



State of Nevada  
Department of Health and Human Services  
**Division of Child & Family Services**  
(hereinafter referred to as the Department)

Agency Ref. #: **320114-26-005**  
Budget Account: **3201**  
Category: **14**  
GL: \_\_\_\_\_  
Job Number: **CTF**

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Children's Trust Fund (CTF) DCFS Grants Management Unit DCFSGrants@state.nv.us	<b>Subrecipient's Name</b> Clark County Department of Clinical and Community Services Jill Marano ccfsgrants@clarkcountynv.gov
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009	<b>Address:</b> 121 S Martin Luther King Blvd Las Vegas, NV 89106-4309
<b>Subaward Period:</b> July 1, 2025, through June 30, 2026	<b>Subrecipient's:</b> EIN: <b>88-6000028</b> Vendor #: <b>T81026920A</b> Unique Entity ID: <b>DF4MDGFTBJB4</b>

**Purpose of Award:** Prevention program for families identified as at-risk for child abuse or neglect.

**Region(s) to be served:** ☐ Statewide ☒ Specific county or counties:

1. Personnel	\$40,081.00	<b>STATE AWARD COMPUTATION:</b> Total Obligated by this Action: \$ 41,281.00 Cumulative Prior Awards this Budget Period: \$ Total State Funds Awarded to Date: \$ 41,281.00  Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Amount Required this Action: \$ Amount Required Prior Awards: \$ Total Match Amount Required: \$ Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  <b>Federal Budget Period:</b> N/A <b>Federal Project Period:</b> N/A  FOR AGENCY USE, ONLY
2. Travel/Training	\$0.00	
3. Operating	\$700.00	
4. Equipment	\$0.00	
5. Contractual/Consultant	\$0.00	
6. Other	\$600.00	
<b>TOTAL DIRECT COSTS</b>	<b>\$41,281.00</b>	
7. Indirect Costs	\$0.00	
<b>TOTAL APPROVED BUDGET</b>	<b>\$41,281.00</b>	

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
Children's Trust Fund	100%	N/A	N/A	N/A	N/A

**Agency Approved Indirect Rate:** 0.00%

**Subrecipient Approved Indirect Rate:** 0.00%

**Terms and Conditions:**

In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
4. Subrecipient must comply with all applicable Federal regulations.
5. Quarterly progress reports are due by the 15<sup>th</sup> of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

**Incorporated Documents:**

Section A: Grant Conditions and Assurances;  
Section B: Description of Services, Scope of Work and Deliverables;  
Section C: Budget and Financial Reporting Requirements;  
Section D: Request for Reimbursement;

Section E: Audit Information Request;  
Section F: Current/Former State Employee Disclaimer;  
Section G: DHHS Confidentiality Addendum;

Authorized Subrecipient Official's Name and Title <i>Jill Marano, Director</i>	Signature <i>[Signature]</i>	Date 9/2/25
Michael Guerra Grants and Projects Analyst II	<i>[Signature]</i>	9-3-25
For Marla McDade-Williams Administrator, Division of Child & Family Services	<i>[Signature]</i>	9/4/25



**STATE OF NEVADA  
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DIVISION OF CHILD & FAMILY SERVICES  
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**SECTION A**

**GRANT CONDITIONS AND ASSURANCES**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. Neither party waives any rights or defense to indemnification that may exist in law or equity.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

**Grant Assurances**

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any recipient or employee because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for subrecipients that expend \$750,000 or more in Federal awards during the subrecipient's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).



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10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the subrecipient agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

15. Data Ownership - The Business Associate acknowledges that Business Associated or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, store, destroys, or otherwise holds, transmits, uses discloses. The Division of Child and Family Services maintains ownership of all data collected by the Business Associate and can receive access to such data without limitation.

