

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Bureau of Behavioral Health Wellness and Prevention
Substance Abuse Prevention and Treatment Agency

Announcement Type: Request for Application 2017-2018

Funding Opportunity Announcement

<Opioid State Targeted Response (STR): Integrated Opioid Treatment and Recovery Center (IORTC)>

Upon Approval – April 30, 2018

Release Date: September 22, 2017

Deadline for Submission and Time: October 16, 2017 @ 4:00 PM (PDT)

Part II:

APPLICATION SUBMITTAL PACKAGE

Submission of Proposals

Proposals must conform to all instructions, conditions and requirements included in this RFA. Applicants are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the proposal are at the Applicant’s risk and may, at the discretion of the State, result in disqualification of the proposal for non-responsiveness.

Emphasis should be on completeness and clarity of content

Page Limit	<p>Narrative to Consist of the following:</p> <ul style="list-style-type: none"> ▪ Organizational Strength and Description (no more than 3 pages) ▪ Collaborative Partnerships (no more than 2 pages) ▪ Service Delivery (no more than 3 pages) ▪ Cost Effectiveness and Leveraging of Funds (no more than 1 page) ▪ Outcomes and Sustainability(no more than 3 pages) <p>The following do not have page limitations:</p> <ul style="list-style-type: none"> ▪ Scope of Work ▪ Data and Performance Measures ▪ Budget ▪ Attachments ▪ Certification Documents
Submission Format	Stapled, no binding, single-sided, no-color
Font Size	11 pt., Times New Roman
Margins	1 inch on all sides
Spacing	Single Spaced
Headers	Mandatory and Identical to RFA Request
Attachments	Attachments other than those defined below, are not permitted. These appendices are not intended to extend or replace any required section of the Application.

Submission Checklist

Technical RFA Submission Requirements		Completed
Document should be tabbed with the following section		
Required number of copies of per submission requirements (five copies)		
Tab I	Submission Checklist & Cover Page with all requested information	
Tab II	Agency Profile with all requested information	
Tab III	Contact Information with all requested information	
Tab IV	Narrative to Consist of the following: <ul style="list-style-type: none"> ▪ Organizational Strength and Description ▪ Collaborative Partnerships ▪ Service Delivery ▪ Cost Effectiveness and Leveraging of Funds ▪ Outcomes and Sustainability 	
Tab V	Scope of Work with all requested information	
Tab VI	Data and Performance Measures with all requested information	
Tab VII	Budget and Budget Justification with all requested information	
Tab VIII	Attachments <ul style="list-style-type: none"> ▪ Assurances ▪ Signed Conflict of Interest Policy Acknowledgement ▪ Completed Feasibility and Readiness Tool ▪ Proposed Staff Resume(s) ▪ Current Formal Care Coordination Agreements / MOUs ▪ 501 (c) 3 tax exempt where applicable ▪ Latest Audit Letter 	
Tab IX	National, State, and Division Certification through SAPTA Documents	
USB Flash Drive Required		
One (1)	One (1) Master USB Flash Drive (thumb drive) consisting of Tabs I-IX. Word and Excel Files only. Only Attachments within Tab VIII can be PDF files.	

Cover Page

**NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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For additional information, please contact: opiodstrgrant@health.nv.gov

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Tel: _____ **Fax:** _____

Executive Director/CEO: _____

Executive Director Email: _____

Grant Writer: _____

Grant Writer Email: _____

I have read, understand, and agree to all terms and conditions herein.

Signed: _____ **Date:** _____

Print Name: _____ **Print Title:** _____

Agency Profile		
Project HD Number: <i>(Assigned by DPBH)</i>	<i>Leave blank (Assigned by SAPTA Opioid STR Hub and Spoke System Program)</i>	
Application Number: <i>(Assigned by DPBH)</i>	<i>Leave blank (Assigned Hub and Spoke System Program)</i>	
Project Name:	<i>Provide a short descriptive name for the proposed project</i>	
Agency Name:	<i>Applicant's legal agency name</i>	
Agency Website:	<i>If applicable, provide the applicant's website address</i>	
Agency Telephone Number:		
Agency Fax Number:		
Agency Address:	<i>Street and floor or suite number</i>	
Agency City, State:	<i>City and State</i>	
Agency Zip Code:	<i>Five or nine digit zip code</i>	
Employer ID Number (EIN):	<i>Provide employer identification number (EIN)</i>	
DUNS Number:	<i>Provide Data Universal Numbering System (DUNS) number</i>	
SAPTA Certified Residential and/or Transitional Treatment Facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date certified?
Project Period: <i>(Month/Day/Year)</i>	Start Date Upon Approval	End Date 04/30/18
Amount Requested:		
Additional Facility Locations <i>(use additional pages if necessary)</i>		
<i>Service location (i.e. Fallon, Clark, Elko, or Carson City), provide full address, phone number, fax, site contact person and their email (if applicable)</i>		
Service Location / Address:		
Phone Number:		
Site Contact Person/Email:		
Service Location / Address:		
Phone Number:		
Site Contact Person/Email:		
Service Location / Address:		
Phone Number:		
Site Contact Person/Email:		

