if needed; and case management and referral to service providers.</p>
<p>Protective Services for Children</p>	<p>Protective services for children are those services or activities designed to prevent or remedy abuse, neglect, or exploitation of children who may be harmed through physical or mental injury, sexual abuse or exploitation, and negligent treatment or maltreatment, including failure to be provided with adequate food, clothing, shelter, or medical care. Component services or activities may include immediate investigation and intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the child and the family; assessment/evaluation of family circumstances; arranging alternative living arrangement; preparing for foster placement, if needed; and case management and referral to service providers.</p>

Recreational Services	Recreational services are those services or activities designed to provide, or assist individuals to take advantage of, individual or group activities directed towards promoting physical, cultural, and/or social development.
Residential Treatment Services	Residential treatment services provide short-term residential care and comprehensive treatment and services for children or adults whose problems are so severe or are such that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities. Component services and activities may include diagnosis and psychological evaluation; alcohol and drug detoxification services; individual, family, and group therapy and counseling; remedial education and GED preparation; vocational or pre-vocational training; training in activities of daily living; supervised recreational and social activities; case management; transportation; and referral to and utilization of other services.
Special Services for Persons with Developmental or Other Physical Disabilities	Disabilities, or Persons With Visual or Auditory Impairments Special services for persons with developmental or physical disabilities, or persons with visual or auditory impairments, are services or activities to maximize the potential of persons with disabilities, help alleviate the effects of physical, mental or emotional disabilities, and to enable these persons to live in the least restrictive environment possible. Component services or activities may include personal and family counseling; respite care; family support; recreation; transportation; aid to assist with independent functioning in the community; and training in mobility, communication skills, the use of special aids and appliances, and self-sufficiency skills. Residential and medical services may be included only as an integral, but subordinate, part of the services.
Special Services for Youth Involved in or At-risk of Involvement with Criminal Activity	Special services for youth involved in or at risk of involvement with criminal activity are those services or activities for youth who are, or who may become, involved with the juvenile justice system and their families. Components services or activities are designed to enhance family functioning and/or modify the youth's behavior with the goal of developing socially appropriate behavior and may include counseling, intervention therapy, and residential and medical services if included as an integral but subordinate part of the service.
Substance Abuse	Substance abuse services are those services or activities that are primarily designed to deter, reduce, or eliminate substance abuse or chemical dependence. Except for initial detoxification services, medical and residential services may be included but only as an integral but subordinate part of the service. Component substance abuse services or activities may include a comprehensive range of personal and family counseling methods, methadone treatment for opiate abusers, or detoxification treatment for alcohol abusers. Services may be provided in alternative living arrangements such as institutional settings and community-based halfway houses.
Transportation Services	Transportation services are those services or activities that provide or arrange for the travel, including travel costs, of individuals in order to access services, or obtain medical care or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

INITIAL PRIORITY CONSIDERATIONS

The Grant Management Advisory Committee (GMAC) is required to provide recommendations to the Director of Health and Human Services for funding priorities.

Below are highlighted reports available for review and their locations, however it is not exhaustive list, nor is it a restricted list. Members of the GMAC are encouraged to consult and/or review any and all plans, documents, assessments and reports when considering priority recommendations.

Projected Population Growth by County (2019 DHHS Statewide Needs Assessment)

Table 3: Population Projections by Year, Number and Percent Change, by County, 2020 to 2024

County/Region	Population		Change 2019 to 2029 (%)
	2020	2024	
Carson City	54,556	55,961	+3%
Churchill	26,551	27,301	+3%
Clark	2,310,442	2,426,577	+5%
Douglas	49,848	50,824	+2%
Elko	54,276	55,402	+2%
Esmeralda	959	931	-3%
Eureka	1,788	1,837	+3%
Humboldt	16,777	16,948	+1%
Lander	6,050	6,005	-1%
Lincoln	4,604	4,321	-6%
Lyon	56,324	56,984	+1%
Mineral	4,534	4,489	-1%
Nye	46,720	47,671	+2%
Pershing	4,908	4,796	-2%
Storey	4,408	4,985	+13%
Washoe	466,582	486,374	+4%
White Pine	9,517	9,761	+3%
Nevada	3,118,844	3,261,167	+5%

*Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 200 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Population by Age (2019 DHHS Statewide Needs Assessment)

Table 4: Population by Age Group, by County and State, 2019

County/Region	Age Groups								
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Carson City	5,354	7,262	5,695	6,148	6,250	7,231	8,478	4,675	3,010
Churchill	3,395	3,462	3,935	3,478	2,977	3,157	2,972	1,851	1,031
Clark	290,238	317,419	308,851	307,816	311,188	284,382	231,582	142,742	60,885
Douglas	4,420	4,739	5,016	4,987	5,072	7,052	8,822	6,172	3,182
Elko	6,266	6,622	10,906	7,318	5,493	6,647	5,521	4,058	1,021
Esmeralda	40	64	199	125	79	121	116	127	92
Eureka	164	205	289	162	227	230	234	172	78
Humboldt	2,459	2,234	2,225	2,623	1,475	2,383	1,937	1,025	429
Lander	854	711	901	916	555	775	739	439	183
Lincoln	305	664	730	569	442	562	582	561	265
Lyon	6,225	7,025	8,169	4,784	7,104	7,370	7,516	5,314	2,547
Mineral	556	462	586	775	396	515	558	446	276
Nye	4,075	5,059	5,355	3,936	4,373	6,381	7,773	6,292	3,158
Pershing	597	569	780	481	499	664	665	465	229
Storey	249	342	431	389	339	687	928	631	201
Washoe	56,142	62,332	62,973	63,609	54,387	57,607	55,087	33,647	13,425
White Pine	1,100	1,108	948	1,040	1,112	1,394	1,478	898	430
Nevada	382,439	420,282	417,988	409,154	401,966	387,157	334,985	209,514	90,444

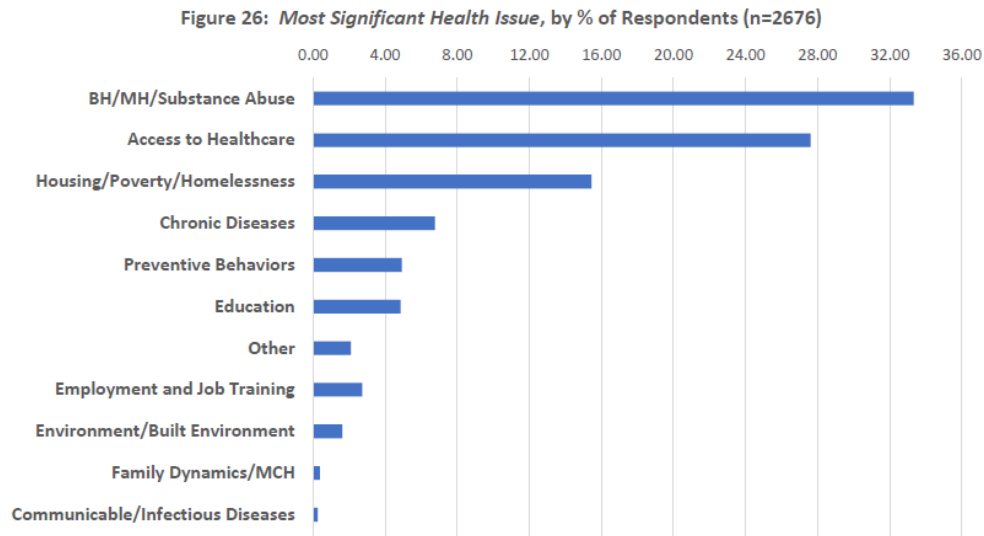
*Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Homelessness in Nevada (2019 DHHS Statewide Needs Assessment)

