



State of Nevada
Division of Child and Family Services
Grant Management Unit
Victims of Domestic Violence (ML)
Notice of Funding Opportunity

State Fiscal Year 2021 Award

NOTE: This document is available online at <http://dcfs.nv.gov/Programs/GMU/GMU/>

Opportunity Summary: Section I

Opportunity Summary

The purpose of this funding announcement is to support innovative programming in nonprofit and public agencies that serve victims of domestic and sexual violence pursuant to NRS Chapter 217.400 to 217.460. **Funding is primarily for shelter and shelter-related services.** 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.

This Notice of Funding Opportunity (NOFO) is for applications to be funded through the account, Aid for Victims of Domestic Violence for State Fiscal Year (SFY) 2021. This NOFO implements a funding process that combines application review and grant allocation based on geographic region and is administered by the Division of Child and Family Services (DCFS).

Total Funding Amount: \$3,000,000. Funds awarded as a result of this NOFO will begin on July 1, 2020 and expire on June 30, 2021. Existing Funds are awarded on an SFY basis and are dependent upon availability of funding, compliance with grant requests and scopes of work (SOW). The SFY starts on July 1st and ends on June 30th of each year. Unused funds from one year will not be carried forward to the next year. Current subrecipients are not guaranteed funding in SFY 20 and applicants who receive awards through this NOFO are not guaranteed future funding.

Program Requirements

OVERVIEW

This Notice of Funding Opportunity (NOFO) is for applications to be funded through the account for Assistance to Victims of Domestic Violence for State Fiscal Year (SFY) 2021. The account is established in the general fund and is administered by the Division of Child and Family Services (DCFS).

Pursuant to NRS 217.400 Assistance to Victims of Domestic Violence:

Domestic Violence means:

- (a) The attempt to cause or the causing of bodily injury to a family or household member or the placing of the member in fear of imminent physical harm by threat of force.
- (b) Any of the following acts committed by a person against a family or household member, a person with whom he or she had or is having a dating relationship or with whom he or she has a child in common, or upon his or her minor child or a minor child of that person:
 - (1) A battery.
 - (2) An assault.
 - (3) Compelling the other by force or threat of force to perform an act from which he or she has the right to refrain or to refrain from an act which he or she has the right to perform.
 - (4) A sexual assault.
 - (5) A knowing, purposeful or reckless course of conduct intended to harass the other. Such conduct may include, without limitation:
 - (I) Stalking.
 - (II) Arson.
 - (III) Trespassing.
 - (IV) Larceny.

- (V) Destruction of private property.
- (VI) Carrying a concealed weapon without a permit.
- (6) False imprisonment.
- (7) Unlawful entry of the other's residence, or forcible entry against the other's will if there is a reasonably foreseeable risk of harm to the other from the entry.

Victim of sexual assault means a person who has been sexually assaulted as defined in [NRS 200.366](#) or a person upon whom a sexual assault has been attempted.

Victim of stalking means a person who is a victim of the crime of stalking or aggravated stalking as set forth in [NRS 200.575](#).

Funds are awarded on an SFY basis and according to NRS 217.400. Funding provides services to Victims of Domestic Violence as follows, not inclusive: support shelter, hotline, food assistance for clients, counseling services, obtaining legal, medical, outreach, psychological or vocational help and education and training for members of the community.

APPLICANT ELIGIBILITY

The State of Nevada will fund, pursuant to NRS Chapter 217.400 to 217.460, one or more programs that serve victims of domestic violence to include children and adolescents exposed to domestic violence.

Aid for Victims of Domestic Violence Eligibility:

1. Be a nonprofit corporation, incorporated or qualified in this state.
2. Be governed by a board of trustees which reflects the racial, ethnic, economic and social composition of the county to be served and includes at least one trustee who has been a victim of domestic violence.
3. Receive at least fifteen (15) percent of its money from 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 of this subsection.
4. Provide its services exclusively for victims of domestic violence and only within this state
5. Require its employees and volunteer assistants to maintain the confidentiality of any information which would identify persons receiving the services.
6. Provide its services without any discrimination on the basis of race, religion, color, age, sex, marital status, national origin or ancestry.
7. Be able to provide:
 - (a) Except in counties whose population is less than 100,000, shelter to victims on any day, at any hour.
 - (b) A telephone service capable of receiving emergency calls on any day, at any hour.
 - (c) Except in counties whose population is less than 100,000, facilities where food can be stored and prepared.
 - (d) Counseling, or referrals for counseling, for victims or spouses of victims and their children.
 - (e) Assistance to victims in obtaining legal, medical, psychological or vocational help.
 - (f) Education and training for members of the community on matters which relate to domestic violence.