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16. Reporting -The subrecipient is also required to submit any or other reporting as defined and requested by DCFS. The subrecipient agrees to participate in reporting all required data and information to the evaluation team as required

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**



## SECTION B

### Scope of Work – SFY 2026

Clark County Family Services Parenting Project, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

#### Scope of Work for Parenting Project

Goal 1: Enhance the knowledge, skills and practices of parents and caregivers related to the safe, nurturing care of children by providing a series of free, evidenced-based parent education programs and services to families in Clark County					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
336	Unduplicated parents	1. Offer a minimum of 28 parenting programs for a minimum of 336 participants	1.1 Collaborate with partners to schedule/host/expand programs	07/01/25-05/31/26	1. Documentation will include: <ul style="list-style-type: none"><li>• Number of programs</li><li>• Program locations</li><li>• Log of Outreach activities</li><li>• Personnel, training and payroll records reflecting new staff</li><li>• New partners or program location</li></ul> 2. Report to the GMU via Quarterly Report.
			1.2 Conduct outreach activities	Ongoing	
			1.3 Conduct 28 evidence-based parent education programs and seminars for families in Clark County	07/01/25-05/31/26	
			1.4 Hire two Facilitation /Mediation Specialists or Management Assistants to teach programs and ensure continuity of services	07/01/25-05/31/26	
			1.5 Identify two new partnerships to enhance or expand services	07/01/25-06/30/26	
Total Service Numbers to be Reported for Goal 1 and 2					336
Goal 2: Increase parental confidence of parents and caregivers for those attending and completing a program					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
336		2. Increase parental confidence of parents and caregivers for those attending and completing a program	1.1 Compile data from each program, record open-ended question responses.	07/01/25-06/30/26	1. Satisfaction surveys, grant documentation spreadsheets <ul style="list-style-type: none"><li>• Assessment scores/ program files</li><li>• Training records</li></ul> 2. Report to the GMU via Quarterly Report.
			1.2-Score and record pre- and post - assessment data, collect PFS-2 surveys	07/01/25-06/30/26	
			1.3-Complete the FRIENDS Data Management course	12/31/25	
Total Service Numbers to be Reported for #1 and #2					336

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Child and Family Services from the Children's Trust Fund. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the State of Nevada."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by the Children's Trust Fund.

Subrecipient agrees to adhere to the following budget:

## BUDGET NARRATIVE - SFY26

Total Personnel Costs	Including Fringe		Total:	\$40,080.72	
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. As part of the Division of Child and Family Services' commitment to diversity, equity, and inclusion, it is encouraged that each agency pay staff a living wage and offer a health insurance option.					
	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Name of Employee: Pela Walters					
Title/Position Control Number: Facilitation Mediation Specialist					
Length of time in Position: 1 year					
Pela is trained in Nurturing Parents, Nurturing Fathers, Triple P, Teen Triple P, Triple P for Baby, Fear-Less Triple P and seminars and will teach 4 to 7 programs at schools and community centers: \$23 hour X 100 hours	\$ 2,300.00	2.65%	100%	12	\$2,360.95
Name of Employee: Gisela Saldivar					
Title of position & Position Control Number: Facilitation Mediation Specialist - 10057624					
Length of time in Position: 18 years					
Gisela is bi-lingual in Spanish, is trained in Nurturing programs and multiple Triple P programs, will teach 3 to 5 programs virtually: \$23 hour X 60 hours	\$ 1,380.00	2.65%	100%	12	\$1,416.57
Name of Employee: Mann Dena					
Title of position & Position Control Number-part-time Facilitation Mediation Specialist-10057476					
Length of time in Position: 4 years					
Dena is trained in Nurturing Parents, Nurturing Fathers, Triple P and Triple P for Baby programs and will facilitate 8-12 programs through partner agencies. \$24.54/hour x 265 hours	\$ 6,500.00	2.65%	100%	12	\$6,672.25
Name of Employee: Diamond Kelly					
Title of position & Position Control Number: part-time Facilitation Mediation Specialist-10057490					
Length of time in Position: 1.5 years					
Diamond is trained in the Nurturing Parents program and will facilitate 3-5 programs in the community. \$23/hour x 44 hours	\$ 1,016.00	2.65%	100%	12	\$1,042.92
Name of Employee: Shannon Gray					
Title/Position Control Number: part-time Facilitation Mediation Specialist-10085416					
Length of time in Position: 2 years					
Shannon is trained in Staying Connected with Your Teen and the Triple P program and will facilitate community-based programs. \$23/hour x 8 hours	\$ 180.00	2.65%	100%	12	\$184.77
Name of Employee: Maythe McCoy					
Title/Position Control Number: part-time Facilitation Mediation Specialist-10057368					
Length of time in Position: 1.5 years					
Maythe is bilingual and is trained in Nurturing Parents and the Triple P program and will facilitate 4-8 programs at schools and community centers. \$23/hour x 100 hours	\$ 2,300.00	2.65%	100%	12	\$2,360.95
Name of Employee: Erica Marks					
Title of position & Position Control Number: part-time Customer Service Assistant-10057032					
Length of time in Position: 1 year					

\*Revise as needed to include multiple trips.



