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## State of Nevada

**Department of  
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**Health and  
Services**

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**NOTICE OF FUNDING OPPORTUNITY (NOFO):  
FOR  
COMMUNITY MENTAL HEALTH SERVICES**

**Release Date: May 4, 2020**

**Questions to be Submitted: On or before May 11, 2020, 3:00 p.m. PST**  
Must be submitted to [SLambert@DHHS.NV.GOV](mailto:SLambert@DHHS.NV.GOV)  
with **NOFO MHBG** in the subject line of the email.

**DEADLINE FOR APPLICATION SUBMISSION: MONDAY, JUNE 11, 2020, 3:00 P.M.**

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

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Project Manager | Southern Nevada Coordinator  
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Email: [SLambert@DHHS.nv.gov](mailto:SLambert@DHHS.nv.gov)

**DEPARTMENT OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF FUNDING OPPORTUNITY (NOFO) SUMMARY**

**Notice of Funding Type:** New Award.

Any applicant who wants to be considered for funding under the Nevada State Mental Health Block Grant (MHBG) funds must submit an application in compliance with this NOFO, pursuant to Code of Federal Regulations (CFR 200.318). **This includes any applicant that is currently receiving MHBG funds that may want to request a continuation of that funding.** This NOFA may also be used for future state or federal subgrant awards should additional money become available, for a period not to exceed four (4) years, for mental health programs.

**Funding Opportunity Award Type:** Grant

**Expected Project Period:** October 1, 2020 – September 30, 2021 and/or  
October 1, 2021 – September 30, 2022.

**Reporting Periods:** Monthly or Quarterly, as defined in Notice of Grant Award (NOGA).

**Estimated Number of Awards:** 3-10 awards, with awards ranging from \$100,000 - \$600,000

**Estimated Dollar Available:** \$2-4 million

**Award Restrictions:** There are two (2) expected project periods. The first project period begins October 1, 2020 and ends **on or** before September 30, 2021. The second project period begins October 1, 2021 and ends **on or** before September 30, 2022. All awards have the potential to be extended through September 30, 2022 based on performance and program needs. A scope of work with timeline and budget must be submitted as part of the application. *Mental Health Block Grant Funds (MHBG) cannot be carried over.* All funding is subject to change, based on the availability of funds, federal awards, and the state needs. **By submitting an application or responding to this NOFO, there is no guarantee of funding or funding at the level requested.**

<b>RFA Timeline</b>	
<b>Task</b>	<b>Due Date/Time</b>
Notice of Funding Opportunity Released	05/04/2020
Deadline for submission of written questions	05/11/2020, 3:00 PST
Deadline for written response to submitted written questions	05/15/2020, 3:00 PST
<b>Deadline for submission of application</b>	<b>06/11/2020, 3:00 PM PST</b>
Evaluation Period, on or before	07/09/2020
Funding Decisions, Applicants Notified on or before	07/31/2020
Completion of contract/subgrant awards, on or before	09/30/2020
Notice to Proceed (NTP)/Project Start Date, on or after	10/01/2020
Grant Period – Year Two, no carryovers.	10/01/2020 – 09/30/2021
Grant Period – Year Three, no carryovers.	10/01/2021 – 09/30/2022

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## **I. FUNDING OPPORTUNITY INTRODUCTION**

### **1. Background**

This Notice of Funding Opportunity (NOFO) is intended to solicit applications for the Community Mental Health Block Grant as authorized by Title XIX, Part B, Subpart I and Subpart III of the Public Health Service Act Title 42, Chapter 6A, Subchapter XVII of the United States Code. In addition, the Division of Public and Behavioral Health (DPBH) reserves the right to utilize this NOFA for other state or federal subgrant awards for funding that may become available for mental health services for a period not to exceed four (4) years.

The United States Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) oversees the Mental Health Services Block Grant (MHBG). The State of Nevada Department of Health and Human Services (DHHS), DPBH serves as the Single State Authority (SSA) for the MHBG in Nevada.

The MHBG reflects the health care system's strong emphasis on coordinated and integrated care along with the need to improve services for persons with mental disorders. The block grant provides Nevada the opportunity to focus on the specific needs of our State to provide services for Children with Serious Emotional Disturbance (SED) and Adults with Serious Mental Illness (SMI) (see Nevada Medicaid Services Manual, Chapter 2500:

<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>). Serious Emotional Disturbance (SED) pertains to children and youth up to age 18 who have had a diagnosable mental, behavioral, or emotional disorder in the past year that resulted in functional impairment that substantially interfered with or limited the child's or youth's role or functioning in family, school, or community activities. Conditions that are excluded from the diagnosis of SED are substance abuse or addictive disorders, irreversible dementias, as well as intellectual disabilities and other related conditions, unless they co-occur with another SED that meets current diagnostic criteria and that results in functional impairment. Serious Mental Illness (SMI) concerns individuals, 18 years of age and older, who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder that meets the defining criteria specified in the current diagnostic manual of the American Psychiatric Association (APA) and that has resulted in serious functional impairment. Serious functional impairment is defined as difficulties that substantially interfere with or limit one or more major life activities, such as achieving or maintaining housing, employment, education, relationships or safety. Conditions that are excluded from the diagnosis of SMI are substance abuse or addictive disorders, irreversible dementias, as well as intellectual disabilities, unless they co-occur with another SMI that meets current diagnostic criteria.

### **2. Purpose**

The MHBG provides Nevada and mental health service agencies with a degree of flexibility to design and implement mental health related services and activities to address the complex needs of individuals, families, and communities with SMI and children with SED specific to our population. The purpose of the block grant program is to support these services.

In order to ensure that the block grant program continues to support the needed and necessary services for the identified target population(s), SAMHSA has indicated that Nevada may use block grants:

- 1) To fund priority treatment and support services for individuals without insurance, underinsured or for whom coverage is terminated for short periods of time;
- 2) To fund those priority treatment and support services not covered by Children’s Health Insurance Program (CHIP), Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery; and
- 3) To collect performance and outcome data for mental health and substance use, determine the ongoing effectiveness of promotion, treatment and supportive services and to plan the implementation of new services.