Service Categories- Funding not limited to: support shelter, hotline, food assistance for clients, counseling services, obtaining legal, medical, outreach, psychological or vocational help and education and training for members of the community.

EMERGING TRENDS

Applicants who respond to this NOFO should be aware that emerging trends in approaches to service delivery, community partnerships, collective impact, data tracking and more may result in eventual adjustments to some aspects of programs and/or processes. During the course of the grant period, applicants who receive funding will be asked to collaborate with the DCFS and other stakeholders in mapping the future of service delivery to victims of crime. Strategies considered may include, but are not necessarily limited to:

- Identifying and prioritizing service gaps;
- Determining strategies to enhance data collection and reporting;
- Strengthening and standardizing output and outcome measures;
- Ascertaining best practices in client-centered, holistic service delivery;
- Evidence-based, Evidence-Informed practices;
- Building a coordinated network of statewide partnerships;
- Culturally competent to underserved populations; and
- Use technology to Improve victims' access to information and services.

GRANT ALLOCATIONS FOR SFY 2021

Grant allocations for programs to aid Victims of Domestic Violence for State SFY 2021 are based on marriage license revenue that has been collected from July 1, 2019 through June 30, 2020. The projected budget is \$3,000,000. Population statistics utilized have been provided by the Nevada State Demographer on February 27, 2020.

In accordance with the NRS, counties with a population of 700,000 or more (Clark County) will have fifteen percent (15%) of the county award designated to an organization located within the jurisdiction that is specifically created to assist victims of sexual assault.

The Nevada Revised Statutes guarantees a base amount of \$7,000 to all counties with a population of less than 100,000 and a base amount of \$35,000 for counties in excess of 100,000. In addition, all counties whose population exceeds 20,000 receive an additional per capita allotment from the balance of funds after the base amount is identified.

Funding is subject to revision based upon actual revenue received. DCFS will keep programs informed on collected revenue and adjustments will be made in a timely manner to minimize program impact.

FUNDING DISTRIBUTION

DCFS has determined that Victims of Domestic Violence funding will be distributed based on the grant allocation population funding formula below. All eligible applications will receive a base amount of \$7,000 to all counties with a population of less than 100,000 and a base amount of \$35,000 for counties in excess of 100,000. In addition, all counties whose population exceeds 100,000 will receive an additional allotment based on historical performance data of total bed nights provided and total number of clients served.

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.

SFY 21 Victims of Domestic Violence (BA 3181)						
SFY 20 Revenues:	\$ 3,000,000					
County	Population*	Base Award	Multiplier	Counties over 20,000	Per Capita Award	Total Award
			3.79			
Carson City	56,151	\$7,000	\$26,549	56,151	\$42,944	\$69,493
Churchill County	25,832	\$7,000	\$26,549	25,832	\$19,756	\$46,305
Clark County (15% for SA)	2,293,391	\$35,000	\$132,743	2,293,391	\$1,753,964	\$1,886,707
Douglas County	49,537	\$7,000	\$26,549	49,537	\$37,885	\$64,434
Elko County	55,116	\$7,000	\$26,549	55,116	\$42,152	\$68,701
Esmeralda County	982	\$7,000	\$26,549	0	\$0	\$26,549
Eureka County	1,955	\$7,000	\$26,549	0	\$0	\$26,549
Humboldt County	17,079	\$7,000	\$26,549	0	\$0	\$26,549
Lander County	6,109	\$7,000	\$26,549	0	\$0	\$26,549
Lincoln County	5,264	\$7,000	\$26,549	0	\$0	\$26,549
Lyon County	56,497	\$7,000	\$26,549	56,497	\$43,208	\$69,757
Mineral County	4,730	\$7,000	\$26,549	0	\$0	\$26,549
Nye County	48,472	\$7,000	\$26,549	48,472	\$37,071	\$63,620
Pershing County	6,935	\$7,000	\$26,549	0	\$0	\$26,549
Storey County	4,258	\$7,000	\$26,549	0	\$0	\$26,549
Washoe County	469,801	\$35,000	\$132,743	469,801	\$359,299	\$492,042
White Pine County	10,826	\$7,000	\$26,549	0	\$0	\$26,549
Total	3,112,935	\$175,000	\$663,721	3,054,797	\$2,336,279	\$3,000,000

