

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

SECTION B

Description of Services, Scope of Work and Deliverables

OVERVIEW

As provided in the Social Security Act Title IV Section 404(a)(2) and CFR Title 45 Subtitle B Chapter II Part 263 Subpart B 263.11(a)(2), Nevada uses federal TANF funds for expenditures for which Nevada was authorized under prior law, as in effect on September 30, 1995. The Division of Welfare and Supportive Services (DWSS), hereinafter referred to as the Division, may contract with Clark County Department of Family Services (CCDFS), hereinafter referred to as Subrecipient, to provide emergency assistance – primarily case management services and substitute care – to needy families and children for up to 120 days from child welfare agency involvement and prior to a determination that a child will remain in or return to the family home or requires permanent out-of-home placement. Family-based services are provided to alleviate the emergency to improve family functioning to prevent the permanent out-of-home placement of children.

The Subrecipient is designated as the Child Welfare Agency for Clark County, Nevada. It is the priority of the Subrecipient to ensure the safety of all Clark County youth, while keeping the family unit intact whenever possible, and when removal is needed to seek the least restrictive placement available with relatives/fictive kin. To meet this goal, Clark County is focusing on transitioning the Agency to a greater focus on in-home services to both prevent removals, and to maintain placement with relatives/fictive kin. Each year, 1,000-1,500 families come to the attention of the Agency in need of services, but who do not meet the threshold for initiating an investigation, and have, therefore, been unable to access services. The CCDFS Community Collaborations Program is designed to offer emergency family supports to TANF-eligible families, such as non-medical behavioral health services, day care, parenting classes, transportation, job-find assistance and more. CCDFS also seeks to maintain direct emergency assistance to CCDFS Relative/Fictive Kin Placement and increase the ability to provide TANF-eligible families with direct emergency assistance in order to prevent removal of children. The Emergency Assistance program is designed to provide for emergent items necessary to stabilize families, such as rent, utilities, day care, beds, tutoring, car seats, clothing, etc.

All partnership contracts executed by CCDFS, hereinafter referred to as the Subrecipient, through use of Federal TANF funds will meet TANF purpose #1 – to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives/fictive kin.

The anticipated benefit to utilizing funding for both programs, Emergency Assistance and Community Collaborations Programs, is that families brought to the attention of Child Welfare will continue to receive available resources and intervention services. As a result of these intervention services, there is the potential to reduce the number of children at risk of abuse and neglect and will allow families to remain intact.

Through this subaward, the Division will provide Federal funding from the Temporary Assistance for Needy Families (TANF) Block Grant in accordance with the Emergency Assistance to Needy Families guidelines for the implementation of the Emergency Assistance program the Subrecipient and their established community partners.

Eligibility Criteria for Emergency Assistance and the CCDFS Community Collaborations Programs

A family is eligible if all of the following conditions are met:

- An application is filed by a specified adult relative/fictive kin of a child, or where the parent or relative/fictive kin is absent or unwilling to apply on behalf of the child, the agency staff acting on behalf of the child may file the application; and
- A child is at risk of abuse or neglect or the child's situation is such that out-of-home care is likely because the family has insufficient resources to prevent out-of-home placement; and
- The child's family is receiving TANF, SSI, SNAP, or Medicaid; or does not have cash available to provide needed emergency care or services, and the family's gross countable income for the month of application does not exceed 500% of the federal poverty level. A child's income alone is considered when the child's parents cannot be located, or they refuse to cooperate in supporting the child or applying for assistance and the emergency assistance is necessary to avoid destitution of the child or to provide living arrangements in an out-of-home placement.

The Subrecipient and selected community partners, under this subaward, may provide the following covered emergency services for the Emergency Assistance and CCDFS Community Collaborations Programs:

- Abuse, neglect, or abandonment of children;

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

- Children in emergency situations where continued presence in the home is not in the best interest of the child; or
- Children that are at risk of removal from the home because of abuse, neglect, or the inability of parents to provide care.

Family-based services are provided to alleviate the emergency situation and allow the child to remain in or return to the family's home.