### 3. Target Population

Nevada’s NOFO focuses on the following target populations. All grant applications must identify at least one of the following target populations.

- Children with SED and their families (Age 0-17)
- Adults with SMI (Age 18-64)
- Older Adults with SMI (65 years or older)
- Individuals with SMI or SED in the rural and homeless populations

### 4. Eligible Entities

The block grant authorizing legislation implementation regulations prohibit the assistance to any entity other than a **public (government entity excluding local mental health authorities) or a nonprofit entity/organization** and requires that funding be used only for authorized activities<sup>1</sup> as defined by the state needs assessment and strategic priorities.

Nevada is seeking applications from **public or non-profit agencies** who:

- 1) Have not less than three (3) years of providing services similar to those proposed.
- 2) Are registered with the Nevada Secretary of State, if applying as a non-profit, and have the appropriate business license as defined by law in the county/city of geographic location.
- 3) Do not have any provider or board member of organization identified as subject to the Office of Inspector General (OIG) exclusion from participation in federal health care programs (42 CFR 1001.1901).
- 4) Are able to comply with the Third-Party Liability (TPL) for any or all of the expenditure(s) that would be payable by another private or public insurance.
- 5) Are registered as a Nevada vendor by time of application – Registration can be submitted to: <http://purchasing.nv.gov/Vendors/Registration/>.
- 6) Have an active DUNS/EI number.
- 7) Are able to provide services within 30-days of Notice of Subgrant Award (NOSA).

### 5. Ineligibility Criteria

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<sup>1</sup> <http://www.samhsa.gov/grants/block-grants/laws-regulations>

DPBH will consider the following criteria as potential reasons for applicant disqualification for consideration of award.

- 1) **Incomplete application.** 1) Failure to meet application requirements as described; and/or 2) Omission of required application elements as described.
- 2) **Insufficient supporting detail provided in the application.** DPBH will not review applications that merely restate the text within the NOFO. Applicants must detail their approach to achieving program goals and milestones. Reviewers will note evidence of how effectively the applicant includes these elements in its application.
- 3) **Inability or unwillingness to collect and share monitoring and evaluation data** with DPBH or its contractors.
- 4) **Program Integrity concerns.** DPBH may deny selection to an otherwise qualified applicant on the basis of information found during a program integrity review regarding the organization, community partners, or any other relevant individuals or entities.
- 5) **Disregard of maximum page limits** stipulated in the NOFO.
- 6) **Late submission** of an application, regardless of reason.
- 7) **Supplanting Funds:** Federal grant dollars must be used to supplement (expand or enhance) existing funds for program activities and must not replace those funds that have been appropriated for the same purpose.

## 6. Matching Fund Requirements

The MHBG does not require a partner match.

## II. PROJECT SPECIFIC INFORMATION

### 1. Vision and Guiding Principles

All program activities are to be provided under the Vision and Guiding Principles established by Nevada's Behavioral Health Community Planning Committee. The vision is that Nevadans, regardless of age or ability will enjoy a meaningful life led with dignity and self-determination.

**The DHHS Strategic Framework has adopted the following guiding principles:**

- ☐ *Independence:* People should have options and the ability to select how they live.
- ☐ *Access:* People's needs are identified and met quickly.
- ☐ *Dignity:* People are viewed and respected as human beings.
- ☐ *Integration:* People can live, work, and play as part of their community.
- ☐ *Quality:* Services and supports achieve desired outcomes.
- ☐ *Sustainability:* Services and supports can be delivered over the long term so individuals can be self-sufficient.

## 2. State Strategic Plan Compliance

In compliance with SAMHSA, the SSA is responsible to administer the funds in response to an integrated and strategic plan that includes the use of available data to identify strengths, needs, and services for specific populations. By identifying needs and gaps, DPBH has prioritized and establishes Nevada specific goals, objectives, strategies, and performance indicators. Nevada's Behavioral Health Community Integration Strategic Plan (July 2018) serves as Nevada's guiding document. For more information, this document can be found at:

<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalSAPTA/DHHS%20BHCI%20Strategic%20Plan.pdf>.

Nevada is compliant with Section 1912(b) of the Public Health Act (42 USC § 300x-1) which established five criteria to address in state plans to include:

- **Criterion 1:** Comprehensive Community-Based Mental Health Service Systems: Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness, including those with co-occurring M/SUD.
- **Criterion 2:** Mental Health System Data Epidemiology: Contains an estimate of the incidence and prevalence in the state of SMI among adults and SED among children; and have quantitative targets to be achieved in the implementation of the system of care described under Criterion 1.
- **Criterion 3:** Children's Services: Provides for a system of integrated services in order for children to receive care for their multiple needs. Services are integrated into a comprehensive system of care which includes social services; educational services, including services provided under IDEA; juvenile justice services; substance abuse services; and health and mental health services.
- **Criterion 4:** Targeted Services to Rural and Homeless Populations and to Older Adults: Provides outreach to and services for individuals who experience homelessness; community-based services to individuals in rural areas; and community-based services to older adults.
- **Criterion 5:** Management Systems: Nevada has adequate financial resources, staffing, and training for mental health services agencies necessary for the plan; and provides for training of agencies of emergency health services regarding SMI and SED.

## 3. System Goals and Strategies

Nevada has identified three (3) system goals with specific strategies to address the needs of adult and children/youth populations with SMI/SED.

- A. **GOAL 1:** Ensure there is a continuum of high-quality recovery support and care to achieve and maintain stability.
- B. **GOAL 2:** Ensure individuals have access to appropriate, timely services in the most integrated setting based on a self-determination plan.
- C. **GOAL 3:** Ensure a system that prevents inappropriate incarceration, hospitalization, institutionalization, or placement.

The primary focus of the MHBG is to provide mental health care and treatment to individuals with mental illness. MHBG Programs can also support coordination, navigation, or case management of mental health services for individuals who have a mental illness with other transition support services. MHBGs may also fund supportive services essential to provision of mental health services. These essential services must **address gaps in services** that may **prevent** individuals from **accessing and/or participating** in mental health programs.