*Population statistics provided by Nevada State Demographer's Office

Counties over 700,000 who are awarded 15% of total	
Clark County	\$283,006
Total for specific Sexual Assault Programs	\$283,006

Amount to be Awarded	\$3,000,000
Total Base * Multiplier	\$663,721
\$ Remaining After Multiplier	\$2,336,279
Total Base + Per Capita	\$3,000,000
Remaining Balance	\$0

QUESTION AND ANSWER SESSION

A Question and Answer session will begin the first day of the NOFO release and will continue until Friday March 13, 2020 at 5pm. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Wednesday March 18, 2020. To submit your questions please e-mail to DCFS Grants at dcfsgrants@dcfs.nv.gov.

Application Process: Section II

Award Overview TimeLine

Event	Date/Time
Grant opportunity announced	March 2, 2020
Questions and Answers posted to DCFS GM webpage	March 18, 2020
Deadline for submission	April 1, 2020, 5pm PST
Evaluation period (approximate time frame)	April 6 – April 24
Announcement of awards	Early May 2020
Performance Period	July 1, 2020 through June 30, 2021

Application Review

DCFS staff along with application review panel members will review and evaluate each application based upon the GMU Scoring Matrix (See Appendix C). The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation. The review process will include a technical review of applicant information, project narrative, program evaluation, cost effectiveness, project sustainability, scope of work, staff qualifications, collaboration and budget narrative. The review panel members will be comprised of individuals with experience and knowledge of grant management or responsibility for program service and financing.

Funding decisions will be based on the following factors:

- Review panel scores;
- Geographic distribution of the proposed grant awards;
- Federal priority funding populations
- Conflicts or redundancy with other funded programs

Evaluation Process

Applications received by the published deadline of **5 pm PST Wednesday April 1, 2020** will be processed as follows.

STEP 1: Technical Review

DCFS staff will perform a technical review of each application to ensure that minimum standards are met.

- Applications **may** be disqualified if they are missing fundamental elements (i.e., unanswered questions, required attachments).

STEP 2: Application Review Panel

- A. Each application that passes the technical review will be evaluated for content and scored by at least two review panel members using the GMU Scoring Matrix (See Appendix C).
- B. During the review process, staff will identify strengths and weaknesses and may recommend that if the application is funded:
 - Specific revisions are made to the budget or Scope of Work, or
 - Special conditions are placed on the award (e.g., certain fiscal controls, more stringent performance requirements, or more frequent reviews).
- C. The review panel will identify specific line item areas for revision if funding limitations result in a reduction of an overall proposed budget. In the event budget reductions are necessary, an equitable formula based on application ranking and scores will be developed and applied in an impartial manner.
- D. Decisions will be based on GMU and review panel recommendations which will be provided to the Administrator of DCFS or designee for final approval.

STEP 3: Final Decisions

A successful application is not a guarantee you will receive all or partial funding for the program; or, if initially funded, that your project will receive continued funding in subsequent grant cycles.

Final funding decisions will be made by the DCFS Administrator or designee based on the following factors:

- Review panel scores;
- Geographic distribution of the proposed grant awards;
- Federal priority funding populations
- Conflicts or redundancy with other funded programs, or supplanting of existing funding;

Funding decisions made by the DCFS Administrator or designee are final. There is no appeals process.

Notification and Award Process

Applicants will be notified of their status with a Letter of Intent after decisions have been made in May 2020.

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 Appendix 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.

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives.
- In cases where two or more grants constitute one identified activity or program, salary charges to one grant may be allowable after written permission is obtained from the awarding agency.
- Examples of items that may support salaries and wages can include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records should also reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

B. 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 thirty (30) working days following the conclusion of the subrecipient monitoring.

C. 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, please see the chart below. Successful applicants will report on their progress towards meeting their scope of work commitments and DCFS will provide a data reporting workbook for subrecipients to document their performance measures. Subrecipients will be required to provide source documentation that corresponds to the data reported.

Reporting Period	Type of Data Required	Due Date
July 1 – September 30	Program Performance Measures	October 15
October 1 – December 31	Program Performance Measures	January 15
January 1 – March 31	Program Performance Measures	April 15
April 1 – June 30	Program Performance Measures	July 15

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 sixty (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.

