



NOTICE OF FUNDING OPPORTUNITY (NOFO) FUND FOR A RESILIENT NEVADA

Questions to be Submitted via email: On or before **June 10, 2024, 3 p.m. PDT**
Must be submitted to FRN@dhhs.nv.gov with
FRN NOFO in the subject line of the email.

Response to Questions will be posted on or before **June 14, 2024, at 3 p.m. PDT**, at the following link: [FRN HOME](#)

Letter of Intent to Apply: On or before **June 21, 2024, at 3 p.m. PDT**

DEADLINE FOR APPLICATION SUBMISSION: Friday July 26, 2024, 3 p.m. PDT

For additional information, please contact:

Department of
Health and Human Services
Director's Office,
Fund for a Resilient Nevada
Email: FRN@dhhs.nv.gov

The application and budget form will be sent once letter of intent is received.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF FUNDING OPPORTUNITY SUMMARY**

Notice of Funding Type: New Award

Any Applicant who wants to be considered for funding under this Notice of Funding Opportunity (NOFO) must submit a completed and signed application in compliance with the instructions within this NOFO. **This includes any Applicant currently receiving any federal or state grant funds regardless of funding source.** This NOFO may also be used for future state or federal subgrant awards for opioid use abatement programs for a period of time not to exceed four years should additional money become available. The geographic target area is limited to the state of Nevada.

Funding Opportunity Award Type: Subgrant Agreement (Grant)

Project Period Varies on Program and Funding Source. Projects should be written not to exceed a three-year program and budget period. Project dates are subject to change but are anticipated to begin upon approval or by December 1, 2024. *The State retains the option to extend program periods beyond the initial award depending on the needs of the state, program outcomes, and the availability of funding through June 2027.*

Project periods and budgets are anticipated to be:

- December 1, 2024, or upon approval – June 30, 2025 (6 months minimum)
- July 1, 2025 - June 30, 2027(24 months)

Estimated Number of Awards: The number and dollar amount of grant awards will depend on the quality and number of applications. The statewide plan may also allocate money to statewide projects through direct budget allocations.

Estimated Dollars Available: \$7,000,000

Estimated Funding Limitations: Up to \$750,000 per grant award per year

Reporting Periods: Monthly

Award Restrictions: All funding is subject to change, based on the availability of funds, settlements, court orders, federal awards, and state needs. Submitting an application in response to this NOFO is not a guarantee of funding or funding at the level requested. The State reserves the right to fund any, all, or any variation of services requested in this application.

NOFO Timeline	
Task	Due Date/Time
Notice of Funding Opportunity Released	6/3/2024
Deadline for submission of written questions	6/10/2024, 3:00 PDT
Deadline for written response to submitted written questions	6/14/2024, 3:00 PDT
Letter of intent to apply	6/21/2024,3:00 PDT
Final Deadline for proposal/application submission	7/26/2024, 3:00 PM PDT
Evaluation Period, on or before	8/16/2024
Funding Decisions, Applicants Notified on or before	9/9/2024
Completion of contract/subgrant awards Year 1, on or before	Upon Approval
Completion of contract/subgrant awards Year 2, on or before	07/01/2025

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SECTION 1.0 INTRODUCTION

1.1 Notice of Funding Opportunity Overview

This Notice of Funding Opportunity (NOFO) is intended to solicit innovative applications for the Fund for a Resilient Nevada (FRN), Opioid Recoveries, programs. The Nevada Department of Health and Human Services (DHHS) Director's Office is responsible for administering the FRN to supplement and not supplant existing funding and establish new projects/programs focused on opioid abatement in Nevada. The Director's Office reserves the right to utilize this NOFO for other state or federal subgrant funding that may become available for the abatement of the opioid epidemic, for a period not to exceed four (4) years, in compliance with both federal and state procurement limitations.

FRN is established in Nevada Revised Statutes (NRS) 433.712 through 433.744 and funding is guided by the required Nevada Opioid Needs Assessment and Statewide Plan 2022 (nv.gov). Funding will not be available for any activities not specifically identified in the Plan.

1.2 Impact of the Opioid Epidemic in Nevada

According to the Nevada State Unintentional Drug Overdose Reporting System (SUDORS) 2022, there were 836 unintentional fatal drug overdoses in Nevada, which is a 6.2% increase over 2021. Nearly two-thirds of overdose fatalities were non-Hispanic white, 24% occurred in the 30-39 age group and 68% of those who overdosed were male. Washoe County reported the highest rates of overdose, 44.3 per 100,000; and Clark County reported the lowest, regionally, at 21.6 per 100,000. It is important to note that Clark County represents 73% of the state's population.

Opioids contributed to the highest percentage of deaths with 60% of overdose fatalities having any opioid involvement. Half of overdose deaths involved a stimulant (67%); and 31% of overdose deaths involved both an opioid and stimulant. Fentanyl analogs contributed to 43% of deaths, while illicitly manufactured fentanyl contributed to 38% of deaths. Methamphetamines contributed to more than half of overdose deaths (57%). Of the reported deaths, 64% had at least one missed opportunity for linkage to care or implementation of lifesaving measures prior to overdose. The top three circumstances documented among decedents were evidence of previous substance use (68%), having a bystander present at the time of overdose (44%), and recent release from an institution (31%).