Contact Information

Name of Project Director :	<i>This will be the main programmatic contact person for this project</i>
Title:	
Telephone:	
Email:	

Check, if same as Project Director

Name of Financial Officer :	<i>This will be the main fiscal contact person for this project</i>
Title:	
Telephone:	
Email:	

Signature Authority

Check, if same as Project Director

Name of Agency Director :	<i>This will be the main administrative contact person for this project</i>
Title:	
Telephone:	
Email:	

Additional Points of Contact, if needed

Name // Title:	
Title:	
Telephone:	
Email:	

Name // Title:	
Title:	
Telephone:	
Email:	

Name // Title:	
Title:	
Telephone:	
Email:	

Narrative

Integrated Opioid Treatment and Recovery Center's (IOTRC) will serve as the regional consultants and subject matter experts on opioid use disorder treatment, provide Medication Assisted Treatment (MAT) and Recovery services for adult and adolescent populations, and develop formal networks of care. Applicants must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet the objectives as outlined in this RFA.

Organizational Strength and Description (up to 25 points)

In no more than three pages, single spaced, please describe:

- The clinic/agency's history, client population and levels of service provided, along with the mission and purpose of the agency and how it aligns with this project,
- The proposed geographical service area based on the identified counties where services will be provided,
- Clinic/Agency experience in the community, to include knowledge and familiarity with the level of need for services within your selected service area and what group or groups of individuals will be targeted for services by the program,
- Describe the services to be provided and outreach methods that will be used to effectively reach the target population
- The qualification and tenure of staff members providing the proposed services (if staff is not currently hired, include a plan to onboard new staff, type of staff and timeline in which this will occur),
- The structure of the agency including the Board of Directors (if applicable), hours of operation, and number of locations and,
- Discuss whether your program and activities will have a local, regional or statewide impact.

Collaborative Partnerships (up to 20 points)

In no more than two pages, single spaced, please describe:

- Ongoing collaborative efforts with community-based organizations ;
- The types of identified collaborating partners and their roles within this project (include formalized care coordination agreements if already in place, or letter of agreement if formal agreement is not yet finalized, and
- If the project is to be accomplished through a sub-awardee, list the name and address of each sub-awardee, and
- The Plan to monitor the sub-awardee to ensure adherence to the provisions of the final award agreements and terms.

**Please note that any sub-awardees must be certified by SAPTA and an approved vendor for the state of Nevada-DPBH.*

Service Delivery (up to 25 points)

In no more than three pages, single spaced, please describe:

- The organization’s proposed structure and layout of the Integrated Opioid Treatment and Recovery Center (IOTRC) System per the applicable eligible organization listed in Part 1, Table 1, on Page 9, and
- The organization’s ability to fulfill the scope of work deliverables as outlined in Part 2, Table 1, and
- Description of the evidence-based practices to be utilized for treatment of OUD patients, rationale for selecting the evidence based practices, and any anticipated adjustments needed to address specific needs of your population [see National Registry of Evidence-based Programs and Practices (NREPP) <https://knowledge.samhsa.gov/ta-centers/national-registry-evidence-based-programs-and-practices>]. If adjustments are needed to an evidence based practice discuss how you will ensure primary elements of the practice will not impact effectiveness, and
- Proposed plan to expand access to treatment and recovery services, to include number of new, unduplicated number of patients with an OUD to be served and how new OUD patients will be engaged, and
- Describe your organizations proposed Mobile Outreach Recovery Team, to include team staffing and how the team will provide linkages and referrals back and forth to the local IOTRC System for engagement, treatment, and/or recovery support for treatment transition. Additionally, discuss proposed client engagement activities, and how outreach and engagement for individuals who have recently experienced an overdose, individuals who have recently undergone withdrawal from opioids in a controlled environment or in the community, and individuals who have an OUD would benefit from community based interventions offered by your Mobile Outreach Recovery Team. Include a description of any current relationships your agency/clinic has in place with hospitals, withdrawal management, jail settings, etc.
- Description of MAT-FDA Waiver Approved Prescribers (if staff is not currently hired, include a plan to onboard new staff, type of staff and timeline for implementation of prescribing).