F. Nevada Confidential Address Program

All successful applicants will be required to post the Nevada Confidential Address Program poster for victims to reference. The Nevada Confidential Address Program (CAP) is a program that helps victims of domestic violence, sexual assault, human trafficking and/or stalking from being located by the perpetrator through public records. The program provides a fictitious address and confidential mail forwarding services to individuals and families across Nevada.

Questions?

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

Application: Section III

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 125.
- Application should be in Arial 11-point font on single-spaced pages with one-inch margins. Narrative not to exceed 15 pages. All pages including attachments must have applicant's name on the bottom of the page.

Section A – Application Form

- Complete the Application Form; and
- Complete the Application Checklist prior to scanning/submitting. The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.

Section B – Narrative (70 points)

- This Section has eight (8) 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.

Field Name	Scoring Points	Instructions
1. Overview	10	<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	10	<ol style="list-style-type: none">1) Establish the degree of need of Domestic Violence or Sexual Assault services within the geographic area2) Identify the targeted population and explain how the target population would benefit from the proposed project.
3. Services Proposed	15	<p>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.</p> <ol style="list-style-type: none">1) Identify what services will be provided and how clients are referred to your agency.

		<ol style="list-style-type: none"> 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. 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.
4. Availability and Accessibility of Services	10	<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.
5. Goals and Objectives	10	<ol style="list-style-type: none"> 1) Describe the organization's goals and objectives to meet the geographic area's needs. 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 Appendix B: Section B- Descriptions of Services, Scope of Work and Deliverables
6. Methods of Accomplishment	10	<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.
7. Community Coordination/Collaboration	5	<ol style="list-style-type: none"> 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. 3) Include any current Memorandums of Understanding and/or Letters of Intent in your application packet.
Total for Narrative	70	

Section C – 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 Appendix B for Budget Narrative template

Field Name	Scoring Points	Instructions
Proposed Project Budget	10	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	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 SFY20. This should align with the Narrative's Goals and Objectives (Section II-4) and Methods of Accomplishment (Section II-5).
Total for Budget	20	

Section D – Agency Self-Assessment (10 points)

- Complete the self-assessment questionnaire for your organization.

Section E – Past Performance with DCFS Grant Management Unit (25 points)

Field Name	Scoring Points
Single Audit or Financial Opinion	10
Timeliness and Accuracy of Request for Funds	5
Timeliness and Accuracy of Quarterly Performance Reports	5
Subrecipient Monitoring Findings	5
Total for Past Performance	25

Overview of Assurances and Certifications

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 Victims of Domestic Violence;
2. All information contained in the application is correct;
3. 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
4. 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 Appendix F for Assurances and Certifications documents.

Submission Instructions

- **The grant application deadline is 5pm on Wednesday, April 1, 2020.**
- Submit the signed, completed application with résumés and licenses of key personnel in a PDF document to dcfsgrants@dcfs.nv.gov.
- Application must be submitted online by emailing all required documents in a single email to dcfsgrants@dcfs.nv.gov In the subject line of the email place the NOFO title, "Victims of Domestic Violence NOFO Response from [name of applicant]".

- If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal of the application then more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., "Part 1 of 3").
- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.
- If you do not receive an email acknowledgment within three (3) business days of submitting the application. Please contact DCFSgrants@dcfs.nv.gov or call 775-684-4426.
- Submitting a paper copy of the application is not required. Applicants without access to email may send their completed application by Monday, March 30, 2020 to:

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

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.
- Certification is signed.

Section II: Narrative

- Overview
- Statement of Need area
- Availability and Accessibility of Services
- Goals and Objectives includes projected number of services provided or clients served.
- Include copy of completed Section B- Descriptions of Services, Scope of Work and Deliverables
- Methods of Accomplishment
- Page limits have not been exceeded.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

Section III: Budget

- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Completed Budget Narrative

Section IV: Agency Self-Assessment

- Completed Agency Self-Assessment

Section V: Past Performance with DCFS Grant Management Unit

- Most recent Single Audit or Financial Opinion

Application Submission

- Include résumés and copies of licenses of key personnel.
- A PDF will be emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than April 1, 2020 by 5pm.