The DHHS Office of Analytics analyzed 2021 opioid data submitted from Nevada hospitals and the electronic death registry system. The analysis of hospital emergency department/room encounters, hospital inpatient admissions, and the electronic death registry indicated there were 330 youth, adolescent, and transitional aged youth (TAY) with an opioid dependence diagnosis seen in emergency departments in 2021. The data also indicated that 165 of this target population had experienced opioid-related poisoning, with 50 requiring hospital inpatient admission. At least 355 youth, adolescents, and TAY were admitted to the hospital with opioid-related dependence. Unfortunately for Nevada, there were also 69 youth opioid-related deaths. As of July 30, 2023, there were 7,710 Nevadans ages 19 and under, prescribed opioid medication, with 242, or over 3%, being under the

age of 10 years old. Although Nevada has been able to capture a large amount of state and local data, there are still gaps among multiple populations. For example, opioid-related impact data is limited for youth in the juvenile justice system; people experiencing homelessness; and people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, or asexual (LGBTQIA+).

1.3 Definition of Opioid for this NOFO

For the purposes of this NOFO, the definition of opioid is a natural, synthetic, or semi-synthetic chemical that interacts with opioid receptors on nerve cells in the body and brain and reduces the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time under the care and as directed by a licensed medical professional; but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential. ([Commonly Used Terms | Opioids | CDC](#))

SECTION 2.0 FUNDING OPPORTUNITY INTRODUCTION

2.1 Purpose

This NOFO is published by the Nevada DHHS Director's Office, Fund for a Resilient Nevada Unit (FRNU), which specifically targets gaps in the overall system toward the abatement of opioids throughout Nevada, in order to fulfill the goals of the Opioid Statewide Plan.

- Applications expanding access to existing services with the ability to provide direct services and supports within two (2) months of receiving funding will be prioritized.
- Projects that include new service delivery for American Society of Addiction Medicine (ASAM) levels of care items or programming are expected to begin services no later than three (3) months after receiving funding.
- Project proposals requiring longer periods of time for implementation of allowable activities may be considered but will require additional documentation, oversight, and accountability. This will include the development of an actionable work plan/timeline with targeted deliverables to be developed in conjunction with FRNU. The application and budget should reflect the specific time frame to deliver services.

Nevada expects to maximize the ability of third-party billing through Managed Care Organizations (MCO) or Fee-for-Service (FFS) Medicaid, as well as using State General Fund and federal grants to address the known needs and gaps within the state.

As applicable, projects in this NOFO should align with the definitions of Opioid Use/Misuse as follows:

1. Services for individuals with an opioid use disorder (OUD) as a primary, secondary or

- tertiary diagnosis.
2. Services for individuals who use opioids recreationally, at least one (1) time monthly, but may not meet the criteria for an OUD, but are at risk.
 3. Services for individuals who have ever had an opioid-related overdose.
 4. Services for pregnant persons with any history of opioid use within the last two (2) years, regardless of amount.
 5. Services for individuals who received services predating the initiation of the grant should be included if they meet one of the criteria above and started on an approved medication for opioid use after the start date of contract.
 6. Services for individuals recently released from incarceration who would have qualified for OUD prior to incarceration.
 7. Services for an immediate guardian or family member(s) of an individual who meets criteria in numbers one through six above.
 8. Prevention services for at-risk individuals who may meet one or more of the above criteria; and/or have been directly affected by a family member/caregiver who may meet one or more of the above criteria.
 9. Harm reduction services for at-risk individuals who may meet one or more of the above criteria.

2.2 Target Populations

This NOFO application is utilizing the NRS 433.722 “Special population” defined. “Special population” means a population uniquely affected by substance use or substance use disorder. The term includes, without limitation:

1. Veterans;
 2. Persons who are pregnant;
 3. Parents of dependent children;
 4. Youth;
 5. Persons who are lesbian, gay, bisexual, transgender and questioning; and
 6. Persons and families involved in the criminal justice system, juvenile justice system and child welfare system.
- (Added to NRS by [2021, 2844](#))

The term youth can include adolescents and/or TAY and must include one or more of the following targeted populations, specific to the age limitations.

1. Youth or adolescents (birth through 17 years of age)
2. Transitional age youth (TAY) (18 through 24 years of age)

Applications that do not clearly define the target population and, as applicable, subpopulations, will be deemed ineligible for funding without the ability to appeal.

In addition to identifying the primary target population, if appropriate, applications should speak to any approach designed to target any special population to include, but not be limited to, those listed below:

1. Families, parents, or caregivers of at-risk youth
2. Rural/Frontier communities
3. Black, Indigenous, People of Color (BIPOC) communities

4. Tribal entities
5. Those formerly incarcerated
6. Veterans or individuals in the armed forces
7. Communities or ZIP codes largely represented as low-income, at or below the federal poverty limit (FPL).