Cost Effectiveness and Leveraging of Funds (up to 15 points)

In no more than one page, single spaced, please describe:

- The organizations existing grants and projects and services dedicated to addressing OUD, prevention overdose and recovery activities and how such funding, project, and/or services will be leveraged, and
- The organizations ability for reimbursement of applicable services, including the sources of reimbursement.

Outcomes and Sustainability (up to 20 points)

In no more than three pages, single spaced, please describe:

- Based on the applicant's responses within the Feasibility and Readiness Tool please address areas of concern and identify strategies to increase feasibility and readiness of your organization to operate as a IOTRC, and
- The organization's sustainability plan, including timeline, identified 3rd party payers, existing contracts with Managed Care Organizations, as well as any applicable Certification, Licensing, or Accreditation to ensure continuation of services once grant funding expires, and
- Data collection and management plan for required submission of process and outcome measures in a timely manner.

Scope of Work

Please provide the following information for the Scope of Work using the provided template below.

SCOPE OF WORK TEMPLATE TO BE FILLED OUT BY APPLICANT/AGENCY:

[Insert Agency Name Here]

Scope of Work

Operation of an Integrated Opioid Treatment and Recovery Centers in the proposed service area.

Please utilize the template below for the Scope of Work

Support the goals and objectives of the Opioid STR program through the creation of an opioid treatment program IOTRC that will establish and maintain a system of integrated care for Nevadans with opioid use disorder (OUD) in the proposed service area. Additional goals / objectives may be added as needed.

Goal I: Implementation of the IOTRC System to provide treatment and recovery services for Nevadans with opioid use disorder (OUD) in the proposed service area.

Objective	Activities	Date Due By	Documentation
By February 1, 2018 the IOTRC System in the proposed service area will provide all services listed in Part 1, Table 1.	Provision of services at IOTRC and/or referral to a formal collaborative partner for needed services, with a “warm hand off” and follow-up communication by Care Coordinator, peer specialist, or other IOTRC staff.	February 1, 2018	Quarterly reports to DPBH

Goal II: Establish the infrastructure for an IOTRC in the proposed service area.

Objective	Activities	Date Due By	Documentation
By April 1, 2018, the IOTRC in the proposed service area shall be fully operational and compliant with all of the requirements set forth in the RFA.	Hire and train staff to perform essential duties of the IOTRC.	April 1, 2018	Quarterly reports to DPBH

Goal III: Evaluate process and outcomes measures for the IOTRC for treatment and recovery services for Nevadans with opioid use disorder (OUD) in the proposed service area.

Objective	Activities	Date Due By	Documentation
By February 1, 2018 the IOTRC in the proposed service area will collect the required performance measures and reporting them to the Division.	Data collection, monitoring, and reporting	February 1, 2018	Quarterly reports to DPBH

Documentation: Quarterly reports will be submitted throughout the project period, the format of which shall be determined during final award negotiations by the DPBH, in collaboration with the applicant.

Data Collection and Performance Measures

Required Performance Measures:

1. The Subgrantee shall collect all data elements for the Nevada OUD patients identified below. These data elements shall be collected and reported quarterly to the DPBH.
 - a. Treatment Episode Data (TEDs);
 - b. Number of people who receive OUD treatment by race and ethnicity;
 - c. Number of people who receive OUD recovery services by race and ethnicity;
 - d. Number of providers implementing MAT; Contractor’s Name [INSERT CONTRACT #]
 - e. Number of coordinated care agreements in place [INSERT ORGANIZATION NAME AND/OR CONTRACTOR]
 - f. Number of OUD prevention and treatment providers trained, including nurse practitioners, physician assistants, physicians, nurses, counselors, social workers, and care coordinators; and
 - g. Naloxone data including the number of prescriptions provided to patients or family members, number of units distributed, and overdose reversals.

2. In addition to collecting the data identified above, the Subgrantee shall identify and track additional metrics aimed at quality improvements of patient care as designated by DPBH.
3. The Subgrantee shall report on the identified measures and the quality improvement activities aimed at improving performance on these measures in the quarterly reports for submission to DPBH.

Instructions for Development of a Budget Plan

All proposals must include a detailed project budget for the first year of the grant. The budget should be an accurate representation of the funds needed to carry out the proposed Scope of Work and achieve the projected outcomes in Year One. 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.