Application Form: Section IV

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

A. Applicant Organization

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

B. Organization Type 501(c)(3) Nonprofit

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. Victim Populations to be served:

<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault	
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E. Agency Mission Statement per NRS 217.420:

<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. Board of Trustee who has been a victim of domestic violence per NRS 217.420

Name & Title	
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H. 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)	

I. Key Personnel

Name	Title	R	included?
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

J. Current Funding

Funding	Type	Project Period End Date	Amount Awarded (\$)

K. Funding Request

Funding	SFY 19 Award	SFY 20 Request	Difference
Victims of Domestic Violence (ML)			

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 (ML) legislation governing the grant as indicated by 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

Application Narrative: Section V

Application Narrative - 70 points

Begin typing below each field header.

1. **Overview**
2. **Statement of Need**
3. **Services Proposed**
4. **Availability and Accessibility of Services**
5. **Goals and Objectives**
6. **Methods of Accomplishment**
7. **Community Coordination/Collaboration**

Budget: Section VI

Budget (20 points)

1. Proposed Project Budget

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

2. Budget Narrative (1-2 pages)

For each budget category, provide a budget justification. See Appendix A for instructions on how to complete the budget narrative.

APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds needed to carry out the proposed Scope of Work and achieve the projected outcomes for SFY21. If the project is not fully funded, the GMU will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants must use the budget template form (Excel file) provided. Use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

Per the DOJ Grants Financial Guide: Charges made to Federal awards for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization. See [2 C.F.R. § 200.430](#).

For all budget categories: Provide total requested, item details, and line item justification.

Personnel:

Employees who provide direct services are identified here. The following criterion is useful in distinguishing employees from contract staff.

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and employee name, if know. Provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker’s compensation). For example:

Program Director – $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

Intake Specialist – $(\$20/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840$

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant’s indirect costs (explained later).

Travel/Training: Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently 54.5 cents), should be used unless the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

Identify and justify any training costs specifically associated with the project, include type of training, location, # attending, benefit to subrecipient and implementation of a subaward.

Operating:

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased for shelters, detail must be provided that explains how the food will be utilized to meet the project goals.

Equipment:

List equipment to purchase or lease costing \$1,000 or more and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies. Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled, inventoried, and tracked as such.

Contractual/Consultant Services:

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DCFS. A copy of written agreements with all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. If there is insufficient room in the narrative

section to provide adequate justification, please add a third tab to the budget template for that purpose.

Budget Summary Form 2

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 (“DCFS”) should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through G of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words “Other Funding” in the cell(s) in Row 6 with the name of the funding source. Enter either “Secured” or “Pending” in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the “Total Agency Budget” in Cell I-26 labeled for this purpose. **This should include all funding available to the agency for all projects including the proposed project.** Cell I-27 directly below, labeled “Percent of Total Budget,” will automatically calculate the percentage that the funding requested from the DCFS for the proposed project will represent.

Applicant Name: Form 1

BUDGET NARRATIVE - SFY21

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.

	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Name of Employee (if known, otherwise state new position).					
Title of position & Position Control Number					
Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					\$ -
Name of Employee (if known, otherwise state new position).					
Title of position & Position Control Number					
Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					\$ -

APPENDIX B: DESCRIPTION OF SERVICES, SCOPE OF WORK AND DELIVERABLES

Description of Services, Scope of Work and Deliverables SFY-2021

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

Scope of Work for:

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 measure (quantitative)</u>
1.	1.	XX/XX/XX	1.	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.	2.

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 measure (quantitative)</u>
1.	1.	XX/XX/XX	1.	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.	2.

Instructions: The Scope of Work (SOW) is the area in an agreement where the work to be performed is described. The SOW should contain any milestones, reports, deliverables, and end products that are expected to be provided by the performing party. The SOW should also contain a timeline for all deliverables and the way the goal will measured.

*In some instances, it may be helpful/useful to provide a brief summary (limited to half [1/2] a page) of the project or its intent here. This section should be written in complete sentences.

APPENDIX C: GMU SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the NOFO objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully provide services in accordance with the Victim of Crime Act Guidelines.
- E. Proposals with an average score lower than 60 may be excluded from further consideration.

Points will be assigned for each item listed as follows:

80% - 100% of Maximum Points: Applicant’s proposal or capability is superior and exceeds expectations for this criterion.

60% - 79% of Maximum Points: Applicant’s proposal or capability is satisfactory and meets expectations for this criterion.

40% - 59% of Maximum Points: Applicant’s proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.