**Client services to be provided as part of the proposed project must seek to:**

- A. Improve existing mental health services or support services essential to mental health service provision, by:
  - 1. Incorporating evidence-based, best, and/or promising practices and expertise of mental health professionals;
  - 2. Ensuring services are provided in a culturally competent manner and are culturally and linguistically sensitive; and
  - 3. Encouraging greater continuity of care for individuals receiving services through a diverse provider network.
  
- B. Increase availability of mental health services or support services essential to mental health service provision by:
  - 1. Expanding the number and types of services available;
  - 2. Increasing the number of professionals providing services;
  - 3. Expanding in a flexible manner, where possible, services to meet the needs of each child, family, or adult close to their community; and
  - 4. Serving individuals with mental illness and co-occurring conditions such as a substance use disorder, and/or intellectual disability and developmental disabilities, and/or comorbid medical conditions.
  
- C. Increase and improve access to mental health services or support services essential to mental health service provision, by:
  - 1. Assisting with navigating multiple service and benefit systems;
  - 2. Coordinating clinical and support services for individuals and family members; and
  - 3. Addressing transportation and other barriers to accessing services.

**4. Key Priority Service Areas**

To further the missions of the DPBH, this NOFO seeks partners whose proposals are focused on **achieving positive outcomes**. The overarching objective is to improve the health and well-being of the children and families served while influencing positive change in Nevada communities.

To reach this goal, collaborations with school-related settings, health care agencies, and/or community organizations are required to address the clients holistically. A holistic approach recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met. Social determinates include factors like socio-economic status, education, the physical environment, and access to services.

Underserved, low-income, and disparate populations have access to care issues. Access to services for this population is strained and requires innovative approaches on behalf of agencies in order to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede patients from accessing services. Agencies are encouraged to be creative to meet the needs of Nevada's families, especially those who are difficult to reach, and weave the philosophy of a holistic-centered approach into their proposals.

Applicants must define **one or more** of the following key priority areas, listed in no specific order of importance, for specific service populations as defined in Section 1.3 above.

**For any activities targeting adults (A), activities must be focused on:**

- **Target A1: Criminal Justice Diversion:** Agencies should identify programs focused on reducing the human and fiscal cost and consequences of repeated arrests and incarceration for people with mental health issues. Specific focus should be to improve access to mental health and other support services to individuals involved in the criminal justice system. Services for persons with mental disorders can occur at several points in the criminal justice process and should be accomplished through a high-coordinated and integrated effort between the mental health, social service, and criminal justice system. Agencies should provide details of a plan to: 1) identify individuals involved with the criminal justice system that have SMI; 2) use evidence based screenings and assessment to assess individuals with mental and substance use disorders; 3) Pre- and post-adjudication using evidence-based screening and assessment to ensure comprehensive treatment, supports, and services; 4) Diversion of individuals from the justice system into home- and community-based treatment; 5) Assurance of equity of opportunities for diversion and linkage to community services and supports for all populations in order to decrease disproportionate minority contact with the justice system; and/or be part of providing services for those releasing from prison or jail as part of a reentry program. ***This program period is not eligible to begin before October 1, 2020.***
- **Target A2: Assertive Community Treatment (ACT) Services:** To provide a team-based treatment model that provides multidisciplinary, flexible treatment and support to individuals with SMI 24/7. Agencies should propose a combination of specialized, mobile, multidisciplinary, integrated and community-based mental health services in targeted communities. ACT services support individuals with SMI who tend to have significant thought disorders, higher rates of substance-related disorders, histories of victimization and trauma, repeated hospitalizations, heightened arrests and incarcerations, homelessness, and additional functional challenges related to the lack of supportive social relationships and the lack of employment. (Certified Community Behavioral Health Centers (CCBHC's) are not able to qualify for this funding)
- **Target A3: Community-Based Treatment:** Agencies should focus on crisis community-based treatment that is focused on supporting the client to maintain relationships, friendships, jobs or school while receiving evidence-based treatment. Agencies should be prepared to detail relationships with other organizations for wrap-around services.

**For activities targeting children/youth (Y)**, Nevada is focused in improving the capacity of organizations and institutions (e.g. schools, youth social groups, service organizations, faith-based organizations) to identify, assess, treat, and track at-risk and high-risk populations of children and adolescents in order to improve child and adolescent mental health.

## Program activities must be focused on:

- **Target 1Y: Juvenile Justice diversion:** Agencies should identify programs focused on reducing the human and fiscal cost and consequences of children/youth with high incidents of behavioral or criminal acts. Proposed services should provide access to mental health and other support services, which include screening and serving those with SED. Services must be made available to individuals involved in the juvenile justice systems or youth identified through referrals from state or county social service agencies or by school. Services for persons with mental disorders can occur at several points in the justice process and should be accomplished through a high-coordinated and integrated effort between the mental health, social service, educational and criminal justice system. Programs should focus on culturally competent community based mental health care to provide supports they need and to eliminate unnecessary involvement in the criminal justice system. Activities proposed should include 1) identification of referral source for the youth with SED and/or working within a system as evidence by a partnership agreement; 2) Evidence-based screening and assessment to ensure comprehensive treatment, supports, and services; 3) Diversion of individuals from the justice system into home- and community-based treatment; 4) Part of a school-based mental health integration team; and 5) Assurance of equity of opportunities for diversion and linkage to community services and supports for all populations in order to decrease disproportionate minority contact with the justice system. ***This program period is not eligible to begin before October 1, 2020.***
- **Target 2Y: Target Transitional Age Youth/Children (TAY):** TAY are defined as transitional aged youth between the ages of sixteen and twenty-four who are in transition from state custody or foster care and are at-risk. Once they turn “18” they can no longer receive assistance from the systems of care that previously provided for many of their needs as children. Agencies should propose a coordinated continuum of care that uses a **trauma informed care** approach and provides programs that are **youth-guided** and family driven. Services begin with prevention and early intervention programs, continue with outpatient services and culminate with comprehensive and intensive mental health services.
- **Target 3Y: Adolescent Services:** To ensure adolescents in Nevada have access to high quality out-patient MH treatment, agencies should identify how they will provide and/or increase services and supports for adolescents. This should include increasing school-based or at-risk community center program services while collaborating with schools, community centers, and providing both child and family services. Activities proposed may include: Crisis services; mental/behavioral health counseling, psycho-education, Intensive Outpatient Programs (IOP), day treatment, wrap around response, family peer support and/or habilitation services. Agencies must have the ability to address TPL.