County/Region	2014	2015	2016	2017	2018	% change 2014 to 2018
Clark	7,443	7,507	6,208	6,490	6,083	-22.4
Washoe	769	907	989	1,106	1,192	+35.5
Balance of State	370	327	201	237	269	-37.5
Total	8,582	8,741	7,398	7,833	7,544	-12.1

Source: U.S. Department of Housing and Urban Development. HUD Continuum of Care Homeless Populations and Subpopulations Reports, 2014-2018 data for Clark, Washoe, and Balance of State. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_NV retrieved May 2019

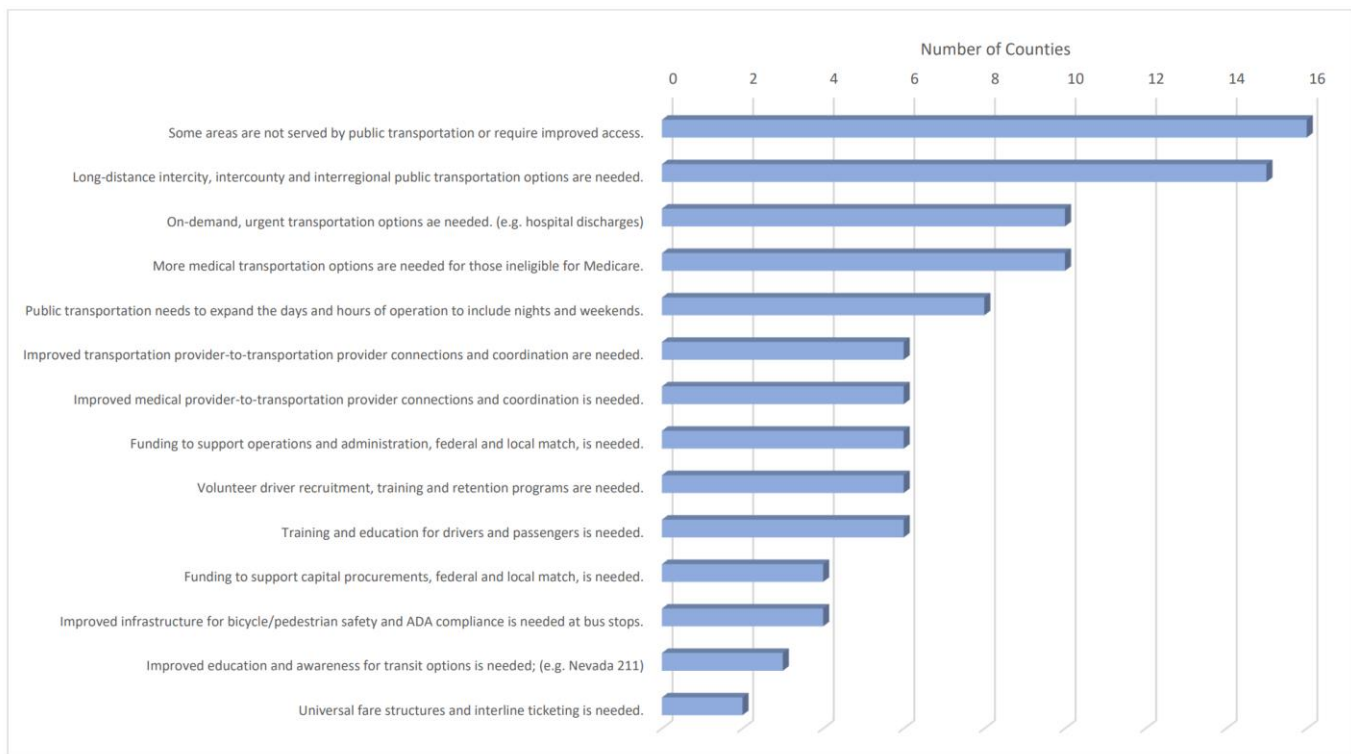
Survey Response Info (2019 DHHS Statewide Needs Assessment)



NEVADA NDOT Transportation & Human Service Report (2016)

