Application Guide

Use this guide to prepare your answers to be entered in the online form located at:
https://hal.nv.gov/form/DCFS/SFY22_ML_Application

DO __NOT__ SUBMIT THIS FORM - THIS FORM IS ONLY TO ASSIST YOU IN COMPLETING THE APPLICATION ONLINE.

Section 2- Proposal Summary

Applicant Organization

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

Organization Type ☐ 501(c)(3) Nonprofit

Geographic Area of Service *(Check applicable boxes & provide brief narrative of service area) If you provide services in states other than Nevada, specify numbers or percentages served by each state.*

☐ City ☐ County ☐ Region ☐ Statewide	

Victim Population to be Served:

☐ Domestic Violence

☐ Sexual Assault

Agency Mission Statement:

Program Point of Contact

Name	
Title	
Phone	
Email	

Fiscal Officer

Name	
Title	
Phone	
Email	

Subcontracting of Services

Does your organization subcontract its services? ☐ Yes ☐ No

Subcontractor	
Mailing Address	
City & State, Zip (9-digit)	
Federal Tax ID #	(xx-xxxxxxx)

Funding Request- For agencies that did not receive ML funding in SFY21, put $0.00 in the SFY21 question.

Amount requested for SFY22 ML Award	$

SFY21 ML Funding Received	$

Section 3- Proposal Narrative

1. Overview: 1) Provide Organization's mission statement; 2) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary; 3) Provide three (3) brief examples of the organization's successes; and 4) Describe the organization's desired goals and outcomes with service numbers. (1,000 words maximum)

2. Statement of Need: 1) Establish the degree of need of Domestic Violence or Sexual Assault services within the geographic area; and 2) identify the targeted population and explain how the target population would benefit from the proposed project. (1,000 words maximum)

3. Services Proposed: The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy. 1) Identify what services will be provided; 2) Explain how your agency will ensure that services are accessible to all populations, how the needs of your clients will be assessed, and how services will be individualized; 3) Describe your agency's approach to direct service delivery and how it meets the needs of the client; and 4) If you are already providing the proposed services in the proposed community/communities, indicate whether there is a waiting list for the proposed services and provide the average length of wait and the number of prospective clients on the list. (1,000 words maximum)

4. Availability and Accessibility of Services: 1) Detail the availability of services within the organization's geographic area; 2) Identify other organizations providing similar services and describe why duplication of services is warranted; and 3) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization. (1,000 words maximum)

5. Goals and Objectives: 1) Describe the organization's goals and objectives to meet the geographic area's needs; and 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. (1,000 words maximum)

6. Methods of Accomplishment: 1) Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved; and 2) Explain what measurements will be used to report on the program's success. (1,000 words maximum)

7. Community Coordination/Collaboration: 1) Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration; 2) Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services; and 3) include any current Memorandums of Understanding and/or Letters of Intent in your application packet. (1,000 words maximum)

Section 6- Agency Self- Assessment

Section A: General Information

DUNS #:

Is your organization registered with SAM.gov? ☐ YES ☐ NO

Expiration Date:

Is your organization or its principles presently debarred, suspended, prosed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency? ☐ YES ☐ NO

EIN #:

URL:

State Vendor #:

Number of Employees:

Type of Organization (check all that apply:

☐ University   ☐ Foundation   ☐ Private, Non-Profit   ☐ Private, For-Profit

☐ Government Entity – City   ☐ Government Entity – District   ☐ Government Entity – County

☐ Government Entity – State   ☐ Other: _____

Organization Fiscal Year (Month and Year):

Name of Cognizant Federal Agency (if applicable):

Approved Indirect Rate (if applicable):

Approximate total organization-wide annual operating budget:

Previous Fiscal Year- Federal Funds:	
Previous Fiscal Year- Non-Federal Funds:	

Current Fiscal Year- Federal Funds:	
Current Fiscal Year- Non-Federal Funds:	

Does your organization expend more than $750,000 in combined Federal funds? ☐ YES ☐ NO

Have your organization's annual financial statements been audited by an independent audit firm?
☐ YES   ☐ NO

Has your organization received funds for activities which are similar to, or the same as the currently proposed sub grant award? ☐ YES   ☐ NO

Has your organization managed federal or state funds in the last 5 years? ☐ YES   ☐ NO

Organization Director has been in place for: ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 5+ years

Fiscal key personnel have been in place for: ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 5+ years

Program key personnel have been in place for: ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 5+ years

Certify that checked policies and procedures exist within your organization:
☐ Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)
☐ Travel   ☐ Financial Management (including Purchasing, Receivables, and Payables)
☐ Internal Controls
☐ Equipment & Inventory   ☐ All National Policy Regulations (i.e., Civil Rights, Disability etc.)

Section B: Budget Formation & Administration

Does the organization have an operating budget for each of its grants? (UG §200.302)   ☐ YES ☐ NO

Who are the people responsible for developing and reviewing the budget(s) for your organization?