2.3 Allowability of Funds

As required by NRS 433.738 and through the development of Nevada's Statewide Plan, this NOFO will allocate money from the FRN for the following initiatives:

Target 1: Build Capacity

Target 2: Prevent the misuse of opioids

Target 3: Reduce harm related to opioid use

Target 4: Provide behavioral health treatment

Target 5: Implement recovery communities across Nevada

Target 6: Provide opioid prevention and treatment consistently across the criminal justice and public safety systems

Target 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

All applicants are required to demonstrate the ability to provide high quality and robust data on program outcomes that are accessible, with the ability to report the data timely on a monthly or quarterly schedule or as requested by the DHHS. The projects described may include activities to maximize expenditures through federal, local, and private matching contributions. This includes expanding services matched through Medicaid for impacts of substance use disorder. This funding does not replace Medicaid services or other funding sources.

A regional, local, or tribal government entity that receives a grant pursuant to paragraph (b) of subsection 2 of NRS 433.738 shall conduct a new needs assessment and update its plan no less than every four years as designated in NRS 433.740 through 433.744; or at the direction of the Department. The Department may coordinate with and provide support to regional, local, and tribal governmental entities in conducting needs assessments and developing plans.

2.4 Eligible Entities

All prospective applicants are advised to review Nevada's ethical standards requirements, including but not limited to *Nevada Revised Statutes* (NRS) 281A, NRS 333.800, and *Nevada Administrative Code* (NAC) 333.155. All applicable NRS and NAC documentation can be found at www.leg.state.nv.us/law1.cfm.

Nevada is seeking applications from regional, county, local, and tribal agencies, non-profit and for-profit private sector organizations and institutions of higher learning whose work relates to opioid abatement, who meet the following requirements:

- Are registered with the Nevada Secretary of State and have the appropriate business license as defined by law in the county/city of geographic location for service delivery. The selected vendor, prior to doing business in the State of Nevada, shall be

appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS 76. Information regarding the Nevada Business License can be located at <http://nvsos.gov>. *(Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state shall register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015)*

- Do not have any provider or board member of organization identified as subject to the Office of Inspector General (OIG) exclusion from participation in federal health care programs 42 Code of Federal Regulations (CFR) 1001.1901.
- Can comply with the Third-Party Liability (TPL) for any or all the expenditure(s) that would be payable by another private or public insurance for any application that provides direct service. (This includes Veterans, Medicaid, Medicare, or similar)
- Are registered as a Nevada vendor by time of application – Registration can be submitted to:
<http://purchasing.nv.gov/Vendors/Registration/>
This is in addition to the state business license.
- Have an active DUNS/UEI (unique entity identifier) number, which can be applied for at [Sam.gov](http://sam.gov).
- If applicable, pursuant to NRS 458 and NAC 458, demonstrate:
 - Current Substance Abuse Prevention and Treatment Agency (SAPTA) certification and a minimum of two years of providing substance use disorder (SUD) treatment services
- **OR** -
 - Ability to provide SAPTA certification within 6 months of receiving award
- **OR** -
 - Provide the level of program accreditation that meets or exceeds SAPTA certification standards (ex: hospital organization - Joint Commission). Programs that are Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited must still obtain SAPTA certification. (<http://dphh.nv.gov/Programs/ClinicalSAPTA/dta/Providers/SAPTAProviders>)
- **OR** -
 - Provide memorandums of understanding (MOUs) with community partners who will provide prevention or treatment services and are able to provide proof of SAPTA certification in good standing.
 - Can provide direct services within 60 days of Notice of Subgrant Award (NOSA), if providing direct services.
 - Can demonstrate significant completion and start of project within 60 days of subgrant for expansion or within 90 days of award for new projects. If applicant fails to meet the requirement, the State reserves the right to rescind the contract for failure to comply.

Pursuant to NRS 333.3354, the State of Nevada awards a five percent (5%) preference to a vendor certifying that its principal place of business is in Nevada. The term "principal place of business" has the meaning outlined by the United States Supreme Court in *Hertz Corp v. Friend*, 559 U.S. 77 (2010), typically meaning a company's corporate headquarters. This preference cannot be combined with any other preference, granted for the award of a contract using federal funds, or granted for the award of a contract procured on a multi-state basis. On the application, please identify if Nevada is the "headquarters" or primary location of the organization.

2.5 Ineligibility Criteria

FRNU considers the following criteria as potential reasons for Applicant Disqualification for consideration of award under this NOFO.

- 1) Proposals that do not contain the requisite licensure may be deemed non-responsive.
- 2) **Incomplete application.** 1) Failure to meet the minimum application requirements as described; and/or 2) Omission of required application elements as described. All sections of the grant application require a response. If the response is Not Applicable, (N/A) must be written as an application response.
- 3) **Insufficient supporting detail as required in the application.** FRNU will not review applications that merely restate the text within the NOFO. Applicants must detail their approach to achieving program goals and milestones. Reviewers will note evidence of how effectively the Applicant includes these elements in its application.
- 4) **Inability or unwillingness to collect and share monitoring and evaluation data with DHHS or its contractors.**
- 5) **Program Integrity concerns.** FRNU may deny selection to an otherwise qualified applicant based on information found during a program integrity review regarding the organization, community partners, or any other relevant individuals or entities. This may include a current grant or award being in non-compliance.
- 6) **Disregard of instructions for maximum word limits.**
- 7) **Disregard of the maximum budget allowance.**
- 8) **Late submission** of an application, regardless of reason.
- 9) **Supplanting Funds.** Grant dollars must be used to supplement (expand or enhance) program activities and must not replace those funds that have been appropriated for the same purpose. This includes duplication of services or applications.
- 10) **Vendors** are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submission.
- 11) **Certified Community Behavioral Health Centers (CCBHCs)** may not apply for services, unless services have not been incorporated in each prospective payment services model that considers the mandatory services areas and the total number of individuals, with and without TPL, and are required to meet certification criteria. If a CCBHC applies for funding, sufficient documentation must be provided for the need and rationale for the additional funding to expand services towards opioid abatement beyond current capacity. This will include the need for critical infrastructure to provide additional services, expand catchment areas, or expand to specialized populations. Only CCBHCs in good standing, without substantial plans of corrections, who have a complete and timely submission of data, and who are meeting their required service priorities, are eligible for consideration of funding. Funding could also be considered for program activities that are currently not part of the mandatory core service areas to support youth and adolescent services.