County	Total Without a Disability	Total With a Disability	Percent With a Disability
Mineral County	3,423	1,096	24.25%
Nye County	32,814	10,384	24.04%
Storey County	3,022	919	23.32%
Carson City	42,437	11,975	22.01%
Lyon County	41,631	10,266	19.78%
White Pine County	8,208	1,685	17.03%
Pershing County	3,786	884	18.93%
Esmeralda County	866	198	18.61%
Churchill County	19,317	3,960	17.01%
Douglas County	39,663	7,456	15.82%
Lincoln County	3,984	697	14.89%
Eureka County	1,470	255	14.78%
Clark County	1,818,450	251,703	12.16%
Washoe County	386,699	53,215	12.10%
Elko County	45,345	5,947	11.59%
Humboldt County	14,933	1,931	11.45%
Lander County	5,211	655	11.17%
Statewide	2,446,890	363,226	12.93%

Figure 4.1 – County Identified Needs



Statewide Boards, Commissions, and Committees

2019 Statewide Needs Assessment Report

[http://dhhs.nv.gov/Programs/Grants/Links to GMU Reports and Grantee Documents/](http://dhhs.nv.gov/Programs/Grants/Links%20to%20GMU%20Reports%20and%20Grantee%20Documents/)

Commission on Aging <http://adsd.nv.gov/Boards/COA/COA/>

Commission on Services for Persons with Disabilities <http://adsd.nv.gov/Boards/CSPD/CSPD/>

Statewide Independent Living Council <http://adsd.nv.gov/Boards/SILC/SILC/>

Juvenile Justice Oversight Commission

[http://dcfs.nv.gov/Programs/JJ_OC/Juvenile Justice Oversight Commission/](http://dcfs.nv.gov/Programs/JJ_OC/Juvenile%20Justice%20Oversight%20Commission/)

Children Mental Health Services <http://dcfs.nv.gov/Programs/CMH/>

Victim Services Collaborative <http://dcfs.nv.gov/VSC/VSC/>

Child and Family Services Plan 2020-2024 <http://dcfs.nv.gov/Tips/Reports/>

Food Security in Nevada: Nevada's Plan for Action [http://dpbh.nv.gov/Programs/OFS/GCFS_Meetings/OFS - Governor's Food Security Council/](http://dpbh.nv.gov/Programs/OFS/GCFS_Meetings/OFS_-_Governor's_Food_Security_Council/)

Tobacco Settlement Fund
Department of Health and Human Services
SFY20 through SFY23

Budget Account	SFY20 Leg Approved	SFY21 Budget Request	SFY22 Budget Request	SFY23 Budget Request
3140 - ADSD Tobacco Settlement Program:				
- Administrative costs	273,500	273,499	273,500	273,500
- Senior Independent Living	5,470,000	5,470,000	5,470,000	5,470,000
- Assisted Living	200,000	200,000	1,439,000	1,439,000
Total - B/A 3140:	5,943,500	5,943,499	7,182,500	7,182,500
3145 - DCFS Children, Youth and & Family Admin:				
- Differential Response	1,350,000	1,350,000	1,350,000	1,350,000
Total - B/A 3145:	1,350,000	1,350,000	1,350,000	1,350,000
3156 - ADSD Senior Rx and Disability Rx:				
- Senior Rx administrative costs	50,000	50,000	50,000	50,000
- Senior Rx	1,458,000	1,458,000	1,458,000	1,458,000
- Disability Rx administrative costs	22,900	22,900	22,900	22,900
- Disability Rx	-	-		
Total - B/A 3156:	1,530,900	1,530,900	1,530,900	1,530,900
3161 - DPBH SNAMHS:				
- So NV MOST Program	400,000	400,000	400,000	400,000
Total - B/A 3161:	400,000	400,000	400,000	400,000
3162 - DPBH NNAMHS:				
- No NV MOST Program	150,000	150,000	150,000	150,000
Total - B/A 3162:	150,000	150,000	150,000	150,000
3166 - ADSD Family Preservation Program:				
- Family Preservation	200,000	200,000	200,000	200,000
Total - B/A 3166:	200,000	200,000	200,000	200,000
3195 - Director's Office Grants Management Unit:				
- Wellness administrative costs	458,283	458,283	458,283	458,283
- Federally Qualified Health Center Incubator Project	700,000	700,000	700,000	700,000
- Suicide Prevention (DPBH through DO)	389,490	389,490	389,490	389,490
- Hunger				
- SafeVoice Program (DO - 3195)	609,346	609,346	609,346	609,346
- Immunization (DPBH through DO)	150,000	150,000	150,000	150,000
- 2-1-1 Support	592,560	594,460	594,460	594,460
- Nevada 2-1-1	200,000	200,000	200,000	200,000
- Disability administrative costs	172,000	172,000	172,000	172,000

