



State of Nevada
Division of Child and Family Services
Grant Management Unit
Family Violence Prevention and Services Act
Request for Application

Federal Fiscal Year 2018 Award

Opportunity Summary

The Family Violence Prevention and Services formula grant (FVPSA) assists States and Territories to fund more than 1,600 local public, non-profit, and faith-based organizations demonstrating effectiveness in the field of domestic violence services and prevention. These domestic violence programs provide victims of family, domestic, and dating violence and their children with:

- Shelter
- Safety planning
- Crisis counseling
- Information and referral
- Legal advocacy
- Additional support services/Related Assistance

This Request for Application (RFA) is for competitive applications to be funded through the Family Violence Prevention and Services Act Federal Fiscal Year 2018 award for State Fiscal Year (SFY) 2019. This RFA implements a funding process that combines application review with grant allocation and is administered by the Division of Child and Family Services (DCFS) Grants Management Unit (GMU). Funds awarded as a result of this RFA will begin on July 1, 2018 and expire on June 30, 2019. Unused funds from one year will not be automatically carried forward to the next year. Current subrecipients are not guaranteed funding in SFY 19 and applicants who receive awards through this RFA are not guaranteed future funding.

Total Funding Amount: \$1,182,163. Funding will be distributed to support community-based projects with demonstrated effectiveness carried out by non-profit, public, or private organizations; that have as their primary purpose the operation of shelters for victims of family violence, domestic violence, and dating violence and their dependents or those which provide counseling, advocacy, and self-help services to victims. Funds are awarded on a SFY basis through a RFA process and are dependent upon availability of funding, compliance with grant requests, and scopes of work (SOW).

New and current subrecipients are encouraged to propose projects that are innovative and far reaching as we strive to reach underserved populations and geographical regions throughout the State of Nevada.

Funding preference will be given to culturally-specific populations and underserved populations. Nevada's underserved populations include members of the LGBTQ population, ethnic minorities, male victims, and those who live in rural areas of Nevada.

| Funding Distribution | Funding Allocations | Approximate Total of Awards |
|---|--------------------------------------|-----------------------------|
| Immediate shelter and supportive services | Approximately 74% of the total award | \$871,068 |
| Supportive Services and Prevention Services | Approximately 26% of the total award | \$311,095 |
| | Total | \$1,182,163 |

Applicants should not exceed the award amounts listed in this solicitation and should carefully consider the resources needed to successfully implement the proposed project. DCFS has the discretion to award grants for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to awarding a grant.

Match/Cost Sharing Requirement: The minimum local match (cash or in-kind) requirement is **20%** of the total FVPSA project cost. Match is determined with the following formula: award amount divided by 80% multiplied by 20%.

Program Requirements

APPLICANT ELIGIBILITY

This RFA is open to any State or local public agency, non-profit organization, or faith-based organization to support programs and projects within the state to prevent incidents of family, domestic, and dating violence and to provide immediate shelter and related assistance to victims of family violence and their dependents in order to prevent future incidents.

Data Universal Numbering System (DUNS)

In accordance with the supplement to the Office of Management and Budget (OMB) Circular A-133, subrecipients must obtain a Data Universal Numbering System (DUNS) as part of eligibility for a sub-award. A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. The identifier is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and subrecipients. Obtaining a DUNS number is a free, one-time activity. Obtain a DUNS number by calling Dun and Bradstreet at 1-866-705-5711 or by applying online at www.dnb.com. A DUNS number is usually received within 1-2 business days.

Civil Rights Compliance

All recipients of federal grant funds are required to comply with nondiscrimination requirements contained in various federal laws. In the event that a court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against a recipient of funds after a due process hearing, the recipient must agree to forward a copy of the finding to the Office for Civil Rights of the Department of Justice's Office of Justice Programs.

Services to Limited-English-Proficient (LEP) Persons

National origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with Title VI of the Civil Rights Act and the Omnibus Crime Control and Safe Streets Act, grant recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including interpretation and translation services, where necessary. Applicants are encouraged to consider the need for language services for LEP persons served or encountered both in developing their proposals and budgets and in conducting their programs and activities. Reasonable costs associated with providing meaningful access for LEP individuals are considered allowable program costs.

DEFINITIONS

Dating Violence - Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship;
- The type of relationship; and
- The frequency of interaction between the persons involved in the relationship.

Domestic Violence - Felony or misdemeanors crimes of violence committed:

- By a current or former spouse or intimate partner of the victim;
- By a person with whom the victim shares a child in common;
- By a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
- By a person similarly situated to a spouse of the victim;
- By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence of the jurisdiction.