Budget Summary Form 1 *(located on first tab of the excel document)*

Itemize costs for the project under the following categories:

1. Personnel:

a. Salaries and Wages

- i. Personnel costs include listing each staff member who is providing direct client services. Include the staff name (if possible), position title, percent of full time equivalency (FTE), and **annual** salary/hourly rate.
 1. Example of the Detail Description: Coordinator (.5 FTE)- Annual Salary \$50,000 x .5 FTE = \$25,000 (also provide a position description)
- ii. In the description section, write a detailed position narrative and the job duties as it relates to the Integrated Opioid Treatment and Recovery Center System. Do this for each position to be funded.
 1. If a portion of a direct program supervisor's time is devoted to providing professional oversight and direction then include the staff in Personnel.
 2. An administrator's time or a fiscal officer's time would be included in the capped 10% Admin/Indirect Costs.

b. Fringe Benefits

- i. List components that comprise the fringe benefit rate; for example: health insurance, taxes, unemployment insurance, life insurance, retirement plan. The fringe benefits should be directly proportional to the amounts listed in personnel.
- ii. Indicate the applicant's fringe benefit rate. After completing the list of positions, multiply the subtotal of personnel costs by the agency's standard percentage for fringe benefits, and enter the amounts in the appropriate lines on the "Fringe Benefits" row.

2. Travel

- a. Line-item budget travel costs according to "In-State Travel." Please include the following: mileage, rate (current GSA rate), reason for travel, staff member names, and number of trips. Travel is allowed only for staff listed in the Personnel costs section and/or Contractors.
 - i. No Per Diem (hotel & meals) for travel less than 50 miles.
 - ii. Registrations are included in the Training category.
 - iii. Example: 3 employees X 50 miles/month X 12 months X \$0.535/mile = \$963
- b. Cost resources include Nevada's State Administrative Manual (SAM) and US General Services Administration (GSA).

3. Operating

a. Line-item includes:

- i. General Office supplies could include paper, pencils, binders, ink, copier paper, etc.
- ii. Medical supplies are plastic gloves, gauze, alcohol swabs, Band-Aids, biohazard containers, biohazard disposal, etc.

- b. The applicant must address the number of Number of people who receive OUD treatment and recovery services expected to be served during the federal fiscal year (FY) 2017 (upon approval through April 30, 2018).
 - c. Allocate all your costs exactly the same.
4. Other
- a. This category includes all administrative or indirect costs that do not apply to any of the above categories. All indirect costs charged by the applicant are considered an administrative cost subject to the capped 8% aggregate limit.
 - b. The 8% administrative cap includes:
 - i. Routine grant administration and monitoring activities, including the development of applications and the receipt and disbursement of program funds;
 - ii. Development and establishment of reimbursement and accounting systems;
 - iii. Preparation of routine programmatic and financial reports;
 - iv. Compliance with grant conditions and audit requirements;
 - v. All activities associated with the recipient's (grantee's) contract award procedures, including the development of requests for proposals, awardee and contract proposal review activities, negotiation and awarding of contracts;
 - vi. Reporting on contracts, and funding reallocation activities;
 - vii. Related payroll, audit and general legal services;
 - viii. Generating monthly progress reports.
5. *Please use Excel template provided with the announcement package to complete and submit.*

Budget Instructions for Excel Sheet Submission

Please use the Excel template provided with the announcement package to complete and submit your budget proposal. All proposals must include a detailed project budget and budget justification for the funding period [Upon Approval – April 30, 2018]. The budget should be an accurate representation of the funds needed to carry out the proposed Scope of Work and achieve the projected outcomes. If the project is not fully funded, DBPH will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants **must** use the following budget template form (Excel file) provided for download.



Budget_Template_S
FY18-19 (1) (1).xls

To open the document, double click on the icon.

If you are unable to access the above inserted file once you have double clicked on the icon, please contact Nevada STR Grant project staff at opioidstrgrant@health.nv.gov

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.**

Categorized Budgets

Personnel:

Employees who provide direct services are identified here. The following criterion is useful in distinguishing employees from contract staff.

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker’s compensation). For example:

Program Director – (\$28/hour x 2,080/year + 22% fringe) x 25% of time = \$17,763

Intake Specialist – (\$20/hour x 40 hours/week + 15% fringe) x 52 weeks = \$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).

Contractual/Consultant Services:

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under this RFA. A copy of written agreements with all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

Staff Travel/Per Diem:

Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 53.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

Equipment:

List equipment to purchase or lease costing \$1,000 or more and justify these expenditures. Also, list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies. Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled, inventoried, and tracked as such.