## 5. Excluded Activities

MHBG funds cannot be used for primary prevention activities; nor can applicants use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with a SMI.

## **6. Cultural Competence**

DPBH expects all applicants to gather and utilize knowledge, information, and data about individuals, families, communities, and groups and integrate that information into clinical practices, standards and skills, service approaches, techniques, and evidenced-based initiatives to best address each client's treatment needs. Culturally competent care is a core value.

### **III. GRANTEE RESPONSIBILITIES**

#### **1. Mental Health Grant Program Implementation**

Nevada is focused on implementing a community mental health grant program to support mental health programs providing services, treatment, and coordination supports. The mental health grant program must: 1. Align with the mission, vision, and goals of the Nevada's Behavioral Health Community Integration Plan (July 2018); 2. Support community programs providing mental health care services and treatment to individuals with mental illness; 3. Coordinate mental health care services for individuals with mental illness with other transition support services; 4. Enhance external stakeholder partnerships; 5. Foster community collaboration; 6. Encourage greater continuity of care for individuals receiving services through a diverse local provider network; and 7. Reduce the duplication of mental health services provided in the local service area.

In general, services include: assessment and diagnosis, testing, basic medical and therapeutic services, crisis intervention, therapy (family, group, and individual), outpatient, intensive outpatient, medication management, medication training and support, habilitation and case management.

#### **2. Data Collection and Reporting**

##### **A. Data Collection**

1. Collect data, including data collected using SAMHSA approved measurement instruments, at a minimum of pre and post service on each individual client served;
2. Document and track the amount of service received per client;
3. Collect standard demographic information for each client, such as gender, race, ethnicity, income, education, age; and,
4. Collect information on adverse events (including but not limited to hospitalization, justice involvement, suicide) avoided for program participants.

##### **B. Performance Reports**

Grantee will submit a Performance Report no later than thirty (30) calendar days after the end of each State Fiscal Quarter, which comprises the reporting period for that report.

Performance reports must show progress towards goals and services through defined data collection processes and measures. Specific outputs will be negotiated during the contract

award process. DPBH anticipates negotiating performance measures using a standardized menu of outputs and outcomes, depending on the type of work funded.

**Examples of output measures to be reviewed and to be included in contracts may include, if appropriate, but are not limited to:**

- The number of unduplicated individuals served annually (by state fiscal year).
- The number of encounters, treatment/services provided, activities occurring per month.
- The percentage of service slots that are filled per month.
- The percentage of individuals that receive the intended number of service encounters.
- The percentage of individuals that receive the required screenings/assessments.
- The percentage of individuals who complete required survey instruments (e.g. satisfaction surveys).
- Increase in utilization of services, including behavioral health services by each sub population;
- Criminal Justice System involvement;
- School Attendance;
- Demographics to include: Number, age, and gender of unduplicated patients seen each year; Workforce/Employment status; Housing status; Identified as part of a targeted population (homeless, veterans, LGBTQ, etc.); Number and percentage of clients screened for substance abuse disorders; Number and percentage of patients screened for behavioral health disorders.

**Examples of outcome areas include, but are not limited to:**

- Individuals will show improvements in client functioning after program participation (e.g. an ability to complete activities of daily living and basic functions with symptoms and/or does not disrupt activities or social interactions).
- Individuals will show improvements in autonomy after program participation (e.g. requiring less intervention and/or less-restrictive care, an ability to complete instrumental activities of daily living, and/or an ability to earn wages, maintain housing in the community, or access resources when needed).
- Individuals will show improved quality of life after program participation (e.g. self-reported satisfaction with life, fulfillment, and positive emotions and mood. The individual has positive social connections, is engaged with the community, and is able to achieve self-directed goals)
- Mental health programs will show a decrease in occurrence of adverse events (including but not limited to hospitalization, justice involvement, suicide)
- Participants will report satisfaction with services and self-perceived improvement after program participation.

#### 4. Compliance of Application

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

- 1) If the applicant has not met performance measures of previous DHHS contracts, DHHS reserves the right to not award additional contracts.
- 2) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.
- 3) DHHS may conduct on-site subrecipient reviews annually, or as deemed necessary.
- 4) DHHS reserves the right during the contract period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.
- 5) The applicant, its employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined under Eligible Organizations.

#### 5. Program Income

Under Section 2 CFR §200.80, program income is defined as gross income earned by an organization that is directly generated by a supported activity or earned as result of the federal or state award during a specific period of performance. For programs receiving MHBG funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. Program income must be identified monthly on the Request for Reimbursement (RFR). All program funds must be expended prior to requested federal grant funds. Examples of where program funds have been used to augment program activities include, but are not limited to, outreach activities specific to program, bilingual telephone or program staff, improving Electronic Health Records (EHR), and/or telehealth equipment.

#### 6. Licenses and Certifications

The Applicant, employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable for defined mental health direct services for children/youth and/or adults. Prior to award issuance, if selected, DPBH reserves the right to request that agencies provide documentation of all licenses and certifications.

### IV. APPLICATION AND SUBMISSION INFORMATION

#### 1. Technical Requirements

A. Completed applications must be submitted via mail to the DHHS-DBPH no later than **Friday, June 11, 2020, by 3:00 PM (Pacific Standard Time)**.

Proposal(s) must be delivered via email in PDF format to: [SLambert@DHHS.NV.GOV](mailto:SLambert@DHHS.NV.GOV). If you do not receive an acknowledgement of application receipt within 48 business hours, please send an email to with **Notification Status** in the subject line.

**The DPBH is not responsible for issues or delays in e-mail service.** Any applications received after the deadline may be disqualified from review. Therefore, the DPBH encourages organizations to submit their applications well before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.