Family Violence - Any act or threatened act of violence, including forceful detention of an individual, which:

- Results or threatens to result in physical injury, and
- Is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related or with whom such person is or was lawfully residing.

Shelter - Provisions of temporary refuge and related assistance including safe homes, shelters, meals and related assistance to victims of family violence and their dependents.

Related Assistance - The provision of direct assistance to victims of family violence and their dependents for the purpose of preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence. Related assistance shall include:

- Prevention services such as outreach and prevention services for victims and their children, employment training, parenting and other educational services for victims and their children, preventive health services within domestic violence programs (including nutrition, disease prevention, exercise and prevention of substance abuse) domestic violence, prevention programs for school age children, family violence, public awareness campaigns, and violence prevention counseling services to abusers;
- Counseling with respect to family violence, counseling by peers individually or in groups, and referral to community social services;
- Transportation, technical assistance with respect to obtaining financial assistance under Federal and State programs and referrals for appropriate health-care services (including alcohol and drug abuse treatment), but shall not include reimbursement for any health-care services;
- Legal advocacy to provide victims with information and assistance through the civil and criminal courts, and legal assistance; or
- Children's counseling and support services, and child care services for children who are victims of family violence or the dependents of such victims.

FVPSA REQUIREMENTS

- A. Direct payments to any victim or dependent of a victim are not allowed.
- B. Services must be voluntary, and no conditions can be imposed on receipt of emergency shelter.
- C. Subrecipients may not apply inappropriate screening mechanisms, such as criminal background checks or sobriety requirements for victims to obtain shelter services.
- D. Income eligibility standard may not be applied to individuals receiving assistance or services.
- E. Written procedures must be present or be developed within 30 days of the award, to assure confidentiality of records pertaining to persons receiving assistance or service.
- F. No person shall on the ground of actual or perceived gender, including gender identity, be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or part through FVPSA.
- G. Subrecipients must provide comparable services to victims regardless of actual or perceived gender, including gender identity. This includes not only providing access to services for all victims, including male victims, of family, domestic, and dating violence regardless of actual or perceived gender, including gender identity, but also making sure not to limit services for victims with adolescent children on the basis of the actual or perceived gender, including gender identity, of the children.

DCFS is vested in supporting and funding programs that provide direct shelter and related services to children and families impacted by family violence. DCFS is particularly interested in enhancing shelter and related services to young children exposed to violence in the home environment. Applicants for family violence funding should do their best to describe any services provided to children and families.

CONFIDENTIALITY REQUIREMENTS

In order to ensure the safety of adult, youth, and child victims of family, domestic, or dating violence and their families, subrecipients receiving FVPSA funding must protect the confidentiality and privacy of such victims and their families.

Subrecipients are prohibited from the following:

- Disclosing any personally identifying information collected in connection with services requested through subrecipient's programs;
- Revealing any personally identifying information without informed, written, reasonably time-limited consent by the person about whom information is sought;
- Require an adult, youth, or child victim of family, domestic, or dating violence to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the subrecipient.

Award Overview TimeLine

| Event | Date/Time |
|---|------------------------------------|
| Grant opportunity announced | October 1, 2018 |
| Questions and Answers posted to DCFS GM webpage | October 11, 2018 |
| Deadline for submission | October 29, 2018 |
| Evaluation period (approximate time frame) | October 30 - November 7, 2018 |
| Announcement of awards | November 13, 2018 |
| Performance Period | July 1, 2018 through June 30, 2019 |

Notification and Award Process

Applicants will be notified of their status with a Letter of Intent after decisions have been made in November 2018.

GMU staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the GMU or review panel. All related issues must be resolved before a grant will be awarded. These issues may include, but are not limited to:

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

Upon successful conclusion of negotiations, GMU staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA documents and Grant Instructions and Requirements (GIRs) will be distributed to the subrecipient upon approval of the subaward. See ATTACHMENT D for an example of the NOSA.

UPON APPROVAL OF AWARD

A. Monthly Financial Status and Request for Funds Report filing

DCFS 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 Report

Subrecipients who receive an award must complete performance reports on a quarterly basis and submit them as instructed by DCFS. The quarterly reports will be due by the 15th of the month following the end of the reporting quarter. Successful applicants will report on their progress towards meeting their scope of work commitments.

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 DCFS to the federal granting agency. 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. For non-governmental agencies, at least one (1) board member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to your agency within 30 working days following the conclusion of the subrecipient monitoring.