Proposals that do not contain the requisite licensure shall be deemed non-responsive.

2.6 Matching Fund Requirements

This application does not require matching funds.

SECTION 3.0 PRIORITY FUNDING AREAS

To further the missions of the DHHS, this NOFO seeks partner organizations whose proposals are focused on priority populations to **achieve opioid abatement**. The primary objective is to improve the health and well-being of Nevadans served while influencing positive change in Nevada communities. To reach this objective, collaborations with school-related settings, health-care agencies, and/or community organizations are highly desired to address the participants' and/or families' needs holistically. A holistic approach must include evidence-based or promising practices and recognize the connection of health care to social services as equal partners in planning, developing programs, and monitoring participants to ensure their needs are met.

Applicants are encouraged to follow the guidance provided in the opioid statewide plan to meet the needs of Nevada's communities—especially for those disproportionately impacted by the opioid epidemic.

The Applicant will receive Technical Assistance during the project period. **Mandatory components** of applicant funding are attendance at regularly scheduled compliance meetings, data reporting, ad hoc reports as requested, timely and complete program reports, and corrective actions to address deficiencies of program fidelity or quality.

3.1 Sustainability

The Opioid Recoveries are considered *“one-shot”* dollars, and programs must have sustainability plans built in as part of the program for continued care. Those who have sustainability built into the program during year one will receive the highest priority for funding under this NOFO. For infrastructure, Nevada will work with the providers to identify potential continued funding for programs that successfully meet the terms of the subaward.

3.2 Identifying Priority Projects and Populations

Applicants must define a **maximum of one** priority area per application. The application must have a primary focus area but may include various levels of program services for the targeted populations. Each application must stand on its own and may not refer to any outside documents, unless requested and accompanied with the required needs assessment and plan for the use of grant money, by a regional, county, local or tribal entity. These requirements can be found in NRS 433.742 and 433.744. The same criteria apply for all applications.

3.3 Evidence-Based Practices

This NOFO is intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence. As examples, EBP can be identified by Substance Abuse and Mental Health Services Administration (SAMHSA) or Pew Institute. Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of treatment and prevention services. While we recognize that EBPs have not been developed for all populations and/or service settings, application reviewers will

closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized. If one does not exist but there are evidence-informed and/or culturally promising practices that are appropriate or can be adapted, these interventions may be implemented in the delivery of services.

Additional evidence-based practices can be found in the [Nevada Opioid Needs Assessment and Statewide Plan 2022 \(nv.gov\)](#), starting on page 132 in the document.

3.4 Target Areas for Funding Consideration

Proposals must provide essential services in prevention or treatment and **address gaps in services identified in the statewide plan**. The programs in this NOFO are limited in time, and funding is not available for long-term program support. The goal is to identify and fund programs that can be sustainable. Each priority area must serve the eligible target population(s) identified. Programs are required to identify the intended target area in the submitted application. Activities listed within the target areas below directly correlate to the Opioid Needs Assessment and Statewide Plan.

Pursuant to NRS 433.740, an application submitted by a regional, local or tribal governmental entity must include, without limitation:

- (1) The results of a needs assessment that meets the requirements of [NRS 433.742](#); and
- (2) A plan for the use of the grant that meets the requirements of [NRS 433.744](#).

Target 1: Building Capacity and Workforce Development

Capacity building and workforce development expand and build programs that are strategically designed to equip the workforce with skills, knowledge, and expertise across the continuum of care. This includes strategic thinking, visioning, action planning, and implementation, ultimately creating systems that are proactive instead of reactive in order to have a positive impact on communities statewide.

Target 2: Prevent the Misuse of Opioids

Prevention must be implemented at all levels, from targeting the general public to preventing overdose among those using opioids. However, not all prevention strategies work for everyone, so activities implemented must include consideration of any differential impacts or accessibility limitations potentially experienced by population subgroups that could result in health disparities. Many interventions necessitate alternative strategies for subgroups due to cultural, linguistic, and environmental differences from the general population. Detailed data collection and monitoring on demographic characteristics, selection of appropriate interventions, and involvement of the potentially impacted community members in planning and implementation are essential for ensuring health equity across prevention efforts. ***FRN is looking for innovative and new approaches and not limiting activities in primary, secondary and tertiary prevention.***