B. A complete application will require all items listed under the Application Checklist.

C. Formatting: Applicants are required to use **11-point Arial Font, with 1.0" margins, double-spaced (unless specifically referenced as single spaced) and convert all items into one PDF document format. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification from review.**

D. Do not submit unsolicited materials as part of your application. Any unsolicited materials mailed, delivered or e-mailed to DPBH will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.

E. Complete the Application Checklist prior to submitting. The Application Checklist is for the benefit of the applicants and **is not** required to be included in the submission packet.

F. Once the application is submitted, no corrections or adjustments may be made. DPBH will consider corrections or adjusted prior to the issuance of a subgrant, should both the DPBH and the applicant agree on such changes or adjustments. Corrections or adjustments shall not be considered on any item that was considered critical to the consideration for the award.

## 2. Application Review Requirements

Applications that meet the basic minimum requirements will be evaluated using the following review criteria.

### A. Project Abstract Summary

A one-page abstract should serve as a succinct description of the proposed project and must include the target population, priority area, geographic area, services provided, the total budget, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and the legislature, so write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract. Abstract should be single spaced, and not exceed 500 words.

### B. Project Application Form

All applicants must complete the Project Application Form. Each letter corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application. *Not to exceed four (4) pages.*

**A. Organization Type.** Check the type of organization that is requesting funds.

**B. Geographic Area of Service.** Check only one type of geographic area and provide a brief description of that area (up to 100 words).

- C. Applicant Organization.** Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the 9-digit zip code is required). DPBH will consider the application incomplete if the Federal Tax ID field or DUNS/EI field is incomplete.
- D. Project Point of Contact (POC).** This field refers to the identified person at the applicant organization that DPBH will contact with follow-up questions about the application. This is also the person DPBH will contact with questions about quarterly reports, monthly financial claim forms, etc.
- E. Fiscal Officer.** Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone other than the Project Point of Contact.
- F. Key Personnel.** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide identified services. List all such personnel in the provided table, adding additional rows as necessary. Include an up-to-date résumé and a copy of all required licenses for each person as an addendum to the application.
- G. Target Population.** Organizations are required to select not less than (one) target population for the delivery of proposed services. Check at least one box.
- H. Sub-Population of Focus:** Organizations “may” also identify a sub-population of the defined population in “G.” If organizations select a sub-population, organizations will be responsible to provide services and collect data/performance measures on the additional sub-population.
- I. Priority Area.** Organizations must ***only check one priority area***, per application. No more than one priority area should be defined in the application. Applicants may submit more than one application. Checking more than one priority area may result in disqualification. Organizations should define one priority area for either Adults or Juveniles, but not both.
- J. Third-Party Payers.** Some organizations bill third-party payers (e.g. insurance companies) for some mental health services. If the applicant does not bill any third-party payers, check the **No** box, and continue to field K. Otherwise, confirm by checking the **Yes** box and for each third-party payer organization and provide the specified financial information for the applicant’s most recent, complete reporting period. Add rows to the table, if necessary
- K. Current Mental or Behavioral Health Funding.** Some organizations receive funding (e.g. Federal grant dollars, foundation grants, donations, etc.) for mental and/or behavioral health services. If the applicant does not receive funding, check the **No** box, and continue to field K. Otherwise, confirm by checking the **Yes** box and for each funding source, provide the name, type of funding, project period end date, and whole dollar amount. Add rows to the table, if necessary.
- L. Mental Health Block Grant Funding Capacity and Sustainability.** Organizations that have an active subgrant award and receive MHBG funding should check **Yes**. If your organization does not have currently have an active MHBG subgrant, check **No**. For applicants that have MHBG funding, respond to clarification questions. For those applicants who do not have an active grant, go to M.
- M. Certification by Authorized Official:** The administrator, director, or other official ultimately responsible for this project/program must sign this document.

### **C. Project Narrative**

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

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

**1. The Organization Description**

The Organization Description should include the history of your organization demonstrating not less than three (3) years of operation, its structure, information about major accomplishments of the organization, and relevant experience. Describe formal collaborations and/or existing Memorandums of Understanding with established partners and relationships that will be important to carrying out the activities funded by the grant, and an explanation of how the description you provide makes your organization an appropriate grantee. Describe organization’s background and qualifications and experiences with the implementation of projects similar in scope and complexity to the Proposed Project. Provide at least three (3) examples of the applicant’s success.

**2. Project Design and Implementation**

The Project Design and Implementation should provide a detailed description of the program that will be funded. Describe how the project will address Target Population in Section II. The applicant must tie project activities/deliverables to objectives and deliverables in the program design. Describe the goals of the project, how they will be achieved, how many individuals will be targeted, the target population and/or subpopulation, and key priority services areas. Explain how the project will address the needs identified in Nevada’s Behavioral Health Community Integration Strategic Plan (July 2018).

**3. Capabilities and Competencies**

Describe the capabilities of the applicant, the subrecipients, and/or contractors to successfully implement the project. This section should also state the competencies of the staff assigned to the project. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project.

**4. Plan for Collecting the Data**

Describe the process for collecting data and measuring project performance. Identify who will collect the data, who is responsible for performance measurement, and how the information will be used to guide and evaluate the project’s impact. Describe the process to accurately collect data, including whether or not the agency has an electronic health record system.

**D. Scope of Work**

Submit the below form to provide a description of the services proposed that includes goals, implementation timeline with key dates, activities, and deliverables (**maximum of five pages**) **Single Spaced**. This section should be written in complete sentences.

**Goal 1:** Describe the primary goal the program wishes to accomplish with this subaward.

Objective	Activities   Strategies	Due Date	Documentation Needed
1.	1.	XX/XX/XX	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.

**Goal 2:** Describe the most important secondary goal the program wishes to accomplish with this subaward.

Objective	Activities   Strategies	Due Date	Documentation Needed
1.	1.	XX/XX/XX	1.
*Note to preparer: Add lines to the table as applicable to accomplish all the goals. Line up activities, due dates and documentation as best as possible.			