The services covered may include the following, not to exceed 4 months (120 days):

- Distance learning and tutoring supports
- Emergency day care
- Emergent need stabilization items such as rent, utilities, work transportation, car seats, beds, clothing, groceries, diapers, etc.
- Items over \$1,000 to remove barriers to licensing, such a pool fence, to be approved by NVDHHS on a case-by-case basis
- Non-medical pro-social and recreational habilitative activities;
- Non-medical mental health treatment services
- Job Training support services
- Direct family assistance services to include implementing, delivering, or maintaining Emergency Assistance program services affecting a child's emergency such as:
 - Costs to screen and assess families in the child welfare system and develop and manage case plans.

Definitions:

- Family Preservation – an array of services – including case management/licensing assistance, distance learning and tutoring supports, emergency daycare and other assistance as described above, non-medical pro-social and recreational habilitative activities, non-medical mental health treatment services and job training support services – are provided to improve family functioning to maintain youth in the home of a parent or relative/fictive kin.
- Case Management – casework services to help the family members resolve the emergency situation, including family assessment, planning and coordination of services.

The Subrecipient will ensure that the services covered follow the requirements listed below:

- Nonrecurring, short-term benefits, which are limited in scope, to meet basic needs, designed to deal with a specific crisis or episode of need, not intended to meet recurrent or ongoing needs, limited to a maximum duration of four (4) months, which must be authorized within a single thirty (30) day period.
- Family-based services which do not provide basic income support, or which alleviate an emergency and allow the child to remain in or return to the family's home, e.g., distance learning and tutoring supports, emergency daycare, non-medical pro-social and recreational habilitative activities, non-medical mental health treatment services and job training support services.
- Medical services and/or costs are not an allowable expense under the terms of this subaward.

Family-based direct program and community partnership services will be provided to alleviate the emergency situations and allow the children to remain in or return safely to their family home. The Subrecipient agrees to only provide such services that do not meet the definition of "assistance" as defined by the Department of Health and Human Services, Administration for Children and Families and which are outlined in the Code of Federal Regulations Title 45 Subtitle B Chapter II Part 260 Subpart A §260.31. The program will include the Subrecipient's in-house services for families and community partners that have been sub-contracted through the approved invitation to bid process in compliance with TANF procurement requirements to include Code of Federal Regulations Title 45 Part 75 and 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, specifically Procurement Standards.

ACTIVITIES

The Subrecipient is responsible for the administration, management, and fiscal management for the Emergency Assistance and CCDFS Community Collaborations Programs as described above, which includes providing:

- eligibility and certification activities including initial and ongoing eligibility
- program management
- program integrity

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19.

State of Nevada
 Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

Clark County Department of Family Services (CCDFS), hereinafter referred to as **Subrecipient**, agrees to provide the following services and reports according to the identified timeframes as described in this Scope of Work:

Scope of Work for Subrecipient

Goal 1: The Subrecipient seeks to ensure the safety of Clark County youth, while keeping the family unit intact whenever possible, and when removal is needed, to seek the least restrictive placement available with relatives/<i>fictive kin</i>.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
1.1 Subrecipient will provide administrative services to support TANF eligible activities to families who have come to the attention of CCDFS so that children may be cared for in their own home or in the home of a relative/fictive kin.	1. Subrecipient shall develop eligibility criteria for support services. Based on criteria, Subrecipient staff shall identify and refer eligible children and families for needed services.	Screening, eligibility and certification documentation. Referrals for support services.	Throughout the term of the subaward. Completed by the end of each corresponding quarter.	Low-income (under 500% FPL) families with a child under the age of 18 experiencing an immediate/emergent episode of need.	Line-item list of families/children served and the TANF-funded services provided, documented by Unity Case or Person Number, or other identifier if no Unity Number is available.	Documentation of criteria for eligibility and supporting documentation for determined referrals. Maintain all applications, case records, verifications and related documentation required to determine initial and ongoing eligibility/certification requirements.