Target 3: Reduce Harm Related Opioid Use

Harm reduction is an approach that emphasizes engaging directly with individuals who use drugs

to prevent overdose and transmission of infectious disease. Harm reduction is also meant to improve the physical, mental, and social well-being of those served, reducing stigma, and offering low-threshold options for accessing substance use treatment. ***FRN is looking for innovative and new approaches and not limiting activities in harm reduction. (Purchase of any items that may be considered paraphernalia pursuant to NRS 453 are unallowable)***

Target 4: Provide Behavioral Health Treatment

Behavioral health generally refers to mental health, substance use, and/or co-occurring disorders which can include life stressors, crises, and stress-related physical symptoms. Behavioral health care and behavioral health integration refers to the prevention, diagnosis, and treatment of these conditions by promoting whole-person care, closing treatment gaps, enhancing greater access to long-term monitoring services, reducing risk of self-harm increasing positive health outcomes, improving patient satisfaction, and promoting long-term cost effectiveness. Behavioral health treatment is integral to aiding communities in recovering from opioid use disorders and preventing new OUD among those with mental health diagnoses. This population ranges from prenatal through geriatric. ***FRN is looking for innovative and new approaches and not limiting activities in treatment.***

Target 5: Implement Recovery Communities Across Nevada

Social Determinants of Health (SDOH) include financial resources, social and community factors, education access and quality, health care access and quality, and the neighborhood and environment in which a person lives, including transportation, crime, and environmental quality. Recovery communities take a holistic view that includes SDOH as an integral part of maintaining recovery and living successfully in the community. They provide connections to treatment and services for individuals in recovery to reintegrate into the community with better chances of maintaining recovery. ***FRN is looking for innovative and new approaches and not limiting activities in SDOH.***

Target 6: Provide Opioid Prevention and Treatment Consistently Across the Criminal Justice and Public Safety Systems

Access to medications for opioid use disorder (MOUD) and other treatment interventions within the jails and prisons is limited, and individuals transitioning from incarceration to the community often have little or no access to treatment or care management in the community. Progress has been made through drug treatment courts and similar interventions; these opportunities are uniformly available in all criminal detention centers.

More work is needed in providing treatment both in criminal justice settings and during transitions so that people can recover from opioid use disorders and maintain their recovery in the community. This target includes access to quality care for justice-involved individuals or support of individuals with opioid-use history leaving levels of confinement. This area also identifies a need for connections to care, assessment and diagnosis testing, wraparound services, and facilitating release into treatment with prescriptions. Additional strategies include developing relationships and networks with pharmacists/pharmacies, treatment providers, parole and probation, and court systems. ***FRN is looking for innovative and new approaches and not limiting activities in criminal justice/juvenile justice and public safety systems.***

Target 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

Nevada has experienced serious impacts from the opioid epidemic over the past 10 years, resulting in high rates of opioid-related overdoses, increased health care utilization, escalating rates of neonatal abstinence syndrome, insufficient access to treatment, and increased family involvement within child welfare. To understand the impact of the opioid epidemic on Nevada, it is important to consider indicators of opioid use, such as prescription monitoring, survey data, criminal justice/juvenile justice data, and overdoses, as well as co-occurring behavioral health and comorbid physical health conditions and opioid-related utilization of emergency departments and hospitals. Focusing on health disparities for marginalized populations and the impact on youth within each of these areas further elucidates the impact of opioids and can offer potential solutions. ***FRN is looking for innovative and new approaches and not limiting activities in data collection and reporting.***

SECTION 4.0 EXCLUDED ACTIVITIES

- Purchase of any items that may be considered paraphernalia pursuant to [NRS 453](#)
- Activities that are not evidence-based or promising practices for opioid abatement
- Conferences or out of state travel
- Activities that are funded through other program grants, legislative set-asides, or other program funded activities
- Activities not identified as a priority within this NOFO or as part of the Opioid State Plan
- Services covered by Medicaid or other TPL

SECTION 5.0 CULTURAL COMPETENCE

Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (Behavioral Health Guide) must be referenced when completing applications to inform approaches that support Culturally and Linguistically Appropriate Services (CLAS) that are aligned with current practice and standards. Throughout this NOFO, this is referenced as CLAS standards.

[CLAS Behavioral Health Implementation Guide](#)

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 evidence-based initiatives to best address each participant's treatment needs. Culturally competent care is a core value.

For more information, the Office of Analytics created the 2023 Minority Health Report. The purpose of this report is to highlight existing health disparities by race/ethnicity in Nevada, with a focus on the most current data available. The race/ethnic groups represented in this report are White-non-Hispanic, Black-non-Hispanic, American Indian/Alaskan Native (AI/AN)-non-Hispanic, Asian/Pacific Islander (API)-non-Hispanic, and Hispanic. Racial and ethnic minorities are disproportionately affected by health problems and disease in Nevada and throughout the nation. This report is intended to present current and available data from the state of Nevada, broken down by race/ethnicity and region, to inform health professionals, policymakers, community members, and researchers about existing disparities among Nevada's population.

[Minority Health Report 2023](#)

SECTION 6.0 GRANTEE RESPONSIBILITIES

6.1 Grant Program Implementation

All Applicants identified for funding must comply with the Grant Instruction and Requirements (GIRS). Link: [Grant Instructions and Requirements revised October 2020 \(nv.gov\)](#)

Failure to comply with corrective action within 60 days may result in termination of funding.