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

**E. Budget**

Provide a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for program activities). **All proposals must include a detailed project budget for each project period requesting grant funding.** If one shot funding is requested, that should be identified in project period one only. The budget should be an accurate representation of the funds actually needed to carry out the proposed *Scope of Work* and achieve the projected outcomes over the grant period. If the project is not fully funded, the DPBH will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants **must** use the budget template form (Excel spreadsheet) provided in this RFA. Use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. **Ensure that all figures add up correctly and that totals match within and between all forms and sections.**

**Budget Funding Limitations: Budget proposals that provide direct services should have a minimum of 75% of the budget for direct services; with not more than 15% for administration and 10% for data collection (not including indirect).**

**1. Personnel:** Employees who provide direct services are provided here. The Personnel section is for staff that are responsible, who work as part of the applicant organization, for whom the applicant organization provides a furnished work-space, tools, and the organization determines the means and the method of service delivery. Contractors include those staff who provide products or services independently, and provide their own work-space, tools, means and methods for completion.

**For example:**

Intake Specialist | \$20/hour X 40 hours/week X 52 weeks = \$ 41,600  
 Fringe = \$41,600 X 15% (e.g. health insurance, FICA, workmen’s comp) = \$ 6,240  
 Personnel Total = \$ 47,840

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs (*explained later*).

## 2. Travel:

Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 57.5 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>.

## 3. Operating

**Supplies:** List and justify tangible and expendable property, such as office supplies, printing, program supplies, etc., that are purchased specifically for this project. As a general rule, supplies do not need to be priced individually, but a list of typical program supplies is necessary.

**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. Note: Rent is not an allowable expense under occupancy for administrative services. That should be paid through indirect.

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

## 4. Equipment

Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. A computer that is valued at \$1,200 is not considered equipment, and should be requested in Operating. An X-Ray machine that costs \$5,001 dollars, would be listed as equipment.

## 5. Contractual/Consultant Services

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DPBH. An example of a consultant would be a CPA that provides services to multiple agencies or firms and/or operates their own agency, in their own office, or on their own schedule. Another example would be an individual that provides intermittent, as-needed services and has the free-agency to determine how those services are developed or provided.

## 6. Other Expenses

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

## **7. Indirect 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 staff, human resources, 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. If agencies have a federally approved indirect cost rate, that rate must be used. All other agencies may use the Modified Total Direct Cost Base and Exclusions, currently at 10%.

## **F. Resume of Key Program Staff Member**

Provide the resume of the key staff member with the licensure or expertise in providing evidence-based services. This resume should not be more than two (2) pages long and should represent experience related to the proposed project. The DPBH receives the right to request additional resumes based on the proposed project (and also included in the Project Information Form).

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### 3. Scoring Matrix

<b>Field Name</b>	<b>Scoring Points or TR*</b>	<b>Page Limit</b>	
1. Abstract	5	1	Single spaced, 500 words, Arial or Times New Roman 11 Point Font
2. Project Application	15	4	Must use attached form
3. Narrative	30	10	Double-spaced, page numbered with headings as defined in RFA, Arial 11 Point Font (Tables may be single spaced)
4. Scope of Work	30	5	Must use attached form, Arial 11 Point Font, may be single spaced
5. Proposed Project Budget and Narrative	15	8	Must use attached form
6. Resume of Project Manager	5	2	Project Manager with clinical expertise (through EVP and/or licensure)
		<b>30</b>	<b>Total PAGES (CANNOT EXCEED)</b>
Total	100		
Provisions of Grant Award is signed	TR	N/A	Sign and attach
Internal Controls Certification	TR	N/A	Sign and attach
<b>*Technical Requirement</b>			

### V. SELECTION PROCESS OF NOFO

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

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

#### 1. RFA Review Process

Proposals received by the deadline will be reviewed as follows:

##### A. Technical Review

DHHS/DPBH staff will perform a technical review of each proposal to ensure that minimum standards are met. Proposals may be disqualified if they:

- Are missing fundamental elements (i.e. abstract, application, narrative, scope of work or budget);
- Do not meet the intent of the RFA; or
- Are submitted by an entity that is financially unstable as evidenced by information gleaned from the submitted fiscal documents.

## **B. Evaluation**

Applications that meet minimum standards will be forwarded to a review team selected by the DPBH. Reviewers will score each application, using the Scoring Matrix. In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the scoring process. Requests must stand on their own merit.

## **C. Program Priorities**

Projects applications shall not be selected solely on total scores, but will also consider priority populations and shall be reviewed under each funding priority as defined in Section 2.4. Each proposed area of service will be reviewed separately. DPBH will make awards based on a combination of the grant proposals able to meet the needs of the target population and funding priorities in each section.

## **D. Final Review – Director**

After reviewing and scoring the applications based on priority areas, the DPBH will submit funding recommendations to the DHHS Director, who will make the final funding decisions. Final decisions will be made by the DHHS Director based on the following factors:

- a. Scores on the scoring matrix;
- b. Geographic distribution between Clark County and the rest of the state;
- c. Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
- d. Availability of funding

## **2. Notification Process**

Applicants will be notified of their status with a Letter of Intent after July 2020 and all considerations have been made. DHHS/DPBH staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the DHHS/DPBH. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work and/or Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews, etc.).

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. **All funding is contingent upon availability of funds.** Upon successful conclusion of negotiations, DHHS staff will complete a written grant agreement in the form of a Notice of Subaward

(NOSA). The NOSA and any supporting documents will be distributed to the subrecipient upon approval of the Subaward.

### **3. DISCLAIMER**

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

### **4. UPON APPROVAL OF AWARD**

#### **A. Monthly Financial Status and Request for Reimbursement Reports**

DHHS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 15th of the following month.

#### **B. Performance Reporting**

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

#### **C. Subrecipient Monitoring**

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DPBH to the state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. At least one (1) board or executive level team member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the monitoring.

