



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**

**DIRECTOR'S OFFICE**

*Helping people. It's who we are and what we do.*



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**NOTICE OF FUNDING OPPORTUNITY  
FOR  
THE GRIEF SUPPORT TRUST ACCOUNT  
FOR ELIGIBLE NON-PROFITS PROVIDING  
GRIEF SUPPORT SERVICES  
TO CHILDREN, PARENTS, AND CAREGIVERS**

**Release Date: Monday, January 27, 2025**

**Questions to be submitted on or before Monday, February 3, 2025, 5:00 PM PST**

Questions must be submitted to [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov)  
with **NOFO Question(s): Grief Support Trust Account**  
in the subject line of the email.

**DEADLINE FOR APPLICATION SUBMISSION: Tuesday, March 11, 2025, 5:00 PM PST**

Applications must be submitted to [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov)  
with **NOFO Application: Grief Support Trust Account**  
in the subject line of the email.

***For additional information, please contact:***

Grants Management Unit  
Department of Health and Human Services Director's Office  
Email: [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov)

## 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 the Grief Support Trust Account must submit a proposal in compliance with this Notice of Funding Opportunity (NOFO). **This includes any applicant that is currently receiving Grief Support Trust Account funds for the same programs.** This NOFO may also be used for future state or federal subgrant awards should additional funds become available.

**Funding Opportunity Award Type:** Subgrant

**Project Period:** As part of the application process, a scope of work with timeline and budget must be submitted for each project period:

- **July 1, 2025, through June 30, 2026 (Year 1, no funding carryover)**
- **July 1, 2026, through June 30, 2027 (Year 2, no funding carryover)**

Projects may apply for up to **two (2) years** of funding, operating from July 1, 2025, through June 30, 2027. The application budget cannot exceed the funding cap of **\$72,500 for project period year-1** and **\$72,500 for project period year-2**. Awarded organizations may bill for approved expenses incurred beginning **July 1, 2025**.

**Estimated Number of Awards:** Dependent on submissions

**Proposed funding level for each award:** Dependent on submissions

**Estimated Dollar Amount Available:** **\$145,000** annually for all awards in total

**Reporting Periods:** Monthly, Quarterly and Annually

**Award Restrictions:** All Budget and Scope of Work proposals must be in compliance with Nevada Department of Health and Human Services (DHHS) [Grant Instructions and Requirements](#) (GIRS). All funding is subject to change, based on the availability of funds and the state's needs. **By submitting a proposal or responding to this NOFO, there is no guarantee of funding or funding at the level requested.**

NOFO Timeline	
Task	Due Date/Time
Notice of Funding Opportunity released	1/27/2025
Deadline for submission of written questions	2/3/2025 5:00 PM PST
Written response to submitted questions will post	2/10/2025 5:00 PM PST
Deadline for proposal/application submission	3/11/2025 5:00 PM PST
Evaluation period starts	3/12/2025
Funding decisions, applicants notified, on or before	5/21/2025
Subgrant awards issued	7/1/2025

# I. FUNDING OPPORTUNITY INTRODUCTION

## ❖ Background

The Grief Support Trust Account was established by [NRS 439.5132](#), in the State's General Fund to support nonprofit community organizations that provide grief support services to children who have experienced the loss of a relative or other person who had significant emotional relationship with the child. Services may also be provided to parents and/or adult caregivers who have experienced the loss of a child.

The Department of Health and Human Services (DHHS) Grants Management Unit (GMU) is responsible for administering the Grief Support Trust Account, on behalf of the Grants Management Advisory Committee (GMAC). The GMU manages the funding process to award the funds to Nevada's nonprofit community organizations that offer grief support services. The funds for the Account are generated through fees collected when furnishing a copy of a death certificate: [NRS 440.700\(4\)](#).

## ❖ Purpose

This NOFO is published by the GMU within the DHHS Director's Office (DO) and strictly focuses on nonprofit organizations who provide grief support services to children and/or parents and adult caregivers who have experienced the loss of a child.

## ❖ Eligible Entities

Non-profit organizations that meet the following criteria:

- Minimum of at least two years experience in providing age-appropriate peer support groups for children between the ages of 3 to 18 years of age and provide such peer support groups biweekly from September to May of each calendar year.
- Is a current member of the [National Alliance for Children's Grief](#).
- Provide grief support services free of charge.
- Must keep aggregate information relating to the number of children served by the organization and the demographic information of such children, including, without limitation: a children's age, gender, race, ethnicity, school attendance, and family income.