6.2 Data Collection and Reporting

By submitting a response to this NOFO, all Applicants agree to comply with the data reporting and recognize that funding is contingent on compliance. Applicants must provide details in the grant that document the plan for data collection and reporting using the Data Collection and Performance Measurement tools. Depending on the funding source, Applicant may be required to utilize specific data-collection systems or have specific reporting requirements, which may include:

1. Collect data on state-supplied reporting template;
2. Collect number of participants trained;
3. Collect demographic information for campaigns;
4. Document and track the number of services received per participant;
5. Collect standard demographic information for each participant, such as gender, race, ethnicity, income, education, age;
6. Collect information on diversion of adverse events (including but not limited to hospitalization, justice involvement, self-harm and/or suicide), for program participants; and,
7. Comply with submitting data and information as part of the National Outcome Measurement System (NOMS), Client-Level Data (CLD) and/or Treatment Episode Data Set (TEDS) to the Division of Public and Behavioral Health's (DPBH's) Central Data Repository (CDR). All Applicants must be able to extract data from each respective electronic health record (EHR) system to comply with the data-collection measures.

6.3 Performance Reports

The Grantee will submit a Performance Report as required by the subgrant. Performance reports must show progress toward goals and services through defined data-collection processes and measures. Specific outputs will be negotiated during the contract award process. DHHS anticipates negotiating performance measures using a standardized menu of outputs and outcomes, depending on the type of work funded. Note: If an infrastructure development grant is approved, there will be additional measures that will frame the development of the program that will flow into the direct service deliverables through an agreed upon timeline.

6.3.1 Examples of Output Measures (not limited to)

- The number of unduplicated individuals served annually (by state fiscal year)

- The number of encounters, treatment/services provided, activities occurring per month
- The percentage of service slots filled per month
- The percentage of individuals who received the intended number of service encounters
- The percentage of individuals who received the required screenings/assessments
- The percentage of individuals who complete required survey instruments (e.g., satisfaction surveys)
- Increase in utilization of services, including behavioral health services by each subpopulation
- Criminal Justice System involvement or deflection and diversion
- School Attendance
- Demographics to include number, age, and gender of unduplicated participants seen each year; workforce/employment status; housing status; identified as part of a targeted population (homeless, veterans, LGBTQIIA+, etc.); number and percentage of participants screened for substance abuse disorders; number and percentage of participants screened for behavioral health disorders

6.3.2 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/subgrants, 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.

6.3.3 Program Income

Under Section 2 CFR §200.80, "program income" is defined as gross income earned by an organization 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 federal or state funds, program income shall be added or deducted from grant funds, depending on federal authority. Added funds must be 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. Expanding program income is one measure for sustainability to replace grant funds. Grant funds are the payor of last resort. (Please refer to GIRS for more information).

6.3.4 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 agencies to provide documentation of all licenses and certifications which may include, but are not limited to licensing board requirements, SAPTA service endorsements, Health Care Quality and Compliance facility licensing requirements, county business license, proof of non-profit status, etc.

6.3.5 Disclosures

Applicant must disclose any significant prior or ongoing contract failures, contract breaches, or civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this NOFO shall also be disclosed.

If a regional, local, or tribal governmental entity that receives a grant pursuant to paragraph (b) of subsection 2 of [NRS 433.738](#) later recovers money through a judgment or a settlement resulting from litigation concerning the manufacture, distribution, sale, or marketing of opioids:

- a) The regional, local, or tribal governmental entity must immediately notify the Department; and
- b) The Department may recover from the governmental entity an amount not to exceed the amount of the grant or the amount of the recovery, whichever is less.

6.3.6 Payment & Billing

Upon review and acceptance by the State, payments will be processed after all required information, documents, and/or attachments have been received. The State does not issue payment prior to receipt of goods or services. The vendor shall bill the State as outlined in the approved subgrant/contract and/or payment schedule. The State is on a fiscal year calendar. All reporting on financial submissions for the previous month are due on the 10th of the month. As an example, submission for services provided in the month of July is due by August 10.

A billing submitted after the closure of the state year may force the State to process the billing as a stale claim pursuant to NRS 353.097, subjecting the contractor to an administrative fee not to exceed \$100.00. This is the estimate of the additional costs to the State for processing the billing as a stale claim, and this amount shall be deducted from the stale claim payment due the awardee.

SECTION 7.0 APPLICATION AND SUBMISSION INFORMATION

7.1 Technical Requirements

Pursuant to NRS, applicants may not call to discuss applications or processes with any staff person not identified in this NOFO. The only contact is through FRN@dhhs.nv.gov. Any violation of this is subject to immediate disqualification of funding. The evaluation committee remains confidential to ensure an open and transparent application process with no appearance of impropriety by any one applicant receiving information that is not available to all applicants. Employees who violate this policy may be subject to disciplinary action.

Applications will be reviewed and evaluated by **August 16, 2024, at 5 p.m. Pacific Standard Time (PDT)**. Please note that the application has been condensed to reduce the burden on applicants. Additionally, applications may remain on file for consideration of funding for future funds as they may come available for a period not to exceed four years. The State reserves the right to request additional or clarifying information before an award is considered. Any request for information should not be considered an intent to fund. Applicants are cautioned that no funding awards are complete until such time an actual award is signed by both the state and applicant and is subject to change prior to the execution of the agreement.