Erica conducts intakes, registers participants for programs, reminds parents of classes, manages and maintains attendance records, prepares correspondence and certificates of completion. \$13-15/hour; \$13x 1000 hours	\$ 13,000.00	2.65%	100%	12	\$13,344.50
Name of Employee: Luisa Querubin Title/Position Control Number: part-time Facilitation Mediation Specialist-10056611 Length of time in Position: 4 years Luisa is trained in Nurturing Parents, Triple P, Teen Triple P, Stepping Stones Triple P and Triple P workshops and will facilitate 4-8 programs at various schools and community locations. \$23/hour x 100 hours					
	\$ 2,300.00	2.65%	100%	12	\$2,360.95
Name of Employee: Open Title/Position Control Number: part-time Management Assistant-10056611 Length of time in Position:					
This position manages daily program functions, oversees registration process, prepares materials for the Facilitation Mediation Specialists, represents program at community meetings and events, scores assessments for program evaluation. \$17-\$28/hour; \$18 x 490 hours	\$ 8,820.00	2.65%	100%	12	\$9,053.73
Name of Employee: Open Title/Position Control Number: Facilitation Mediation Specialist - 10057487 Length of time in Position:					
This position will be filled to continue to provide parent education programs in the community. The facilitator will attend training and teach 2 to 3 programs at schools and community centers: \$23 hour X 54.4 hours	\$ 1,250.00	2.65%	100%	12	\$ 1,283.13
Funds are used for direct services and includes the part-time facilitators who will teach the parenting programs and office and management assistants who assist with program coordination, participant recruitment, attendance <b>Additional positions:</b> Open positions: 10056995, 10057487, 10085327, 10057471, 10057472, 10057629, 10056611, 10057623, 10057627, 10085327, 10087445, 10057491, 10057362, 10057919 10057482, 10057487, 10057470, 10057628. These positions provide coverage to ensure continuity of services and for hiring. Note: All positions are part-time hourly and are subject to a turnover. Some positions might exceed proposed budget.					
Total Fringe Cost		\$0.00	Total:		\$40,080.72

<b>Travel/Training</b>					<b>Total:</b>	<b>\$0.00</b>
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to <a href="http://www.gsa.gov">www.gsa.gov</a> ) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.						
Mileage						\$0.00
N/A						
Agency Vehicle						\$0.00
N/A						
Out-of-State Travel - N/A						\$0.00
Title of Trip & Destination such as CDC Conference: San Diego, CA		<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	
Registration fee						\$0.00
Airfare: Cost per trip (origin & destination) x # of trips x # of staff						\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						\$0.00



Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0.00
Parking: \$ per day x # of trips x # of days x # of staff	\$0.00
<b>Justification:</b>	
No out-of-state travel is requested.	
If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip	
<b>In-State Travel - N/A</b>	\$0.00
Title of Trip & Destination such as CDC Conference: Las Vegas, NV	
Registration fee	\$0.00
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00
Ground Transportation/Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00
Parking: \$ per day x # of trips x # of days x # of staff	\$0.00
<b>Justification:</b>	
No in-state travel is requested.	
If traveling to more than 1 in-state destination, copy section above, revise formula in F48 and complete for each trip.	

<b>Operating</b>	<b>Total:</b>	<b>\$700.28</b>
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated agency expenses should be included.		
Rent Office: \$ per month x 12 months x allocation %		\$0.00
Communications Internet/phone Office: \$ per month x 12 months x allocation %		\$0.00
Utilities Office: \$ per month x 12 months x allocation %		\$0.00
Supplies Office: \$25.01 x 28 programs=\$700	\$25	28
Supplies Office: \$25.01 x 28 programs=\$700		\$700.28
Janitorial Office: \$ per month x 12 months x allocation %		\$0.00
Printing services/rental: \$ per month x 12 months x allocation %		\$0.00
Insurance		\$0.00
Audit		\$0.00
Client software (specify, eg: Apricot, Datafirm, etc.)		\$0.00
Rent Shelter: \$ per month x 12 months x allocation %		\$0.00
Communications Internet/phone Shelter: \$ per month x 12 months x allocation %		\$0.00
Communications Cable Shelter: \$ per month x 12 months x allocation %		\$0.00
Utilities Shelter: \$ per month x 12 months x allocation %		\$0.00
Supplies Shelter: \$ per month x 12 months x allocation %		\$0.00
Janitorial Shelter: \$ per month x 12 months x allocation %		\$0.00
<b>Justification:</b>		