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

	2. The Subrecipient will provide written notification and related documentation to the Division of the method of procurement for any community providers that are selected to enter into a contract / subaward with the Subrecipient. Furthermore, the Subrecipient will provide notification of the contract(s) awarded, the method of procurement implemented, and provide the Division with documentation demonstrating the procurement process was followed for those additional contracts for services that are to be determined after the execution of this subaward. Any partnership contracts must meet the TANF purpose to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives/fictive kin.	Proper adherence to procurement requirements as outlined in the Code of Federal Regulations Title 45 Part 75 and 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, specifically Procurement Standards.	Throughout the term of the subaward.			Written notification to the Division and back up documentation of the method of procurement for community providers that are selected to enter into a contract/subaward with the Subrecipient. Written notification to the Division of the contract(s) awarded, the method of procurement implemented, backup documentation verifying the procurement process which aligns with TANF procurement requirements to include Code of Federal Regulations Title 45 Part 75 and 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, specifically Procurement Standards.
1.2 Contracted community provider	1. The Subrecipient will contract with	Improvement in behaviors as a result	Throughout the term of the subaward.	Low-income (under 500% FPL) families	Number of children served per month	Case records, documentation of

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

shall provide in-home resources to assist in the stabilization of families affected by youth who need pro-social behavioral services to prevent removal / disruption. This program will serve approximately 10 youth per month. Barring the absence of a safety threat, an estimated 80% of youth provided services will remain in the home of parent or relative/fictive kin.	Sport Social to provide behavioral modification services to CCDFS referred youth with severe developmental and/or behavioral health needs, significant enough that youth behavior presents a significant risk of removal or disruption of placement. Services will include development of plan, weekly supervision, and non-medical weekly behavioral services. This is an expansion of an existing CCDFS program, which has proven very successful, but is not covered by Medicaid.	of behavior modification services. As a result of the behavior modification, more families remain intact.		with a child under the age of 18, with severe developmental and/or behavioral health needs significant enough that youth behavior presents a significant risk of removal or disruption of placement with parent or relative/fictive kin	Number of children who remained in their existing placement with a parent or relative/fictive kin at the end of service period.	number of youth served, contractor outcome report, Unity Placement records.
1.3 Subrecipient will provide a minimum of 60 evidence-based parent education programs for a minimum of 480 participants. An estimated 85% will report learning parenting strategies and an estimated 90% will report feeling better able to solve parenting problems.	1. Subrecipient will conduct SAPTA certified Triple P or Nurturing Baby Care Parenting Classes for TANF-eligible adults. Outreach is conducted through various community partners in order to prevent future involvement with the Child Welfare system.	Increased Parenting knowledge/skills.	Throughout the term of the subaward.	Low-income (under 500% FPL) families with a child under the age of 18.	Number of adults which participated in the Parenting classes Percentage of parents reporting learning parenting strategies & reporting feeling better able to solve parenting problems.	Class Rosters with participants name and case numbers, if applicable Pre/Post Test Assessment.

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

1.4 Subrecipient will contract with local provider to provide In Home Kinship Navigation and Licensing services to assist youth in achieving permanency in the home of relatives/fictive kin for an estimated 375 families.	<p>1. Subrecipient will contract with Foster/Kinship to provide In Home Navigation Services/Info Sessions to CCDFS referred families in order to stabilize placement for youth in the home of a relative/fictive kin.</p> <p>2. Contractor shall perform 130 Home Studies to facilitate the licensing of relative/fictive kin placements.</p>	<p>Prevent the disruption of relative/fictive kin placements for CCDFS youth, allowing them to remain in the least restrictive placement.</p> <p>Completion of the Licensing Process for an estimated 130 families during the award period, alleviating the financial burden on relative families.</p>	Throughout the term of the subaward.	Low-income (under 500% FPL) families with a child under the age of 18 placed with Relative/Fictive Kin.	<p>Number of families who received In Home Navigation/Information services.</p> <p>Number of families who maintained placement at the end of service period.</p> <p>Number of families that became licensed after completing the Home Study.</p>	Case Files, Number of families served, Contractor Reports, Unity Placement Records, Unity Licensing Records.

Goal 2: Clark County seeks to respond to the emotional and physical needs of families by providing direct emergency assistance.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
2.1 Subrecipient will provide direct emergency assistance to TANF-eligible families to provide for temporary (not to exceed 4 months) supports to prevent removal / maintain placement for approximately	CCDFS will provide needy families with short-term (no more than 4 months) direct assistance and financial support. Items of support include rent, utilities, day care, safe transportation, job assistance, safe sleep items, clothing, food,	Stabilization of the family unit so that children may remain in the home of parent or relatives/fictive kin.	Services/supports to be provided throughout the term of the subaward, with no more than 4 months of services/support provided to each family to serve a specific crisis or episode of need.	Low-income (under 500% FPL) families with a child under the age of 18 experiencing an immediate/emergent episode of need	<p>Number of families served</p> <p>Number of families served where the children were able to remain in their home or the home of a relative/fictive kin due to the Emergency Assistance provided.</p>	Case records, ID# associated with child and/or family, age of child and/or date of birth at time of service, EA Request and backup, Unity Placement Record, Inventory files.