#### **D. Compliance with changes to Federal and State Laws**

As federal and state laws change and affect either the DHHS process or the requirements of recipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

#### **E. Applicant Risk**

Pursuant to the Part 200 Uniform Requirements, before award decisions are made, DPBH also reviews information related to the degree of risk posed by the

applicant. Among other things to help assess whether an applicant that has one or more prior federal awards has a satisfactory record with respect to performance, integrity, and business ethics, DPBH checks whether the applicant is listed as excluded from receiving a federal award. In addition, if DPBH anticipates that an award will exceed \$250,000 in federal funds, DPBH also must review and consider any information about the applicant that appears in the nonpublic segment of the integrity and performance system accessible through the Federal Awardee Performance and Integrity Information System, FAPIIS.

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**VI. Application Form**

**A. Organization Type**

Public Agency     501(c)(3) Nonprofit

**B. Geographic Area of Service**

<input type="checkbox"/> Town/City	
<input type="checkbox"/> County	
<input type="checkbox"/> Region	

**C. Applicant Organization**

Name		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID #	(xx-xxxxxxx)	
DUNS No.		

**A. Program Point of Contact**

Name		
Title		
Phone		
Email		
Same mailing address as section B? <input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information		
Address		
City		NV
Zip (9 digit zip required)		

**B. Fiscal Officer**

Name		
Title		
Phone		
Email		
Same mailing address as section B? <input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information		
Address		
City		NV
Zip (9 digit zip required)		

**C. Key Personnel (Add Rows if Required)**

Name	Title	Licensed?
Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscal Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. Target Population (Must Select At Least One).**

- Children with SED and their families (Age 0-17)
- Adults with SMI (Age 18-64)
- Older Adults with SMI (65 years or older)
- Individuals with SMI or SED in the rural and homeless populations

**H. Does applicant propose to have any subpopulation of focus as a secondary measure to the primary target population (not required), check all that apply.**

- Veterans
- Pregnant Women
- Homeless
- Rural or Frontier Population

**2. Priority Area (Note – Applicants may not check more than one priority area). Applicants may submit more than one application. Checking more than one priority area may result in disqualification. Applicants must select at least one.**

**Adult:**

- A1 - Adult Criminal Justice Diversion
- A2 - Adult Assertive Community Treatment (ACT) Services
- A3 - Community Based Treatment

**Youth/Child:**

- Y1 – Youth/Child Juvenile Justice Diversion
- Y2 – Target Transitional Age Youth/Children (TAY)
- Y3 – Adolescent Services

**J. Third-Party Payers of Mental Health Services**

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for family planning services? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> No			
Third-Party Payers	Period	Billables Received (\$)	Percentage of Operating Income (%)
<i>Best Health Insurance</i>	<i>2017 YTD</i>	<i>130,000</i>	<i>10</i>

**K. Current Mental Health Funding (federal, state, and private funding). Add rows as required. Private funding may be identified as total. Any federal or state funds must be detailed out.**

Funding	Type	Project Period End Date	Current or Previous Amount Awarded (\$)
<i>Mental Health Block Grant Funding</i>	<i>Grant</i>	<i>April 2020</i>	<i>43,210</i>



**L. Mental Health Block Grant Funding Capacity and Sustainability**

- a) Does your organization currently receive MHBG Funding?  Yes  No
- b) MHBG Funding is not awarded to your agency for FFY 21-22, would you continue existing operations?  Yes  Yes, *but at reduced capacity*  No
- c) If you responded Yes, but a reduced capacity or No, please define Impact (not to exceed 200 words):
- d) Define what you have done to increase sustainability efforts within the last three years (i.e. Medicaid billable, increased other forms of funding, eg.) (not exceed 200 words)

**M. Certification by Authorized Official**

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the SAMHSA Mental Health Block Grant and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award.

<b>Name (type/print):</b> _____	<b>Phone</b> _____
<b>Title</b> _____	<b>Email</b> _____
<b>Signature</b> _____	<b>Date</b> _____

## VII. GENERAL PROVISIONS OF GRANT ACCEPTANCE OR AWARD

Applicability: This section is applicable to all subrecipients who receive funding from the Division of Public and Behavioral Health. The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants & / or Projects for Assistance in Transition from Homelessness
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP - Generally Accepted Accounting Principles and/or GAGAS Generally Accepted Government Auditing Standards
8. GSA - General Services Administration for guidelines for travel
9. The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention Policies and guidelines.
10. State Licensure and certification
  - a. The Subrecipient is required to be in compliance with all State licensure and/or certification requirements.
11. The Subrecipient's commercial general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent Sub- grantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
12. To the fullest extent permitted by law, Subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Subrecipient, its officers, employees and agents.
13. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
14. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
15. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or

- safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
16. The subrecipient is required maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subgrantee serves minors with funds awarded through this sub-grant.
  17. Application to 211 o As of October 1, 2017, the Subrecipient will be required to submit an application to register with the Nevada 211 system.
  18. The Subrecipient agrees to fully cooperate with all Bureau of Behavioral Health Wellness and Prevention sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
  19. The Subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
  20. The Subrecipient acknowledges that to better address the needs of Nevada, funds identified in this sub-grant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
  21. The Subrecipient acknowledges that if the scope of work is NOT being met, the Subrecipient will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The Subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.
  22. "The Subrecipients will NOT expend Division funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health services Block Grant Funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over \$1,000 without approval from the Division. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS. g. To provide treatment services in penal or correctional institutions of the State.
  23. Failure to meet any condition listed within the sub-grant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

### **Audit Requirements**

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:  
Printed: 7/19/2019 8:58 PM - Nevada Page 4 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 4 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 4 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 4 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 4 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022 Page 187 of 337

24. For subrecipients of the program who expend less than \$750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.
25. For subrecipients of the program who expend \$750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Division Audit policy.

### **Year-End Financial Report**

26. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.
27. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
28. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
29. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
30. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
  - a. List individual federal and State programs by agency and provide the applicable federal agency name.
  - b. Include the name of the pass-through entity (State Program).
  - c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
  - d. Include the total amount provided to the non-federal entity from each federal and State program.
31. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.  
Behavioral Health, Prevention and Treatment Attn: Management Oversight Team  
4126 Technology Way, Second Floor Carson City, NV 89706

### **Limited Scope Audits**

32. The auditor must: a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS; b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program; c. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program; d. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding; e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
33. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.
34. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following: a. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies; b. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests; c. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and d. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).
35. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the Printed: 7/19/2019 8:58 PM - Nevada Page 5 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 5 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 5 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022 Page 188 of 337 auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:  
Behavioral Health, Prevention and Treatment Attn: Management Oversight Team  
4126 Technology Way, Second Floor Carson City, NV 89706

### **Amendments**

36. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of

such modifications must be communicated in writing to the Bureau of Behavioral Health Wellness and Prevention prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via e-mail.