D. Compliance with Changes to Federal and State Laws

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

E. Nevada 2-1-1

All successful applicants will be required to add or update their agency's profile on Nevada's 2-1-1 website located at www.nevada211.org within 60 days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs.

Questions?

Contact the DCFS GMU (775) 684-4431 or kelsey.navarro@dcfs.nv.gov

A Question and Answer session will begin the first day of the RFA release and will continue until Wednesday October 10, 2018 at 5pm. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Thursday October 11, 2018. To submit your questions please e-mail Kelsey McCann-Navarro, Social Services Program Specialist III at kelsey.navarro@dcfs.nv.gov.

Application Instructions

- An application packet, which includes this application and the required data sources, is available for download at <http://dcfs.nv.gov/Programs/GMU/GMU/>
- The completed application package consists of three sections and a checklist.
- Late and/or incomplete applications will not be scored or considered for funding.
- The total possible score for the entire application is 100.
- Application should be in Arial 11-point font on single-spaced pages with one-inch margins. Narrative not to exceed 5.5 pages, Budget not to exceed 2.5 pages, requested attachments following. All pages including attachments must have applicant's name on the bottom of the page.

Section I – Application Form (20 points)

Each letter below 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.

- 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). Applicant organizations that serve more than one geographic area within Nevada are encouraged to submit multiple applications.
- 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). DCFS GMU will consider the application incomplete if the Federal Tax ID field is incomplete.
- D. Project Point of Contact.** This field refers to the identified person at the applicant organization that the DCFS GMU will contact regarding follow-up questions about the application. This is also the person DCFS GMU will contact regarding 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. Subcontracting of Services.** Some organizations subcontract services to a health organization or consultant, such as a community health nurse. If the applicant provides these services directly, check the **No** box, and continue to field H. Otherwise, confirm by checking the **Yes** box and entering the contact information for the subcontractor.
- G. Key Personnel.** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide 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.
- H. Services to Be Provided by Applicant.** These specified services are the grant-funded activities allowed under FVSPA. Check the box next to all services that will be provided during the project period.
- I. Non-Allowed Services Provided by Applicant.** Some organizations provide services in addition to the list in section H. If the applicant does not provide additional services, check the **No** box, and continue to field J. Otherwise, confirm by checking the **Yes** box and name the additional services provided. Read and confirm the next two statements to provide assurances that any awarded grant funds will not be used for the services disclosed in this section or any other service not specified in section H.

J. Third-Party Payers of Services. Some organizations bill third-party payers (e.g. insurance companies) for some 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. Identify 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 Funding. Some organizations receive funding (e.g. Federal grant dollars, foundation grants, donations, etc.) for 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. Certification by Authorized Official: The administrator, director, or other official ultimately responsible for this project/program must sign this document.

Section II – Narrative (60 points)

- This Section has five (5) fields assigned different numbers of points.
- The Statement of Need (field 2) must be substantiated with data.
- Use Arial 11-point font on single-spaced pages with one-inch margins.

| <i>Field Name</i> | <i>Scoring Points</i> | <i>Page Limit</i> | <i>Instructions</i> |
|---|-----------------------|-------------------|--|
| 1. Overview | 5 | ½ (half) | <ol style="list-style-type: none"> 1. Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary. 2. Provide up to three (3) brief examples of the organization’s successes. 3. Describe the organization’s desired goals and outcomes with service numbers. |
| 2. Statement of Need | 15 | 1 (one) | <ol style="list-style-type: none"> 1. Establish the degree of need of FVPSA services within the geographic area 2. Identify the targeted population and explain how the target population would benefit from the proposed project. |
| 3. Availability and Accessibility of Services | 10 | 1 (one) | <ol style="list-style-type: none"> 1. Detail the availability of services within the organizations geographic area. 2. Identify other organizations providing similar services and describe why duplication of services is warranted. 3. Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization. |
| 4. Goals and Objectives | 20 | 1 (one) | <ol style="list-style-type: none"> 1. Describe the organization’s goals and objectives to meet the geographic area’s needs. |

| | | | |
|------------------------------|-----------|------------|--|
| | | | <ol style="list-style-type: none"> 2. Provide the projected number of services that will be provided, either in clients served or services provided with these grant funds. Note that these projections must match the Scope of Work and Budget Narrative. 3. Complete Attachment A: Section B- Descriptions of Services, Scope of Work and Deliverables |
| 5. Methods of Accomplishment | 10 | 1 (one) | <ol style="list-style-type: none"> 1. Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved. 2. Explain what measurements will be used to report on the program's success. |
| Total for Narrative | 60 | | |

Section III – Budget (20 points)