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

1200 families. The goal is for 100% of children to maintain current relative/fictive kin placement or return home to the parent at the time of assistance.	<p>emergency assistance stipends, tutoring, distance learning items, etc. intended to resolve a specific crisis or episode of need.</p> <p>Emergency Assistance may also include expenses to remove barriers to licensing. Large expenses of this type over \$1,000 will require approval from NVDHHS on a case-by-case basis.</p>					
--	--	--	--	--	--	--

Goal 3: Ensure accurate and thorough programmatic record keeping and compliance with all levels of governmental oversight.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
3.1 Maintain Program Integrity	<p>Subrecipient agrees to permit authorized auditors and/or Division, State and Federal personnel full access to:</p> <ul style="list-style-type: none"> • Program files • Business files • Accounting files • Case records • Applications • Verifications and related documentation required to determine initial and ongoing eligibility/certification for the program • Reports of expenditures • Requests for reimbursement 	Maintain program integrity and compliance through accurate and thorough programmatic record keeping.	Throughout the term of the subaward and/or upon audit. All records for each quarter shall be completed by the end of each corresponding quarter	Not applicable	Not applicable	<p>Any and all supporting documentation as requested by authorized auditors and/or State or Federal Personnel, which may include but is not limited to:</p> <ul style="list-style-type: none"> • Program files • Business files • Accounting files • Case records • Applications • Verifications and related documentation required to determine initial and ongoing eligibility/certification for the program • Reports of expenditures

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

	<ul style="list-style-type: none"> • Invoices and receipts of payment • Certified time-tracking documents when applicable • Provider files to monitor and/or audit the activities, procedures, cases and accounting records subject to this agreement. 					<ul style="list-style-type: none"> • Requests for reimbursement • Invoices and receipts of payment • Certified time-tracking documents when applicable • Provider files to monitor and/or audit the activities, procedures, cases and accounting records subject to this agreement.
	Within required timeframes, Subrecipient agrees to develop corrective action plans to rectify any exceptions noted in monitoring and/or audit reports that place any office out of compliance with this agreement, Federal/State statutes or regulations.	Approved Corrective Action Plan	When applicable, as specified in written notification/request	Not applicable	Not applicable	Any and all supporting documentation as requested by authorized State or Federal personnel.
	All books, records, reports and statements relevant to this subaward must be retained for a minimum of five (5) years after the Federal award period ends. Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.	Complete and accurate books, records, reports and statements relevant to this subaward.	Throughout the term of the subaward and for five (5) years after the Federal award period ends. Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue	Not applicable	Not applicable	Any and all supporting documentation as requested by authorized State and Federal personnel.

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

Subrecipient agrees to have an approved system in place for addressing complaints or hearing requests and will maintain clear written policies for handling complaints / hearings and will further maintain all documentation, internal and external communications, action steps, and follow-up activities.	The following maintained documents: <ul style="list-style-type: none"> • Written policies • Documentation • Internal and external communications • Action Steps Follow-up Activities	Throughout the term of the subaward and for five (5) years after the Federal award period ends. Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue	Not applicable	Not applicable	Any and all supporting documentation as requested by authorized State or Federal personnel.
Subrecipient agrees to submit billing claims quarterly (based on the State Fiscal calendar) to the Division no later than the 15th of the month following the end of each quarter that services were rendered. A complete financial accounting of all expenditures shall be submitted to the Division within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any unobligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award. If a Request for Reimbursement is received after the 45-day closing period, the Division may not be	Accurate and thorough billing claims and supporting documentation.	<p>Billing claim(s) for: July, August and September are due: October 15th</p> <p>Billing claims for: October, November and December are due: January 15th</p> <p>Billing claims for: January, February and March are due: April 15th</p> <p>Billing claims for: April, May and June are due: July 15th</p> <p>NOTE: Refer to Close of Subaward Period guidelines</p>	Not applicable	Not applicable	<p>Complete and Accurate:</p> <ul style="list-style-type: none"> • Request for Reimbursement form • Billing Claim • Back-up Report • List of any new vendors/contractors added after execution of the subaward to include name of contractor, method of selection (including MSA Contract #), period of performance • Spreadsheet listing (information TBD) • Provider Invoices • Line-Item list to include (TBD) Service Date, Family and/or Child's Name, Services Received, Billed Amount