37. For any budgetary changes that are in excess of 10% of the total award, an official amendment is required. Requests for such amendments must be made to the Bureau of Behavioral Health Wellness and Prevention in writing.
38. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
39. Any significant changes to the Scope of Work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all Scope of Work amendments.
40. The Subrecipient acknowledges that requests to revise the approved sub-grant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
41. Final changes to the approved sub-grant that will result in an amendment must be received 60 days prior to the end of the sub-grant period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60 day deadline will be denied.

### **Remedies for Noncompliance**

42. The Division reserves the right to hold reimbursement under this sub-grant until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

Agreed to:

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

Date: [Click here to enter a date.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

## VIII. FINANCIAL AND INTERNAL CONTROLS QUESTIONNAIRE

### ORGANIZATION FINANCIAL INFORMATION (for nonprofit organizations only)

1. According to your organization's most recent audit or balance sheet, are the total current assets greater than the liabilities?

YES  NO

2. Is the total amount requested for this MHBG Program funding opportunity greater than 50% of your organization's current total annual budget?

YES  NO

### ACCOUNTING

3. Briefly describe your organization's accounting system and accounting processes, including:

A. Is the accounting system computerized, manual, or a combination of both? If your accounting system is computerized, indicate the name of the financial software.

[Click here to enter text.](#)

B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?

[Click here to enter text.](#)

C. Your expenditure reports will be due by the 15<sup>th</sup> of each month. (If the 15<sup>th</sup> falls on a Saturday, Sunday, or State of Texas holiday, expenditure reports are due the next business day.) To ensure that you submit expenditure reports timely, please respond to the following:

1) By what date must any Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 10<sup>th</sup> of each month)?

[Click here to enter text.](#)

2) By what date do you close the General Ledger (e.g., GL is closed no later than the 10<sup>th</sup> of each month)?

[Click here to enter text.](#)

D. How are transactions organized, maintained, and summarized in financial reports?

[Click here to enter text.](#)

Answer each of the following questions with either a "YES", "NO", or "NOT APPLICABLE"

by checking the respective box.

4. The MHBG has adopted the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) as the fiscal and administrative guidelines for this grant program. Is the staff who will be responsible for the financial management of your award familiar with these documents?

YES     NO

5. Does your organization have written accounting policies? Do your policies include policies on the procurement of goods/services?

YES     NO

6. Does your accounting system identify and segregate:

- Allowable and unallowable costs;
- Direct and indirect expenses;
- Grant costs and non-grant costs; and
- The allocation of indirect costs.

YES     NO

7. If your organization has more than one grant contract, does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each contract?

YES     NO     NOT APPLICABLE

8. Are individual cost elements in your organization's chart of accounts reconciled to the cost categories in the approved budget?

YES     NO

9. Are your accounting records supported by source documentation (invoices, receipts, approvals, receiving reports, canceled checks, etc.) and on file for easy retrieval?

YES     NO

## **GENERAL ADMINISTRATION AND INTERNAL CONTROLS**

10. Does your organization have written personnel policies?

YES     NO

11. Does your organization have written job descriptions with set salary levels for each employee?

YES     NO

12. UGMS requires that any staff paid from State grant funds, such as MHBG, to keep a record of time and attendance.

A. For staff funded 100% by the MHBG grant, each staff person only needs to certify their time monthly. Both the employee and the employee's supervisor must sign the monthly certification of time worked.

B. For staff who split their time between the MHBG grant and other funding sources, they will need to keep a time record or personnel activity reports or equivalent documentation must meet the following standards:

- 1) They must reflect an after-the-fact distribution of the actual activity of each employee.
- 2) They must account for the total activity, for which each employee is compensated.
- 3) They must be prepared at least monthly and must coincide with one or more pay periods;  
and
- 4) They must be signed by the employee and the supervisory official having first-hand knowledge of the work performed by the employee.

13. Does your organization maintain time allocated personnel activity reports that meet the above criteria?

YES     NO

14. Does your organization maintain personnel activity reports or equivalent documentation that meet the above criteria?

YES     NO

15. Are payroll checks prepared after receipt of approved time/attendance records and are payroll checks based on those time/attendance records?

YES     NO

16. Are procedures in place to determine the allowability, allocability, and reasonableness of costs?

YES     NO

The Organizational Financial Information and Internal Controls Questionnaire must be signed by an authorized person who has completed the form or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

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

Date: [Click here to enter a date.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

**IX. Budget Form** – Click on the following link: [Budget Form](#)

## X. Applicant Checklist

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

### Section A: Abstract (One page)

- Abstract is compliant with formatting (single spaced, under 500 words)
- Does not exceed one page

### Section B: Application Form (Does not exceed four (4) pages). No modifications.

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions
- Certification is signed.

### Section C: Narrative (Does not exceed 10-pages)

- Separate Headings for *Organization, Project Design and Implementation; Capabilities; and Data Collection.*
- Does not exceed 10 pages, double-spaced.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

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

- All sections are complete and matches the narrative.
- Single-spaced, Arial 11-point font has been retained

### Section E: Budget (Existing Form – No modifications)

- Proposed Project Budget* is complete on the required form
- Proposed Project Budget* is mathematically correct.
- Proposed Project Budget* match numbers in the *Budget Narrative*.
- Justifications for *Budget Narrative* match the projected number of services identified in Narrative
- Page limits have not been exceeded.
- One-inch margins have been retained.

### Section F: Resume (two-page limit)

- Resume of lead clinician or licensed professional to oversee EBP

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

- Provisions of Grant Award is signed
- Internal Controls Certification is signed

### Application Submission

- A single PDF will be emailed no later than 3:00 p.m. on **Monday, June 11, 2020.**