Applications will be evaluated by a committee, which will include a technical review. The evaluation committee will submit the funding recommendations to the Grants Management Advisory Committee and the DHHS Director, who will make the final funding decisions. Funding decisions will be awarded utilizing a scoring method and will strive to ensure appropriate geographic distribution of funds. **All applications may not be funded.**

This NOFO does not constitute a contract, agreement, or obligation to fund. No authorizations or encumbrances shall be authorized until such time that a fixed-amount Notice of Subaward is complete and signed by both DHHS and Provider. The agreement is subject and contingent upon the successful negotiation of final terms of the subgrant, to include any conditions of award.

## ❖ Licenses and Certifications

The applicant, employees, and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications, and/or licensures as applicable.

## II. APPLICATION AND SUBMISSION INFORMATION

### ❖ Technical Requirements

- A. Completed applications must be submitted via email to the GMU no later than **Tuesday, March 11, 2025, at 5:00 PM PST (Pacific Standard Time)**.
- B. Proposal(s) must be delivered via email in PDF format to: [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov). If you do not receive an acknowledgement of application receipt within 48 business hours, please send an email with “Notification Status” in the subject line. DHHS is not responsible for issues or delays in email service. Any applications received after the deadline will be disqualified from review. Therefore, DHHS encourages organizations to submit their applications before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.
- C. 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. 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 DHHS and the applicant agree on such changes or adjustments.
- D. Formatting: Applicants are required to use 12-point Times New Roman or Arial font, with 1.0” margins, double-spaced (unless specifically referenced as single spaced) and convert all items into one PDF document. Submissions must abide by the maximum page limitations; exceeding identified limits may be cause for disqualification from review.
- E. Do not submit unsolicited materials as part of your application. Any unsolicited materials mailed, delivered, or emailed to DHHS will not be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.

### ❖ Proposal Submission Requirements

To reach the evaluation phase, a complete application must be submitted. Applications are considered complete when they include signatures, signed assurances, and the following:

- A. Abstract
- B. Project Application
- C. Project Narrative
- D. Scope of Work
- E. Budget Narrative
- F. Project Manager Resume

**A description and requirements, of each application component can be found below:**

#### **Project Abstract (5 points possible)**

A one-page maximum abstract should serve as a succinct description of the proposed project and must include the target area, services provided, any project partners, 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.

Write a clear, accurate, and concise abstract without reference to other parts of the application. Personal identifying information should be excluded from the abstract. Abstract must be single spaced.

## Project Application Form (10 points possible)

All applicants must complete the Project Application Form (5 pages maximum). Each letter corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form may result in an incomplete application.

(Request template from [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov))

- **Organization Type:** Check the type of organization that is requesting funds.
- **Geographic Area of Service:** Check type of geographic area and provide a brief description of that area (up to 100 words).
- **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 and UEI field is incomplete.
- **Project Point of Contact (POC):** This field refers to the identified person at the applicant organization that DHHS will contact for follow-up questions about the application. This is also the person DHHS will contact for questions about quarterly reports, monthly financial claim forms, etc.
- **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.
- **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.
- **Program Experience:** Organizations are required to select one option that most closely describes the program activities being proposed in the application.
- **Current Funding:** Some organizations receive funding (e.g., Federal grant dollars, foundation grants, donations, etc.) for similar services. If the applicant does not receive funding from another source for proposed project, check the No box, and continue to field I. 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.
- **Certification by Authorized Official:** The administrator, director, or other official ultimately responsible for this project/program must sign this document.

## Project Narrative (55 points possible)

The applicant must provide a Project Narrative that articulates in detail the content requirements provided below and the specific criteria described in Section I and II. Please include the title “Project Narrative” at the beginning of the Project Narrative. The narrative must not exceed **10 pages** double-spaced. **Page numbers, headings and subheadings are required.**

Ensure that the project narrative includes “subheadings” for each of the sections below. Do not reference the evaluator to read another section, as no points will be awarded in this instance. Complete each section providing detailed information for the items being requested in that section.

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

**A. Organization Description (5 points possible)**

The Organization Description should include a brief history of the organization demonstrating not less than two (2) years of operations and should include information about current services provided; an explanation of how the organization can accomplish the NOFO's goals; and description of potential barriers of project implementation and ways these barriers will be mitigated.

**B. Project Design and Implementation (20 points possible)**

The Project Design and Implementation must provide a detailed description of the project to be funded. This section must include the goal(s) of the project as well as the objectives and activities that will be completed to achieve the goal(s). Make sure to differentiate between current capacity and services and what new services or activities are being requested. Describe how the project will support your ability to serve your community.

**C. Community Organizations and Partnerships (10 points possible)**

The Community Organizations and Partnerships must provide detailed descriptions of the community organizations currently providing similar services in the geographic service area your proposal depicts. Provide details describing existing partnerships and coordination to reduce duplication of service. Describe formal collaborations and/or existing Memorandums of Understanding with partners and relationships that will be important to carrying out the activities proposed. Do not include organizations where there is an informal relationship (i.e. letter of commitment). Do not only list organizations but explain how the identified collaboration will support this project.