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

able to provide reimbursement.					<ul style="list-style-type: none"> Child's DOB or Age at time service was provided. All travel backup documents, if applicable – only when determined an allowable expense in alignment with Budget Narrative
<p>The Division will process payment to the subrecipient within 30 days after the Division has received the following quarterly-submitted documents free of discrepancies or issues:</p> <ul style="list-style-type: none"> Completed and Accurate Billing Claim Completed and Accurate Request for Reimbursement Completed and Accurate Line-Item List with all required information Any other supporting documentation requested by the Division to resolve any discrepancies 	<p>Complete and Accurate:</p> <ul style="list-style-type: none"> Request for Reimbursement form Billing Claim Back-up Report List of any new vendors/contractors added after execution of the subaward to include name of contractor, method of selection (including MSA Contract #), period of performance Copies of valid service agreements, if applicable for each vendor/contractor Spreadsheet listing (information TBD) Provider Invoices Line-Item list to include (TBD) Service Date, Family and/or Child's Name, Services Received, Billed Amount Child's DOB or Age at time service was provided. 	<p>Within 30 days of receipt of the complete and accurate quarterly claim and all required complete and accurate supporting documentation as outlined in this subaward</p>	Not applicable	Not applicable	<p>Complete and Accurate:</p> <ul style="list-style-type: none"> Request for Reimbursement form Billing Claim Back-up Report List of any new vendors/contractors added after execution of the subaward to include name of contractor, method of selection (including MSA Contract #), period of performance Copies of valid service agreements, if applicable for each vendor/contractor Spreadsheet listing (information TBD) Provider Invoices Line-Item list to include (TBD) Service Date, Family and/or Child's Name, Services Received, Billed Amount Child's DOB or Age at time service was provided.

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

	All travel backup documents, if applicable – only when determined an allowable expense in alignment with Budget Narrative				All travel backup documents, if applicable – only when determined an allowable expense in alignment with Budget Narrative
--	---	--	--	--	---

Goal 4: The Subrecipient shall maintain controls for program funds and provide oversight of the program.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
4.1 Provide Programmatic Oversight	The Subrecipient agrees to maintain adequate controls and documentation of expenditures in accordance with Federal and State regulations and provide additional expenditure detail upon request from the Department.	Documentation of expenditures and back-up for expenditures claimed in accordance with Federal and State regulations	Throughout the term of the subaward and stored for five (5) years after the Federal award period ends. Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue	Not applicable	Not applicable	Review of Nevada Revised Statutes (NRS)/Nevada Administrative Code (NAC)/Code of Federal Regulations (CFR)/Social Security Act (SSA) for verification of compliance and any other requested documentation. Specifically, Code of Federal Regulations Title 45 Part 75, Part 95 Subpart A and G, Part 260 Subpart A, and Part 263 Subpart B, as well as 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
	The Subrecipient agrees to comply with applicable sections regarding TANF Block Grant funding as outlined in State and Federal statutes, regulations, and laws.	Reference documents to include NRS, NAC, CFR and SSA. Correspondence seeking guidance related to NRS, NAC, CFR and SSA if/when applicable.	Ongoing	Not applicable	Not applicable	Review of NRS/NAC/CFR/SSA for verification of compliance and any other requested documentation. Specifically, Code of Federal Regulations

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

						Title 45 Part 75, Part 95 Subpart A and G, Part 260 Subpart A, and Part 263 Subpart B, as well as 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
	The Subrecipient agrees to ensure and maintain quality control of data for the program.	Documented Quality Control policies/guidelines related to data	Ongoing	Not applicable	Not applicable	Verification of data analysis in comparison to previous year with any discrepancies identified and explained. If there are no discrepancies, report this information as well.
	The Subrecipient agrees to ensure and maintain quality control of program staff.	Documented Quality Control policies/guidelines related to program staff.	Ongoing	Not applicable	Not applicable	Records of any interventions, changes or disciplinary action taken in response to issues that arise. If no interventions, changes, or disciplinary actions have been taken in response to issues that arise, or if no issues have arisen, report this information as well.
	The Subrecipient agrees to ensure that all invoices on final reconciliation for dates of services	Complete and accurate invoices All required backup documentation	30 days after the close of the subaward period	Not applicable	Not applicable	<ul style="list-style-type: none"> Completed and Accurate Request for Reimbursement form

