

Application: Checklist

Print and sign the completed application. Complete this checklist prior to scanning/submitting.

Section A: Application Form

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions.
- Certification is signed by organization's authorized official.

Section B: Narrative

- Section B-1: Overview* covers three points according to the instructions.
- Section B-2: Statement of Need* includes the degree of need within the geographic area
- Section B-3: Services Proposed* covers the three points according to the instructions.
- Section B-4: Availability and Accessibility of Services* covers the three points according to the instructions.
- Section B-5: Goals and Objectives* includes projected number of services provided or clients/patients served.
- Section B-6: Methods of Accomplishment* includes the measurements of success.
- Section B-7: Community Coordination/Collaboration* covers the two points according to the instructions
- Page limits have not been exceeded.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

Section C: Budget

- Section C-1: Proposed Project Budget* reflects whole dollar amounts or zeros for each category.
- Section C-1: Proposed Project Budget* is mathematically correct.
- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Justifications in *Section C-2: Budget Narrative* match the projected number of services provided or clients/patients served in *Section II-5: Goals and Objectives*.

Section D: Agency Self-Assessment

- All questions are answered
- Certification is signed by organization's authorized official.

Section E: Past Performance with the DCFS GMU

- Attached most recent single audit or financial opinion

Application Submission/Attachments

- Agency name is on the bottom of every page
- Include résumés and copies of licenses of key personnel (including subcontractors).
- Include any current Memorandums of Understanding and/or Letters of Intent you have for community collaboration
- Attach a copy of your completed excel "Budget Narrative Template"
- Include copy of written agreements
- A copy of the negotiated indirect agreement (If applicable)
- A PDF will be emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than Friday October 9, 2020 by 5pm.

Application Form: Section A

Please complete each item. Add extra rows if more space is needed to provide complete response.

A. Applicant Organization

Organization Name		
Mailing Address		
Mailing City & State		Zip (9-digit)
Physical Address		
City & State		Zip (9-digit)
Federal Tax ID # (xx-xxxxxxx)		
DUNS #		

B. Organization Type

501(c)(3) Nonprofit Federally-recognized Tribal nation

Other (please specify): _____

C. Geographic Area of Service *(Check applicable boxes & provide brief narrative of service area)*

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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D. Application Type

Immediate shelter & supportive services Supportive services & prevention services

E. Victim Populations to be served:

(Check applicable boxes & provide brief narrative if serving culturally specific populations and/or underserved populations)

<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Underserved Populations	
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F. Agency Mission Statement

<input type="checkbox"/> Mission Statement	
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E. Program Point of Contact

Name	
Title	
Phone	
Email	

F. Fiscal Officer

Name	
Title	
Phone	
Email	

G. Subcontracting of Services

Does your organization subcontract its services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subcontractor	
Mailing Address	
Physical Address	
City	Zip (9-digit)
Federal Tax ID # (xx-xxxxxxx)	(xx-xxxxxxx)

H. Key Personnel

Name	Title	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I. Current Funding- List all revenue for the agency/organization.

Funding	Type (Federal, Local, Non- Federal)	Time Period	Amount Awarded (\$)

J. Funding Request

Funding	SFY 20 Award	FFY 20 (Current) Request	Difference
Family Violence Prevention & Services (FVPSA)			

K. 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 grant as indicated by FVPSA 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 Notice of Subaward and accompanying documents.

Name (type/print)	Phone
_____	_____
Title	Email
_____	_____
Signature	Date
_____	_____

Application: Section B

Application Narrative - 80 points
Begin typing below each field header.

Narrative

1. **Overview**

2. **Statement of Need**

3. **Services Proposed**

4. **Availability and Accessibility of Services**

5. **Goals and Objectives**

Goal 1:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this goal be measured (quantitative)</u>
1.	1.		1.	1.
2. <i>Add more line if needed</i>	2.		2.	2.

Goal 2:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this goal be measured (quantitative)</u>
1.	1.		1.	1.
2. <i>Add more line if needed</i>	2.		2.	2.

Add another table if needed

6. **Methods of Accomplishment**

7. **Community Coordination/Collaboration**

Agency:

Application: Section C

Budget - 20 points

1. Proposed Project Budget

Category	Amount Requested (\$)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
Indirect	
Total Funding Requested (\$)	

2. Budget Narrative- For each budget category, provide a budget justification. See Appendix A: Budget Narrative Instructions for instructions on how to complete the budget narrative.