**D. Capabilities and Competencies (15 points possible)**

Provide at least three (3) examples of the applicant’s success. Describe the capabilities of the applicant, the subrecipients, and/or contractors to successfully implement the project. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project. Describe organization’s background, qualifications, and experiences with the implementation of projects similar in scope and complexity to the proposed project.

**E. Plan for Collecting the Data (5 points possible)**

Describe the process for collecting client level 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 success of the program activities.

**Scope of Work (15 points possible)**

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. (Request template from [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov))

## Two examples are below:

- Training a workforce: there will be 10 trainings; 85% of staff must complete training.
- Adding a new employee: There will be one additional licensed mental health counselor intern who provides mobile crisis support and will serve not less than 20 individual per month for the term of the project, with the expectation that this position will be sustainable through billing after the completion of the incubator project, with a monthly caseload of 35.

**\* For each goal/objective, include implementation activities, and due dates. There may be more than one activity and due date per objective.**

## Budget Narrative (15 points possible)

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 the project period. The budget should be an accurate representation of the funds necessary to carry out the proposed Scope of Work and achieve the projected outcomes over the grant period. If the project is not fully funded, DHHS will work with the applicant to modify the budget, the Scope of Work, and the projected outcomes. **(Request template from [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov))**

Applicants must use the Budget Template form (Excel spreadsheet) provided for this NOFO. 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.**

The budget cannot contain services that can be billed to public or private health insurance, including Medicaid, Medicare, or third-party liability parties.

### A. Personnel:

Employees who provide direct services 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 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 and are listed in the Contractor category.

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, worker’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).



## **B. 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 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.

## **C. Operating:**

List and justify tangible and expendable property necessary to carry-out the proposed program.

## **D. 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 \$10,000.

## **E. 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 agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these agreements in accordance with all requirements identified for grants administered under DHHS.

## **F. Other Expenses:**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as client transportation, conference registrations, stipends, scholarships, etc.

## **G. Indirect Costs:**

Indirect costs represent the expenses of doing business that are expenses you cannot directly link to a specific product or service. These include rent, utilities, and administrative expenses, such as office supplies, travel, salaries, and other employee fringe benefits. An indirect cost rate should be established by the grantees who administer a variety of programs funded by federal, state, and local agencies. Agencies receiving direct federal grant funds should establish an indirect cost rate for their programs with the cognizant Federal agency; agencies receiving only state grant funds should negotiate with the appropriate state agency to establish an indirect cost rate. If agencies have a federally approved indirect cost rate, that rate and documentation must be provided. All budgets are subject to the exclusions identified in the Modified Total Direct Cost Base (MTDC).

## **Résumé of Key Program Staff Member (Technical Requirement; No points)**

Provide the [résumé](#) of the key staff member with the licensure or expertise in providing evidence-based services. This [résumé](#) 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 [résumés](#) based on the proposed project.



### III. SELECTION PROCESS

DHHS has selected to use the competitive Notice of Funding Opportunity (NOFO) process.

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

#### ❖ NOFO Review Process

Proposals received by the deadline will be reviewed as follows:

##### Technical Review

The technical review is pass or fail (application may not be sent on for evaluator review if it does not pass the technical review). DHHS staff will perform a technical review of each proposal to ensure that minimum standards are met. Proposals may be disqualified if they:

- A. Are missing fundamental elements (i.e., abstract, application, narrative, scope of work, or budget)
- B. Do not meet the intent of the NOFO.

##### Application Requirements

Field Name	Points or TR*	Page Limit	Instructions
A. Abstract	5	1	Single spaced, one page limit, Arial or Times New Roman, 12-point font.
B. Project Application	10	5	Request form from <a href="mailto:gmu@dhhs.nv.gov">gmu@dhhs.nv.gov</a> .
C. Narrative	55	10	Double spaced, page numbered with headings and subheadings, defined in section II (D) of NOFO. Arial or Times New Roman, 12-point font (Tables may be single spaced). No form provided.
D. Scope of Work	15	5	Request form from <a href="mailto:gmu@dhhs.nv.gov">gmu@dhhs.nv.gov</a> . Single spaced, Arial or Times New Roman, 12-point font.
E. Budget Narrative	15	N/A	Request form from <a href="mailto:gmu@dhhs.nv.gov">gmu@dhhs.nv.gov</a> .
F. Resume of Project Manager	TR	2	Project Manager with experience.
General Provisions and Assurances	TR	N/A	Sign and attach.
Total	100	*Technical Requirement	

## Evaluation

Applications that meet minimum standards will be forwarded to a review team selected by DHHS. Reviewers will score each application using the Evaluator Tool. In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the scoring process. Proposals must stand on their own merit. (Examples provided upon request from [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov))

Evaluators will be asked to score each section of the proposal and application; points will be assigned using the following rubric:

**Excellent** responses will receive 100% of available points.

**Strong** responses will receive 80% of available points.

**Average** responses will receive 60% of available points.

**Basic** responses will receive 40% of available points.

**Weak** responses will receive 20% of available points.

## Funding Recommendations

Project proposals with the highest ranking shall be prioritized for funding; however, this will not be the only method for selection. Recommendations may also consider underserved populations and geographic areas.

