

# Application: Checklist

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

## Section 1: Application Form

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

## Section 2: Proposal Summary

- ☐ Complete this section using the online form at [https://hal.nv.gov/form/DCFS/SFY22\\_ML\\_Application](https://hal.nv.gov/form/DCFS/SFY22_ML_Application)

## Section 3: Proposal Narrative

- ☐ Complete this section using the online form at [https://hal.nv.gov/form/DCFS/SFY22\\_ML\\_Application](https://hal.nv.gov/form/DCFS/SFY22_ML_Application)

## Section 4: Scope of Work Table

- ☐ Complete Scope of Work Table

## Section 5: Budget

- ☐ Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- ☐ Completed Budget Narrative (both forms)

## Section 6: Agency Self-Assessment

- ☐ Complete this section using the online form at [https://hal.nv.gov/form/DCFS/SFY22\\_ML\\_Application](https://hal.nv.gov/form/DCFS/SFY22_ML_Application)

## Section 7: Past Performance with DCFS Grant Management Unit

- ☐ Attached most recent Single Audit or Financial Opinion

## Application Submission/Attachments

- ☐ Agency name is on the bottom of every page
- ☐ Included resumes and copies of licenses of key personnel (including subcontractors)
- ☐ Included any current Memorandums of Understanding and/or Letters of Intent you have for community collaboration
- ☐ Included a copy of completed Scope of Work Table
- ☐ Included a copy of completed "SFY22 ML Budget Narrative Template," both forms
- ☐ Included a copy of the negotiated indirect agreement (if applicable)

## Application Submission

- ☐ A PDF will be emailed to [DCFSGRANTS@DCFS.NV.GOV](mailto:DCFSGRANTS@DCFS.NV.GOV) with all required documentation no later than Thursday, April 1, 2021 by 5:00 p.m. PST

# Application Form

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

<b>Applicant Organization Name</b>	
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## 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

**Current Funding:** List all funding sources for your agency. To qualify for ML funding your agency must receive at least 15% of its funding sources other than the Federal Government, the State, any local government or other public body or their instrumentalities. Any goods or services which are contributed to the organization may be assigned their reasonable monetary value for the purpose of complying with the requirement (NRS 217.420).

Funding	Type (Federal, State, Private, Etc.)	Project Period End Date	Amount Awarded (\$)

#### L. 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 Victims of Domestic Violence legislation governing the grant as indicated by the Division of Child and Family Services (DCFS) 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

# Scope of Work Table

## Description of Services, Scope of Work and Deliverables SFY-2022

XXXXXXXXXXXXXXXXXX, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for: XXXXXXXXXXXXXXXXXXXX

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

<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.	2.		2.	2.
<i>Add more lines if necessary</i>				

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

<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.	2.		2.	2.
<i>Add more lines if necessary</i>				

# Budget

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## Proposed Project Budget

Category	Total Requested (\$)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
<b>Total Funding Requested (\$)</b>	

Remember to also submit your completed SFY22 ML Budget Narrative Template.