- a) Copy and paste Budget Form 1- Budget Narrative from the “Budget Narrative Template” excel file after you complete it as described in Appendix A: Budget Narrative Instructions

- b) Copy and paste Budget Form 2- Budget Summary from the “Budget Narrative Template” excel file after you complete it as described in Appendix A: Budget Narrative Instructions

- c) Copy and paste Budget Form 3- Match Budget Narrative from the “Budget Narrative Template” excel file after you complete it as described in Appendix A: Budget Narrative Instructions

Application: Section D

Agency Self-Assessment - 10 Points

Section A: General Information	
Organization Name:	
Fiscal Point of Contact	Name: Title: Address: Phone: Email: Fax:
Program Point of Contact	Name: Title: Address: Phone: Email: Fax:
Organizational Info	DUNS #: EIN #: URL: State Vendor #: # of Employees: Registered with SAM.gov? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: Is your organization or it's principles presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please skip the rest of the questionnaire, sign, and return)</small>
1. Type of Organization (check all that apply):	
<input type="checkbox"/> University <input type="checkbox"/> Foundation <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For-Profit <input type="checkbox"/> Government Entity-City <input type="checkbox"/> Government Entity-District <input type="checkbox"/> Government Entity- County <input type="checkbox"/> Government Entity- State <input type="checkbox"/> Other: _____	
2. Start of Organizational Fiscal Year (Month and Year):	
3. Name of Cognizant Federal Agency (if applicable): Approved Indirect Rate:	
4. Approximate total organization-wide annual operating budget: \$ _____	
	Previous Fiscal Year Current Fiscal Year
Federal Funds	\$ _____ \$ _____
Non-Federal Funds	\$ _____ \$ _____

<p>5. Did your organization expend more than \$750,000 in Federal funds combined? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Has your organization annual financial statements been audited by an independent audit Firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Has your organization received funds for activities which are similar to, or the same as the currently proposed subgrantaward? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Has your organization managed federal or state funds in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Organization Director has been in place for: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years</p>
<p>10. Fiscal key personnel have been in place for: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years</p>
<p>11. Program key personnel have been in place for: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years</p>
<p>12. Certify that checked policies and procedures exist within your organization: <input type="checkbox"/> Personnel (including time and attendance, pay rate & benefits, time and effort, discipline and conflict of interest) <input type="checkbox"/> Travel <input type="checkbox"/> Financial Management (including purchasing, receivables, and payables) <input type="checkbox"/> Internal Controls <input type="checkbox"/> Equipment & Inventory <input type="checkbox"/> All National Policy Regulations (i.e., Civil Rights, Disability etc.)</p>

<p>Section B: Budget Formation & Administration</p>							
<p>1. Does the organization have an operating budget for each of its grants? (UG §200.302) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							
<p>2. Who are the people responsible for developing and reviewing the budget(s) for your organization?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Title:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> </tr> </table>		Name:	Title:	Name:	Title:	Name:	Title:
Name:	Title:						
Name:	Title:						
Name:	Title:						
<p>3. Does the organization have fiscal controls that result in (UG §200.303):</p> <p style="margin-left: 40px;">a. Control of expenditures within the approved operating budget? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							

<p>b. Management review and approval prior to issuing budget amendments or incurring obligations or expenditures that deviate from the operating budget? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Is there timely, periodic financial reporting to management that permits (UG §200.308):</p> <p>a. Comparison of actual expenditures with the budget for the same period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Comparison of revenue estimates with actual revenue (including program income, if applicable) for the same period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Is the responsibility for maintaining budget control established at all appropriate levels? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. What steps are taken if projected revenues were insufficient to cover actual expenditures? Describe:</p>

<p>Section C: Internal Controls</p>
<p>1. Describe your organization-wide segregation of responsibilities in context of checks and balances and advise where they reside within your policies or procedures regarding segregation of responsibilities:</p>
<p>2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Do the procedures for cash receipts and disbursements include the following safeguards?</p> <p>a. Receipts are promptly logged, restrictively endorsed and deposited in an insured bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Checks drawn to “cash” and advance signing of checks are prohibited? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Multiple signatures are required on checks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are individuals of trust required to take leave and delegate their duties to others while on leave? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section D: Accounting	
1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?	
a. Procurement	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Contract administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Records to justify costs of salaries and wages	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Vendor payments	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Federal draws	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Grants budgeting and accounting	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Cash management	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Audit resolution	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Cash receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Disbursements	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Records retention	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are all appropriate accounting staff trained on current federal policies, procedures and instructions on accounting for, and expending federal funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. What accounting system does your organization use (e.g. Quickbooks, Peachtree, Socrates Media, or custom)? Name: How long has it been in use:	
5. Which accounting basis is used by your organization? <input type="checkbox"/> Cash basis <input type="checkbox"/> Accrual basis <input type="checkbox"/> Modified Accrual	
6. Are grant funds accounted for separately in your financial management system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does your organization use a chart of accounts and an accounting manual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. For each grant, does the accounting system provide the following information?	
a. Authorizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Obligations	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Funds received	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Program income	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Subawards	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Outlays	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Unobligated balances	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are obligations records by:	

Application: Section E

Past Performance with DCFS Grant Management Unit- 50 Points

Attach your most recent single audit or financial opinion to the application.