\*Revise this formula as needed to include each Contractor listed

Funds will be used to purchase consumable office supplies including but not limited to paper, pens, markers, highlighters, white out, file folders and pocket folders used for program management and parenting classes. Clark County provides the infrastructure including building space, utilities, phones, internet, copier/printers, letterhead and envelopes. Funds may also be used to purchase program materials and assessments necessary for program evaluation.

28 programs x \$25.01 per program for materials

List Equipment purchase costing \$5,000 or more, and justify these expenditures. Also list any computers, cellular phones, iPods, iPads, Tablets, etc. to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Operating. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.

Describe equipment N/A

\$0.00

<b>Contractual</b>	<b>Total:</b>	<b>\$0.00</b>
<p>Agency must be able to provide documentation for full and open competition, develop clear descriptions of duties provided by Contractor, ensure maximum open and free competition, and verify that Contractor is not on the suspended and debarred list (SAM.gov). Agencies must follow their procurement policies to enter into contracts. Copies of contracts are <u>required</u>. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.</p>		
<p>Name of Contractor/Subrecipient: N/A</p>		\$0.00
<p>Method of Selection: Explain, i.e. sole source or competitive bid</p>		
<p>Period of Performance:</p>		
<p>Scope of Work: Briefly Define Scope of Work</p>		
<p>Justification: Define if sole source method and explain how it is sole source; explain contract approval.</p>		
<p>Method of Accountability:</p>		
<p>Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.</p>		
<p>*Add additional Contractor/Subrecipients here with justification or delete this row.</p>		\$0.00

<b>Other</b>	<b>Total:</b>	<b>\$500.00</b>
<p>Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as emergency client services, client transportation, etc. Stipends or scholarships that are a component of</p>		
Emergency client services (define)	\$0.00	
Food gift cards	\$0.00	
Clothing gift cards	\$0.00	
Counseling/support group supplies	\$0.00	
Client transportation	\$0.00	
Brochures/flyers/educational information for program	\$500.00	
Public Presentations	\$0.00	
Volunteer Appreciation (not to exceed \$25/volunteer/year)	\$0.00	
<p>Justification: \$500 will be used to print marketing fliers/brochures to promote the programs. Fliers are distributed through tabling events, at schools, and community locations such as libraries and recreation centers and are a key communication tool to inform parents and community providers about available programs.</p>		

<b>TOTAL DIRECT CHARGES</b>	<b>\$41,281.00</b>
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<b>Indirect</b>	<b>Total: \$0.00</b>
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Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 15% of Modified Total Direct Cost (MTDC) for CBCAP and 8% for CTF. Note that the formula in Cell F125 will automatically calculate 8%. Applicants may override this formula only if requesting a LOWER rate for CTF, requesting the full rate for CBCAP, or providing a copy of their current Federally Approved Indirect Cost Rate Letter.

Identify Indirect Expenses: N/A

\$

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MTDC is Personnel, Travel, Operating, and the first \$25,000 of Contract ONLY. Enter that number in this section if requesting Indirect. The total will automatically calculate the allowable 10% de minimis.

