Application: Section I

 Application Form – 20 points

1. **Organization Type**

[ ]  Local Government Agency [ ]  501(c)(3) Nonprofit

1. **Geographic Area of Service**

| [ ]  Town/City |  |
| --- | --- |
| [ ]  County |  |
| [ ]  Region |  |

**C. Applicant Organization**

| Name |  |
| --- | --- |
| Mailing Address |  |
| Physical Address |  |
| City |  | NV |
| Zip (9-digit zip required) |  |
| Federal Tax ID # |  (xx-xxxxxxx) |
| DUNS # |  |

**D. Program Point of Contact**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |
| Same mailing address as section B? [ ]  Yes [ ]  No, use below address information |
| Address |  |
| City |  | NV |
| Zip (9-digit zip required) |  |

**E. Fiscal Officer**

| Name |  |
| --- | --- |
| Title |  |
| Phone |  |
| Email |  |
| Same mailing address as section B? [ ]  Yes [ ]  No, use below address information |
| Address |  |
| City |  | NV |
| Zip (9-digit zip required) |  |

**F. Subcontracting of Services**

| Does your organization subcontract its services? [ ]  Yes [ ]  No |
| --- |
| Subcontractor |  |
| Mailing Address |  |
| Physical Address |  |
| City |  | NV |
| Zip (9-digit zip required) |  |
| Federal Tax ID # |  (xx-xxxxxxx) |

1. **Key Personnel**

| **Name** | **Title** | **Licensed?** |
| --- | --- | --- |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |

**H. Non-Allowed Services Provided by Applicant**

| Does your organization or its subcontractors offer services other than those specified in section H? [ ]  Yes, specified below [ ]  No |
| --- |
| Services |  |
| Do you agree that FVPSA Grant funds, if awarded, will not be used by your organization or its subcontractors to provide any services other than those specified in section H?  [ ]  Yes [ ]  No |
| Do you agree to implement policies and procedures as necessary to ensure that any non-allowed services disclosed in this section (I) are not paid for using FVPSA Grant funds, if awarded?[ ]  Yes [ ]  No |

**I. Third-Party Payers of Services**

| Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for services? [ ]  Yes, specified below [ ]  No |
| --- |
| **Third-Party Payers** | **Period** | **Billables Received ($)** | **Percentage of Operating Income (%)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**J. Current Funding**

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding** | **Type** | **Project Period End Date** | **Amount Awarded ($)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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 II

 Application Narrative - 60 points

Begin typing below each field header.

1. **Overview** (1/2 page)
2. **Statement of Need** (1 page)
3. **Availability and Accessibility of Services** (1 page)
4. **Goals and Objectives** (1 page)
5. **Methods of Accomplishment** (1 page)

Application: Section III

 Budget - 20 points

1. **Proposed Project Budget** (1/2 page)

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

1. **Budget Narrative** (1-2 pages)

Application: Checklist

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

**Section I: Application Form**

[ ]  All boxes are checked to indicate the correct answer.

[ ]  All fields are completed according to instructions on pages 8-10.

[ ]  Certification is signed.

**Section II: Narrative**

[ ]  *Section II-1: Overview* covers three points according to instructions on p. 9.

[ ]  *Section II-2: Statement of Need* includes the degree of need within the geographic area

[ ]  *Section II-3: Availability and Accessibility of Services* covers the three points according

to instructions on p.9.

[ ]  *Section II-4: Goals and Objectives* includes projected number of services provided or

clients/patients served.

[ ]  Include copy of completed Section B- Descriptions of Services, Scope of Work and

Deliverables

[ ]  *Section II-5: Methods of Accomplishment* includes the measurements of success.

[ ]  Page limits have not been exceeded.

[ ]  Arial 11-point font has been retained.

[ ]  One-inch margins have been retained.

**Section III: Budget**

[ ]  *Section III-1: Proposed Project Budget* reflects whole dollar amounts or zeros for each

category.

[ ]  *Section III-1: Proposed Project Budget* is mathematically correct.

[ ]  Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.

[ ]  Justifications in *Section III-2: Budget Narrative* match the projected number of services

provided or clients/patients served in *Section II-4: Goals and Objectives*.

[ ]  Page limits have not been exceeded.

[ ]  Arial 11-point font has been retained.

[ ]  One-inch margins have been retained.

**Application Submission**

[ ]  Include résumés and copies of licenses of key personnel (including subcontractors).

[ ]  Include signed copies of the following:

Section A- Assurances and Certification;

Section E- Audit Information Request;

Section F- Notification of Utilization of Current or Former State Employees;

Section G- Confidentiality Addendum

 Section H- Family Violence and Prevention Act (FVPSA) Assurance

[ ]  A PDF will be emailed to jbooth@dcfs.nv.gov with all required documentation no later than October 29, 2018 by 5pm.