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

	<p>during the subaward period are submitted to the Division timely. Any costs that cannot be substantiated by source documents or any costs which are not allowable costs as defined in Code of Federal Regulations Title 45 Part 75, Part 95 Subpart A and G, Part 260 Subpart A, and Part 263 Subpart B, as well as 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards will not be allowed and will not be reimbursed. Any invoices submitted after the closing date may be subject to non-reimbursement.</p>					<ul style="list-style-type: none"> • Completed and Accurate Back-up Report • Additional Info TBD needs to be discussed
	<p>The Subrecipient agrees to work with the Division's Eligibility and Payments Unit and Fiscal Unit to resolve any identified billing discrepancies.</p>	<p>Documented correspondence</p> <p>Billing documents requested by Division</p>	<p>Within one (1) business day from notification of discrepancy</p>	<p>Not applicable</p>	<p>Not applicable</p>	<p>Any supporting documentation as requested by the Division.</p>
	<p>The Subrecipient understands that administrative costs are not part of this subaward and will not be reimbursed.</p>	<p>Billing documents absent administrative costs</p>	<p>Throughout the term of the subaward</p>	<p>Not applicable</p>	<p>Not applicable</p>	<p>Not applicable</p>

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

	The Subrecipient agrees to submit any proposed program or budget changes to the Division for review of compliance with federal program requirements. This includes significant changes in program goals and objectives, scope of work, text or content of materials developed with TANF funds.	Final drafts of proposed program or budget changes to include but not limited to program goals and objectives, scope of work, text or content of material developed with TANF funds.	Prior to implementation of change	Not applicable	Not applicable	Any supporting documentation or explanation as requested by the Division.
	The Subrecipient agrees to comply with all Federal and State audits as requested.	Documentation of expenditures and back-up for expenditures claimed in accordance with Federal and State regulations	Throughout the term of the subaward and during a period reasonably necessary	Not applicable	Not applicable	Any and all supporting documentation as requested by authorized State or Federal personnel.

Goal 5: The Division, will administer program funds, interpret and properly implement Federal and State regulations, and provide oversight, guidance and technical assistance in relation to the subaward.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
5.1 Provide Program Guidance	The Division will serve as liaison between the US Department of Health and Human Services (USDHHS), Administration for Children and Families (ACF), and the Subrecipient, pursuant to 45 CFR 263 et seq.	Related correspondence and documentation	Based on State and Federal requirements	Not applicable	Not applicable	Publication and submission of the TANF State Plan.
	The Division will maintain eligibility for	Award letter	On an annual basis	Not applicable	Not applicable	Based on Federal budgets as determined on

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
NOTICE OF SUBAWARD

	the maximum allotment of the TANF block grant and submit all required paperwork in accordance with current State and Federal regulations.					an annual basis.
	Drawdown Federal funds to reimburse the Subrecipient for operation of the TANF-funded program, up to the subaward allotment.	Documents and/or correspondence related to drawdown of Federal funds.	Within 30 days of receipt of the quarterly claim and all required supporting documentation submitted throughout the term of the subaward billing period	Not applicable	Not applicable	Documents and/or correspondence related to drawdown of Federal funds.
	The Division will provide answers to questions related to Federal and State statutes and regulations covering program policies and appropriate expenditures.	Documentation and correspondence related to questions and answers surrounding Federal and State statutes and regulations covering program policies and appropriate expenditures.	As needed	Not applicable	Not applicable	Policy and Procedure (P&P) documents, Informational Memos (IMs), emails, telephone calls, teleconferences, and in-person meetings.
	The Division will monitor implementation of the program as required.	Correspondence and related documentation	Throughout the term of the subaward	Not applicable	Not applicable	TANF policy manual, State Plan, and any other reports or documentation required by the Administration for Children and Families (ACF) or any other interested parties.

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