The documents required to be submitted include 1) The completed application 2) If applicable, Needs Assessment and Plan; and 3) The attached Excel budget submitted to FRN@dhhs.nv.gov. If you do not receive an email acknowledgement of application receipt within 48 business hours, please send an email with **Notification Status** in the subject line FRN@dhhs.nv.gov.

- 7.1.1 **The DHHS is not responsible for issues or delays in email 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.
- 7.1.2 **Formatting:** Applicants must follow the requirements identified in the application including limitations on word count.
- 7.1.3 **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. **The submission of additional materials may disqualify the applicant.**
- 7.1.4 Once the application is submitted, no corrections or adjustments may be made. DHHS will consider corrections or adjustments 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.

7.2 Written Questions and Answers

In lieu of a pre-proposal conference, DHHS will provide one opportunity for Applicants to provide questions in writing, received by email regarding this NOFO on or before **June 10, 2024, at 3 p.m.** All questions and/or comments shall be addressed in writing and

responses posted to the FRN website at [FRN HOME](#) on or before **June 14, 2024, at 3 p.m. PDT**. Applicants shall provide their company name, phone number, contact name, and email address when submitting questions.

7.3 Application Requirements

To obtain the project application and budget form, you must submit a letter of intent to apply to FRN@dhhs.nv.gov no later than June 21, 2024. *Letter of intent must include the following: Name of Applicant, Organization, Address, Email, Phone, Target Area, Approximate Funding Amount, and a Brief Project Summary (250 words).* The Project Application Form must be submitted via PDF with the Excel budget document to be considered compliant with this NOFO. If applicable, the needs assessment and plan will also need to be submitted via PDF. All sections are required to be complete. **Failure to complete any section may disqualify the applicant. Applications are considered complete when they include signatures, signed assurances, and the following:**

- A. **Project Application (includes abstract, narrative, budget narrative, key personnel, scope of work, data measures, sustainability)**
- B. **Budget Excel**
- C. **If Applicable, Needs Assessment and Local Plan (as defined by statute)**

All proposals must include a detailed project budget for each project period requesting grant funding. The DHHS will work with applicants to adjust budgets in compliance with settlement and state regulations if any adjustments are required. Please provide a budget that is complete, cost-effective, and allowable (e.g., reasonable, allowable, and necessary for program activities) to the best of your ability.

Budget proposals cannot exceed more than 5% administrative expenses.

Executive Directors who provide direct service are limited to “up to 25% maximum.” Time must be justified and documented and must provide direct services. Not all requests for Executive Directors will be allowed depending on project descriptions, the overall agency and existing funding for those positions. Administrative staff, electronic medical records, human resources, office managers, and insurance are considered part of the indirect and non-allowable as a direct line item. **Grant funds do not pay for general auditing or the completion of the 990 forms for nonprofits.** Grant funding may contribute to comply with the Single State Audit requirement (separate form) as a percentage basis of the number of federal grant awards.

Applicants **must** use the budget template form (Excel spreadsheet) provided as a link along with this NOFO. 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.**

Ensure that all figures add up correctly and that totals match within and between all

forms and sections. The budget application must comply with 2 CFR 200.68.

Indirect is not permissible and applicants are limited to 5% for administrative expense.

1. Personnel: Employees who provide direct services specific to this grant are provided here. The Personnel section is for staff who work as part of the applicant organization, for whom the applicant organization provides a furnished workspace, 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 workspace, tools, means and methods for completion. This section should not include existing employees who are funded by other programs. The intent of personnel is to expand and enhance services, which includes adding additional staff to meet the goals and objectives.

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)	\$ 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). If an employee is currently 100% funded by another program and will continue that work, they are not allowed to have activities supplanted by these dollars. For example, moving a staff from .50 to 1.0 full-time equivalent (FTE), the .50 FTE would be appropriate if directed to expand and enhance for the proposed project. Having a staff member that is 1.0 FTE and currently funded and requesting additional funds for that staff person may not be allowable, without clear justification. Identify which staff are currently employed and which staff will be new.

2. Travel: Travel costs must provide direct benefit to this project. Identify staff who 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 \$0.67), 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>. **This funding is not for conference attendance.**

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. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. **Note: Rent is not an allowable expense under occupancy for administrative services. That should be paid through administrative expenses.**

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. A copy must be provided to the State upon request.

6. Other Expenses: Identify and justify these expenditures, which can include virtually any relevant, and allowable, expenditure associated with the project, such as participant transportation, or other key program expenses required for your program to be a success.

7. Administrative Expenses: No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as all grantees or recipients of funds from the Resilient Fund of Nevada under NRS 433.732 through NRS 433.744.