- This Section has two (2) fields assigned the same number of points.
- Use Arial 11-point font on single-spaced pages with one-inch margins.
- See ATTACHMENT B for Budget Narrative template

| Field Name | Scoring Points | Page Limit | Instructions |
|-------------------------|-----------------------|-------------------|--|
| Proposed Project Budget | 10 | ½ (half) | Use the provided table and designate a whole dollar amount for the seven (7) budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for the project period. |
| Budget Narrative | 10 | 2 (two) | All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds <u>needed</u> to carry out the proposed Scope of Work and achieve the projected outcomes for SFY19. This should align with the Narrative's Goals and Objectives (Section II-4) and Methods of Accomplishment (Section II-5). |
| Total for Budget | 20 | | |

Overview of Certifications and Assurances

By signing the Application Form of the Division of Child and Family Services application, the applicant certifies:

1. The project described in this application meets all the requirements of the Family Violence Prevention and Services Act;
2. All information contained in the application is correct;
3. The appropriate coordination with impacted organizations, including subcontractors, took place;
4. The applicant will read, understand, and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations; and
5. The applicant further understands and agrees that any award received as a result of this application is subject to the grant conditions set forth in the Notice of Subaward and Assurances and Certifications. See ATTACHMENT C for Assurances and Certifications documents.

Submission Instructions

- **The grant application deadline is October 29, 2018**
- Submit the signed, completed application with résumés and licenses of key personnel in a PDF document to jbooth@dcfs.nv.gov.
- If you do not receive an email acknowledgment within 3 business days of submitting the application. Please contact Jean Booth at jbooth@dcfs.nv.gov or 775-684-4447.
- Submitting a paper copy of the application is **not** required. Applicants without access to email may send their completed application to:

Division of Child and Family Services
Grant Management Unit
4126 Technology Way, 3rd Floor
Carson City, NV 89706

Tips

- Read the application instructions carefully.
- Ask for clarification, if needed.
- Submit applications early to allow for any necessary revisions.
- Respond to all sections of the application.
- Brevity is required. Observe page limits. Any pages over the page limit will not be reviewed.
- Follow stated formatting guidelines.
- Use only whole dollar amounts.
- Ensure budget figures are mathematically correct.
- Use data provided in the application packet.
- Spell out acronyms at initial use. Eliminate jargon whenever possible.

Application: Section I

Application Form – 20 points

A. Organization Type

Local Government 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 # | | |

D. 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) | | |

E. 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) | | |

F. Subcontracting of Services

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

G. Key Personnel

| Name | Title | Licensed? |
|------|-------|---|
| | | <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 |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

H. Non-Allowed Services Provided by Applicant

| | |
|---|--|
| Does your organization or its subcontractors offer services other than those specified in section H? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

I. Third-Party Payers of Services

| Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for services? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> 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 (\$) | |

2. Budget Narrative (1-2 pages)

Application: Checklist

| | | | | | | | | | |
|---|----------------------|--------------------|------------------|---------------|------------------|-------------------------|---------------|----|---|
| Applicant Name: | | | | | | | | | |
| BUDGET NARRATIVE-SFYXX | | | | | | | | | |
| Total Personnel Costs | | | | | including fringe | Total: | \$ | - | |
| List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. | | | | | | | | | |
| | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>% of Time</u> | <u>Months</u> | | <u>Amount Requested</u> | | | |
| <u>Name of Employee (if known, otherwise state new position).</u> | | | | | | \$0 | | | |
| <u>Title of position & Position Control Number</u> | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | | | | |
| | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>Time</u> | <u>Months</u> | | <u>Amount Requested</u> | | | |
| <u>Name of Employee (if known, otherwise state new position).</u> | | | | | | \$0 | | | |
| <u>Title of position & Position Control Number</u> | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | | | | |
| | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>Time</u> | <u>Months</u> | | <u>Amount Requested</u> | | | |
| <u>Name of Employee (if known, otherwise state new position).</u> | | | | | | \$0 | | | |
| <u>Title of position & Position Control Number</u> | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | | | | |
| | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>Time</u> | <u>Months</u> | | <u>Amount Requested</u> | | | |
| <u>Name of Employee (if known, otherwise state new position).</u> | | | | | | \$0 | | | |
| <u>Title of position & Position Control Number</u> | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | | | | |
| *Insert new row for each position funded or delete this row. | | | | | | | | | |
| Total Fringe Cost | | | | | \$ | - | Total: | \$ | - |

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 JBOTH@DCFS.NV.GOV with all required documentation no later than October 29, 2018 by 5pm.