TOTAL BUDGET

Total:

\$41,281.00

**Applicant Name: Clark County Family Services Parenting Project**

**Form 2**

**PROPOSED BUDGET SUMMARY - SFY26**

(Form Revised November 2022)

**A.**

PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<b>FUNDING SOURCES</b>	<b>CTF/CBCAP</b>	<b>JAG</b>	<b>PACT Coalition</b>	<b>BHPT</b>			<b>Funding Name</b>	<b>Match</b>	<b>TOTAL</b>
PENDING OR SECURED	Secured	Secured	Pending	Pending					
TYPE (Federal, State, Private, etc.)	Federal	Federal	State/Federal	State					
ENTER TOTAL REQUEST	\$41,281.00	\$66,547.00	\$100,000.00	\$4,800.00					\$212,628.00

**EXPENSE CATEGORY**

Personnel	\$40,080.72	\$66,000.00	\$95,000.00	\$4,800.00					\$205,880.72
Travel/Training	\$0.00								\$0.00
Operating	\$700.28	\$547.00	\$5,000.00						\$6,247.28
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Other Expenses	\$500.00								\$500.00
Indirect	\$0.00								\$0.00

TOTAL EXPENSES	\$41,281.00	\$66,547.00	\$100,000.00	\$4,800.00	\$0.00	\$0.00	\$0.00		\$212,628.00
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These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
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Total Indirect Cost	\$0.00	
Indirect % of Budget	0.00%	\$0.00

Total Agency Budget	\$212,628.00
Percent of Agency Budget	19%

**B. Explain any items noted as pending:**

PACT Coalition funding is on a Federal Fiscal year and awards are pending.



**STATE OF NEVADA  
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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed **\$41,281.00**.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement.
- Additional expenditure detail will be provided upon request from the Department.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the SUBAWARD PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 30-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 30-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- Identify specific items the program must provide or accomplish to ensure successful completion of this project, such as:
  - Providing technical assistance, upon request from the Subrecipient;
  - Providing prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

**Both parties agree:**

- All reports of expenditures and requests for reimbursement processed by the Department are **SUBJECT TO AUDIT**.
- This subaward agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
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NOTICE OF SUBAWARD**

Agency Ref. #: **320114-26-005**

Budget Account: **3201**

GL: \_\_\_\_\_

Draw #: \_\_\_\_\_

**SECTION D**

**Request for Reimbursement**

<b>Program Name:</b> Children's Trust Fund (CTF)	<b>Subrecipient's Name:</b> Clark County Department of Family Services
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009	<b>Address:</b> 121 S Martin Luther King Blvd Las Vegas, NV 89106-4309
<b>Subaward Period:</b> July 1, 2025, through June 30, 2026	<b>Subrecipient's:</b> <b>EIN:</b> 88-6000028 <b>Vendor #:</b> T81026920A

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

(Must be accompanied by expenditure report/back-up documentation)

Month **July**

Calendar year: **2025**

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$40,081.00	\$0.00	\$0.00	\$0.00	\$40,081.00	0.0%
2. Travel/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$700.00	\$0.00	\$0.00	\$0.00	\$700.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Other	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	0.0%
7. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$41,281.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$41,281.00</b>	<b>0.0%</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the subrecipient certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature	Title	Date
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**FOR DEPARTMENT USE ONLY**



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD & FAMILY SERVICES  
NOTICE OF SUBAWARD

SECTION E

Audit Information Request

1. Non-Federal entities that expend \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES ☒ NO ☐
3. When does your organization's fiscal year end? 06/30/2026
4. What is the official name of your organization? Clark County Family Services
5. How often is your organization audited? Annually
6. When was your last audit performed? December 31, 2024
7. What time-period did your last audit cover? July 1, 2023 - June 30, 2024
8. Which accounting firm conducted your last audit? Crowe LLP

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD & FAMILY SERVICES  
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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES ☐ If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO ☒ Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD & FAMILY SERVICES  
NOTICE OF SUBAWARD

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Clark County Department of Family Services

Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Department and Subrecipient.

WHEREAS, Subrecipient may have access, view or be provided information, in conjunction with goods or services provided by Subrecipient to Department that is confidential and must be treated and protected as such.

NOW, THEREFORE, Department and Subrecipient agree as follows:

I. DEFINITIONS

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning as described to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Department or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Department pursuant to Clause VI.

III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Department for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT

Subrecipient shall be permitted to use and/or disclose information accessed, viewed or provided from Department for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

V. USE OR DISCLOSURE OF INFORMATION

Subrecipient may use information as stipulated in the primary agreement if necessary for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Department. Subrecipient may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the Department.

VI. OBLIGATIONS OF SUBRECIPIENT

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.
2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.

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3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Department any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Department. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

**IN WITNESS WHEREOF,** Subrecipient and the Department have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**