SECTION 8.0 PROCUREMENT PROCESS

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

- 8.1 This procurement is being conducted in accordance with NRS Chapter 333 and NAC Chapter 333.
- 8.2 The State reserves the right to alter, amend, or modify any provisions of this NOFO or to withdraw this NOFO at any time prior to the award of a contract pursuant hereto, if it is in the best interest of the State to do so.
- 8.3 The State reserves the right to waive informalities and minor irregularities in proposals received.
- 8.4 Pursuant to NRS 333.350, the State reserves the right to limit the scope of work prior to award, if deemed in the best interest of the State.
- 8.5 Proposals which appear unrealistic in the terms of technical commitments, lack of technical competence, or are indicative of failure to comprehend the complexity and risk of the project/contract, may be rejected.
- 8.6 The State is not liable for any costs incurred by vendors prior to entering a formal contract or subgrant agreement. Costs of developing the proposals or any other such expenses incurred by the vendor in responding to the NOFO are entirely the responsibility of the

- vendor and shall not be reimbursed in any manner by the State.
- 8.7 Proposals submitted per proposal submission requirements become the property of the State, selection or rejection does not affect this right; proposals shall be returned only at the State's option and at the vendor's request and expense.
- 8.8 Pursuant to NRS 333.338, the State of Nevada cannot enter a contract with a company unless that company agrees for the duration of the contract not to engage in a boycott of Israel. By submitting a proposal or bid, vendor agrees that if it is awarded a contract, it will not engage in a boycott of Israel as defined in NRS 333.338(3)(a).

SECTION 9.0 NOFO REVIEW PROCESS

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

- 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.

9.1 Technical Review

DHHS staff will perform a technical review of each proposal to ensure that minimum standards are met. Applications must be completed and submitted on time. All technical criteria are a Pass/Fail (P/F). Financial stability shall be scored on a pass/fail basis. This may include experience with previous DHHS grants in terms of ability to meet deadlines, expectations, and submit financial information timely.

9.2 Evaluation

Applications that meet minimum standards will be forwarded to the evaluation team. 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. The State reserves the right to identify different evaluation committees for each area of focus (i.e., adolescents/youth services, etc.). The evaluation committee may solicit information from any available source concerning any aspect of a proposal and seek and review any other information deemed pertinent to the evaluation process.

9.3 Program Priorities

Projects applications will also consider priority populations and shall be reviewed under funding priorities. 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. Grant applications must meet a minimum score of 80 to be considered for funding. **Final Review- Director**

After reviewing and scoring the applications based on priority areas, the DHHS will submit funding recommendations to the Single State Mental Health Authority (SSMHA) and the DHHS Director, who will make the final funding decisions. As noted in the NOFO, no contact may be made with the SSMHA or the Director regarding this NOFO. Final decisions will be made 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;
- d. Availability of funding; and
- e. Ensuring underserved populations are addressed.

9.4 Notification Process

Applicants will be notified of their status **on or before September 9, 2024**. DHHS staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the 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.).

9.5 Final Negotiations

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.

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Project Scoring Matrix

Application	Scoring	Description and/or Application Section
Project Application Complete	P/F	Technical Review
Budget Narrative Complete	P/F	Technical Review (Separate Excel Document)
Capacity & Sustainability	5	Section J
Abstract	5	Section M
Organizational Capacity	15	Section N
Project Design & Implementation	25	Section O (Program details)
Capabilities & Competencies	20	Section P (specific to proposed scope)
Data Collection	10	Section Q (ability of agency to collect data)
Scope of Work	15	Section R
Resumé for Project Manager	5	Section S
All assurances signed	P/F	Technical Review
Risk Management	P/F	Technical Review
Total	100	

Any section deemed as a “Fail” will result in the Applicant's submittal being disqualified.

SECTION 10 GRANTEE MONITORING

10.1 Monthly Financial Status and Request for Reimbursement Reports

DHHS (including all agencies under the umbrella of the Department) 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 10th of the following month.

10.2 Performance Reporting

Applicants who receive an award must collaborate with DHHS in reporting monthly on progress in meeting goals. Additional performance reports may be requested as instructed by the DHHS. Monthly progress reports will be due by the 10th of the month.

10.3 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. This will include a monthly call. 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.

10.4 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.

10.5 Applicant Risk

Pursuant to the 2 CFR 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, DHHS may also 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).

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ATTACHMENT A – GENERAL PROVISIONS AND ASSURANCES

This section is applicable to all subrecipients who receive funding from the DHHS under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

1. Litigation Settlement and Bankruptcy Agreements
2. One Nevada Agreement
3. NRS 433.712 through 433.744, Administration of Certain Proceeds from Litigation Concerning Opioids
4. CFR 200, Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
5. NRS 218G - Legislative Audits
6. NRS 458 - Abuse of Alcohol & Drugs
7. NRS 616 A through D Industrial Insurance
8. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
9. GSA - General Services Administration for guidelines for travel
10. Grant Instructions and Requirements
11. State Licensure and certification
 - a. The subrecipient is required to comply with all State licensure and/or certification requirements.
12. 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 subgrantees, 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).
13. 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.
14. 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.
15. 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;
16. The subrecipient will report within 24 hours the occurrence of an incident, following DHHS policy, which may cause imminent danger to the health or safety of the participants, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
17. The subrecipient agrees to fully cooperate with all DHHS-sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
18. The subrecipient is required to maintain Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subgrantee serves minors with funds awarded through this sub-grant.
19. Application to 211. As of October 1, 2017, the Subrecipient is required to submit an application to register with the Nevada 211 system.
20. The subrecipient agrees to a five percent (5%) maximum for administrative expenses.

21. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
22. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS may reallocate funds to other programs to ensure that gaps in service are addressed.
23. 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 Department 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 any other necessary steps.
24. Failure to meet any conditions listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.