Names and Titles:

Does the organization have fiscal controls that result in (UG §200.303)?
     A.   Control of expenditures within the approved operating budget? ☐ YES ☐ NO
     B.   Management review and approval prior to issuing budget amendments or incurring
         obligations or   expenditures that deviate from the operating budget?   ☐ YES ☐ NO

Is there timely, periodic financial reporting to management that permits (UG §200.308):
     A. Comparison of actual expenditures with the budget for the same period? ☐ YES ☐ NO
     B. Comparison of revenue estimates with actual revenue (including program income, if
     applicable) for the same period?   ☐ YES ☐ NO

Is the responsibility for maintaining budget control established at all appropriate levels? ☐ YES ☐ NO

What steps are taken if projected revenues were insufficient to cover actual expenditures?

Section C: Internal Controls

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:

Are specific officials designated to approve payrolls and financial transactions at various dollar levels?
☐ YES   ☐ NO

Do the procedures for cash receipts and disbursements include the following safeguards?

A. Receipts are promptly logged, restrictively endorsed, and deposited in an insured bank account. ☐ YES   ☐ NO

B. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individual(s) handling cash, disbursements and maintaining accounting records. ☐ YES   ☐ NO

C. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. ☐ YES   ☐ NO

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.
☐ YES ☐ NO

E. Checks drawn to "cash" and advance signing of checks are prohibited. ☐ YES   ☐ NO

F. Multiple signatures are required on checks.   ☐ YES ☐ NO

Are individuals of trust required to take leave and delegate their duties to others while on leave?
☐ YES ☐ NO

Section D: Accounting

Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?

A. Procurement   ☐ YES ☐ NO

B. Contract Administration ☐ YES ☐ NO
C. Payroll ☐ YES ☐ NO
D. Records to justify costs of salaries and wages ☐ YES ☐ NO
E. Inventory ☐ YES ☐ NO
F. Vendor Payments ☐ YES ☐ NO
G. Federal draws ☐ YES ☐ NO
H. Grants Budgeting and Accounting ☐ YES ☐ NO
I. Cash Management ☐ YES ☐ NO
J. Audit Resolution ☐ YES ☐ NO
K. Cash Receipts ☐ YES ☐ NO
L. Disbursements ☐ YES ☐ NO
M. Records Retention ☐ YES ☐ NO

Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? ☐ YES ☐ NO

Are all appropriate accounting staff trained on current federal policies, procedures, and instructions on accounting for and expending, federal funds? ☐ YES ☐ NO

What accounting system does your organization use (e.g., QuickBooks, Peachtree, Socrates Media, or custom)?

How long has it been in use?

Which accounting basis is used by your organization? ☐ Cash basis ☐ Accrual basis ☐ Modified Accrual

Are grant funds accounted for separately in your financial management system? ☐ YES ☐ NO
Describe:

Does your organization use a chart of accounts and accounting manual? ☐ YES ☐ NO

For each grant, does the accounting system provide the following information?
A. Authorizations ☐ YES ☐ NO
B. Obligations ☐ YES ☐ NO
C. Funds Received ☐ YES ☐ NO
D. Program Income ☐ YES ☐ NO
E. Subawards ☐ YES ☐ NO

F. Outlays ☐ YES ☐ NO
G. Unobligated Balances ☐ YES ☐ NO

Are obligations records by:
    A. Funding Source ☐ YES ☐ NO
    B. Object Codes ☐ YES ☐ NO

Are accounting records supported by source documentation (e.g., canceled checks, paid bills, payrolls, contract and subaward documents, etc.)? ☐ YES   ☐ NO

Are purchasing and payment functions separate? ☐ YES   ☐ NO

Do accounting staff review the following items prior to entry into the system?
    A. Authorizations ☐ YES ☐ NO
    B. Purchase Orders ☐ YES ☐ NO
    C. Payments ☐ YES ☐ NO

Are there controls to preclude:
    A. Over-obligation ☐ YES ☐ NO
    B. Under-or overstatement of unliquidated obligations ☐ YES ☐ NO
    C. Duplicate Payments ☐ YES ☐ NO
    D. Inappropriate charges to grants ☐ YES ☐ NO

Does the organization have effective control over, and accountability for, all funds, property, and other assets? The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302) ☐ YES ☐ NO

Does the organization reconcile bank statements (at least) monthly? ☐ YES   ☐ NO

Are vouchers or supporting documents identified by grant, number, date, and expense classifications?
☐ YES ☐ NO

Are checks submitted for signature accompanied by supporting documents? ☐ YES   ☐ NO

Are invoices and vouchers approved in advance by authorized officials, prior to payment?
☐ YES ☐ NO

For credit cards:
    A. Does the bank provide the subrecipient with a list of credit-card users? ☐ YES   ☐ NO
    B. Are the balances of credit cards capped? ☐ YES   ☐ NO
    C. Are credit card purchases used for business purposes only? ☐ YES   ☐ NO