Tobacco Settlement Fund
Department of Health and Human Services
SFY20 through SFY23

Budget Account	SFY20 Leg Approved	SFY21 Budget Request	SFY22 Budget Request	SFY23 Budget Request
- Respite	640,000	640,000	640,000	640,000
- Positive Behavior Support	320,000	320,000	320,000	320,000
- Independent Living Grants	550,000	550,000	550,000	550,000
- Wellness for Family Services (DO - 3195)	1,000,000	1,000,000	1,000,000	1,000,000
- Differential Response				
- Family Resource Centers	1,700,000	1,700,000	1,700,000	1,700,000
Total - B/A 3195:	7,481,679	7,483,579	7,483,579	7,483,579
3204 - Director's Office Office for Consumer Health Assistance:				
- Office of Minority Health - Minority Health Coalition	137,980	139,548	139,548	139,548
- OCHA Ombudsmen	232,775	233,032	233,032	233,032
Total - B/A 3204:	370,755	372,580	372,580	372,580
3209 - ADSD Autism Treatment Assistance Program:				
- Administrative costs	143,500	143,500	143,500	143,500
- Autism	2,870,000	2,870,000	2,870,000	2,870,000
Total - B/A 3209:	3,013,500	3,013,500	3,013,500	3,013,500
3218 - DPBH Public Health Preparedness Program				
- Primary Care Workforce	182,227	186,782	186,782	186,782
Total - B/A 3218:	182,227	186,782	186,782	186,782
3220 - DPBH Chronic Disease:				
- Hunger	2,100,000	2,100,000	2,100,000	2,100,000
- Cessation	950,000	950,000	950,000	950,000
Total - B/A 3220:	3,050,000	3,050,000	3,050,000	3,050,000
3266 - ADSD Home and Community Base Services:				
- Personal Assistance Services	-	-		
- COPE Purchase of Services	-	-		
- Administrative costs	-	-		
- Autism				
Total - B/A 3266:	-	-	-	-
3281 - DCFS Northern Nevada Child & Adolescent Services:				
- No NV Mobile Crisis Unit	718,540	718,540	718,540	718,540
Total - B/A 3281:	718,540	718,540	718,540	718,540
3646 - DCFS Southern Nevada Child & Adolescent Services:				
- So NV Mobile Crisis Unit	1,584,378	1,584,378	1,584,378	1,548,378
Total - B/A 3646:	1,584,378	1,584,378	1,584,378	1,548,378

Tobacco Settlement Fund
Department of Health and Human Services
SFY20 through SFY23

Budget Account	SFY20 Leg Approved	SFY21 Budget Request	SFY22 Budget Request	SFY23 Budget Request
3648 - DPBH Rural Clinics				
- Rural NV Mobile Crisis Unit	724,667	694,573	694,573	694,573
Total - B/A 3648:	724,667	694,573	694,573	694,573
1090 - Trust Fund for Healthy Nevada				
- Treasurer's Administrative Costs	67,940	67,940		
Total - B/A 1090:	67,940	67,940	-	-
Total All Budget Accounts:	26,768,086	26,746,271	27,917,332	27,881,332