Supplies:

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. As a rule, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased, detail must be provided that explains how the food will be utilized to meet the project goals. Uses that are not in compliance with the Grant Instructions and Requirements will be denied.

Occupancy:

Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with this grant project should be requested in this budget.

Communications:

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

Public Information:

Identify and justify any costs for brochures, project promotion, media buys, etc.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. If there is insufficient room in the narrative section to provide adequate justification, please add a third tab to the budget template for that purpose.

Administrative Costs:

Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 8% of the total direct costs. Indirect costs may not exceed 8% of the total funds being requested; however, if you wish to request less than 8%, you may override the formula (located in Cell C-125).

Budget Summary Form 2 *(located on second tab of the excel document)*

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through H of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words “Other Funding” in the cell(s) in Row 6 with the name of the funding source. Enter either “Secured” or “Pending” in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the “Total Agency Budget” in Cell J-26 labeled for this purpose. This should include all funding available to the agency for all projects including the proposed project. Cell J-27 directly below, labeled “Percent of Total Budget,” will automatically calculate the percentage that the funding requested from this RFA for the proposed project will represent.

Complete Column I of the form if any program income is anticipated through this project. In Section C below the table, provide an explanation of how that income is calculated.

Additional Resources (In-Kind, Volunteer, or Cash Donations)

Additional resources are not required as a condition of these grants but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party: Funding Source administered by the DPBH

Second Party: The grantee (and any sub-grantee of project supported by the grant)

Third Party: Everyone else

If the grantee (second party) provides the property or services, then it is considered “cash” contributions, since only third parties can provide “In-Kind” contributions.

When costing out volunteer time, remember to calculate the cost based on the duties performed, not the volunteer’s qualifications. For example, an attorney may donate his/her time to drive clients a certain number of hours per month but the donation must be calculated on the normal and expected pay received by drivers, not attorneys.

Required Forms

Assurances

Conflict of Interest Policy Acknowledgement

Feasibility and Readiness Tool

Proposed Staff Resume

501(c) 3 tax exempt where applicable

Latest audit letter

Assurances

As a condition of receiving awarded funds from the Nevada State Division of Public and Behavioral Health, the Awardee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Awardee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. Reimbursement requests should only be submitted for expenditures approved in the budget. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of award budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work, the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this award. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of awards are required to maintain award accounting records, identifiable by award number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division.
 - b. Records may be destroyed by the Awardee five (5) calendar years after the final financial and narrative reports have been submitted to the Division. In all cases, an overriding requirement exists to retain records until resolution of any audit questions relating to individual awards.
 - c. Award accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the award activity.
5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this award. The Division reserves the right to disqualify any awardee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply 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 employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the awardee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. To comply with the requirements of Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, as amended.
10. Awardee certifies by signing this notice of award that neither it 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. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every awardee receiving any payment in whole or in part from federal funds.

11. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the “PRO-KIDS Act of 1994,” smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
12. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this award will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, the proposed service area or local agency, legislature, commission, council, or board;
 - b. Any federal, state, the proposed service area or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, the proposed service area or local agency, legislature, commission, council or board.
13. Division awards are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
14. Any audit of Awardee’s expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of award funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO: **Nevada State Division of Public and Behavioral Health, Attn: Contract Unit, 4150 Technology Way, Suite 300, Carson City, NV 89706**
15. **Applicant affirms they are a treatment provider, certified by the Division through SAPTA or have submitted a Certification Application to the Division to become certified at the time of submission of this grant application.**
16. **Applicant affirms they are an approved provider on the State of Nevada-DBPH vendor list.**

I have read and am in agreement with the above assurances.

Title / Signature

Date

CONFLICT OF INTEREST POLICY ACKNOWLEDGMENT

Clinic/Agency must have a conflict of interest policy designed to foster public confidence in our integrity and to protect our interest when we are contemplating entering a transaction or arrangement that might benefit the private interest of a director, a corporate officer, our top management official, and top financial official, any of our key employees, or other interested persons.

I hereby acknowledge that **[INSERT NAME OF AGENCY]**, has a conflict of interest policy on file and that all employees, contractors, and volunteers have read and understood it, and agree to comply with its terms.

Authorized Agency Title / Signature

Date

INTEGRATED OPIOID TREATMENT AND RECOVERY CENTER (IOTRC) FEASIBILITY AND READINESS TOOL



FEASIBILITY AND
READINESS TOOL_IOT

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PROPOSED STAFF RESUME



Proposed Staff
Resume.doc

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