## Final Review – Director

The DHHS staff will submit funding recommendations to the DHHS Director, who will make the final funding decisions. Final decisions made by the DHHS Director will be based on the following factors:

- A. Scores on the scoring matrix.
- B. Geographic distribution to help ensure appropriate service and activities.
- C. Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
- D. Availability of funding.

## ❖ Notification Process

Applicants will be notified of their status via email by May 21, 2025. DHHS staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the evaluators. These issues may include but are not limited to:

- A. Revisions to the project budget.
- B. Revisions to the Scope of Work and/or Performance Indicators; and/or
- C. 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 is awarded. **All funding is contingent upon availability of funds.** Upon successful conclusion of negotiations, DHHS staff will complete a written subgrant 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.

## **Disclaimer**

The Grants Management Unit (GMU) is not responsible for any costs incurred in preparing applications. All applications become the property of the State of Nevada, Department of Health and Human Services, Grants Management Unit. GMU reserves the right to accept or reject any or all applications. Projects awarded funding are deemed to be in the people's best interest of the State of Nevada. 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.

## **❖ Upon Approval of Award**

### **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. Failure to provide timely reimbursement reports may result in corrective action.

### **Performance Reporting**

Applicants who receive an award must collaborate with DHHS in reporting monthly and quarterly on progress in meeting goals. Additional performance reports may be requested as instructed by DHHS. Monthly progress reports are due by 15th of each month. Quarterly progress reports will be due by the 30th of the month following the end of the reporting quarter.

### **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. The subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the monitoring.

### **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.

### III. GENERAL PROVISIONS AND ASSURANCES

This section is applicable to all subrecipients who receive funding from DHHS under this NOFO solicitation. 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. NRS 218G - Legislative Audits
3. NRS 458 - Abuse of Alcohol & Drugs
4. NRS 616 A through D - Industrial Insurance
5. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
6. GSA - General Services Administration for guidelines for travel
7. Grant Instructions and Requirements
8. State Licensure and certification - The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
9. 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).
10. 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.
11. 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.
12. 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.
13. 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 clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
14. If the subrecipient is serving minors, background checks must be completed every 3 years on all staff, volunteers, and consultants occupying clinical and supportive roles.
15. Application to Nevada 211. As of October 1, 2017, the subrecipient will be required to submit an application to register with the Nevada 211 system.
16. 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.
17. The subrecipient must be enrolled in System Award Management (SAM) SAM.gov as required by the Federal Funding Accountability and Transparency Act.

18. 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.

19. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by DHHS 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, DHHS will provide a written notice identifying the reduction of funds and the necessary steps.

20. The subrecipients will NOT expend the awarded 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 DHHS. 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.

21. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

22. Protections for whistleblowers in accordance with 41 U.S.C. § 4712.

## ❖ Compliance with Notice of Funding Opportunity

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

1. If the applicant has not met the performance measures of previous DHHS subgrants, DHHS reserves the right to not make additional awards.
2. Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
3. DHHS reserves the right, during funding recommendations and the issuing of subgrants to ensure geographic coverage for services throughout Nevada.
4. DHHS will not evaluate proposals that do not meet the technical requirements of the NOFO.

Agreed to:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

# Applicant Checklist

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

## Section A: Abstract (One page)

- ☐ Abstract is compliant with formatting (single spaced)
- ☐ Does not exceed one page

## Section B: Application Form (Does not exceed five (5) 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 ten (10) pages)

- ☐ Separate Headings for Organization, Project Design and Implementation; Community Organizations and Partnerships; Capabilities; and Data Collection.
- ☐ Does not exceed 10 pages, double-spaced.
- ☐ Arial or Times New Roman 12-point font has been retained.
- ☐ One-inch margins have been retained.

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

- ☐ All sections are complete and matches the narrative.
- ☐ Single-spaced, Arial or Times New Roman 12-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
- ☐ One-inch margins have been retained.

## Section F: Resume (Does not exceed two (2) pages)

- ☐ Resume of Project Manager

## Attachments (Existing Forms – No modifications). Not in page count.

- ☐ Provisions and Assurances of Grant Award is signed

## Application Submission

- ☐ A single PDF will be emailed no later than 5:00 PM on **Tuesday, March 11, 2025.**