0 – 39% of Maximum Points: Applicant’s proposal or capability is not acceptable or applicable for this criterion.

The maximum points to be awarded for each proposal section are as follows:

Proposal Component	Potential Maximum Score
A. Project Narrative	70
B. Budget	20
C. Agency Self-Assessment	10
D. Past Performance with DCFS GMU	10
E. Funding Request	20
Total	125

APPENDIX D: NOTICE OF SUBAWARD



State of Nevada
Department of Health and Human Services
Division of Child & Family Services

Subaward #:
Budget Account: _____
Category: _____
GL: _____
Job Number: _____

NOTICE OF SUBAWARD

Program Name: Victims of Domestic Violence		Subrecipient's Name: Name	
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: Street address City, State Zip	
Project Period: July 1, 2020 through June 30, 2021		Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____	
Budget Period: July 1, 2020 through June 30, 2021			
Purpose of Award: Shelter, services to Victims of Domestic Violence			
Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____			
Approved Budget		Award Computation	
Categories			
1. Personnel	\$0.00	Total Obligated by This Action:	\$0.00
2. Travel/Training	\$0.00	Cumulative Prior Awards this Budget Period:	\$0.00
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$0.00
4. Equipment	\$0.00	Match Required	Yes/No
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$0.00
6. Other	\$0.00	Amount Required Prior Awards:	\$0.00
TOTAL DIRECT COSTS	\$0.00	Total Match Amount Required:	\$0.00
		Research and Development (R&D)	Yes/No
Source of Funds:		CFDA:	FAIN:
			Federal Grant #:
Federal Grant Award Date by Federal Agency:		N/A	
Terms and Conditions: In accepting these grant funds, it is understood that:			
1. This award is subject to the availability of appropriate funds.			
2. Expenditures must comply with appropriate state statutory guidelines and/or federal regulations, the DCFS Grant Instructions and Requirements, and the State Administrative Manual.			
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.			
4. Quarterly progress reports are due by the 15 th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.			
5. Financial Status Reports and Requests for Funds must be submitted by the 15 th of each month, unless specific exceptions are provided in writing by the grant administrator.			
6. The recipient of these funds agrees to stipulations listed in the incorporated documents.			
7. Match must be provided equal to 20% of the total award and described in the budget narrative.			
Incorporated Documents:		Section D: Financial Status Reports and Requests for Funds	
Subrecipient Agreement		Section E: Audit Information Request;	
Section A: Assurances;		Section F: Current/Former State Employee Disclaimer;	
Section B: Description of Services, Scope of Work and Deliverables;		Section G: Confidentiality Addendum; and	
Section C: Budget and Financial Reporting Requirements;		Section H: Program Specific Assurance	
Authorized Official Name	Signature		Date
Grants & Project Analyst II			
for Ross E. Armstrong Administrator, Division of Child & Family Services			

APPENDIX E: AGENCY SELF-ASSESSMENT

This questionnaire is used for monitoring fiscal and program compliance requirements as well as determining risk of our subrecipients. Please complete and return within the next five (5) business days.

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: _____									
Organization 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 (If yes, please skip the rest of questionnaire, sign and return)									
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. 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:										
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 40%; text-align: center;">Previous Fiscal Year</th> <th style="width: 40%; text-align: center;">Current Fiscal Year</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Federal Funds</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Non-Federal Funds</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">\$ _____</td> </tr> </tbody> </table>		Previous Fiscal Year	Current Fiscal Year	Federal Funds	\$ _____	\$ _____	Non-Federal Funds	\$ _____	\$ _____
	Previous Fiscal Year	Current Fiscal Year								
Federal Funds	\$ _____	\$ _____								
Non-Federal Funds	\$ _____	\$ _____								
5. Did your organization expend more than \$750,000 in Federal funds combined? <input type="checkbox"/> YES <input type="checkbox"/> NO										
6. Has your organization annual financial statements been audited by an independent audit Firm? <input type="checkbox"/> YES <input type="checkbox"/> NO										

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
8. Has your organization managed federal or state funds in the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
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
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
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
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.)
Section B: BUDGET FORMATION & ADMINISTRATION
1. Does the organization have an operating budget for each of its grants? (UG §200.302) <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Who are the people responsible for developing and reviewing the budget(s) for your organization? Names and titles:
3. Does the organization have fiscal controls that result in (UG §200.303): a. Control of expenditures within the approved operating budget? <input type="checkbox"/> YES <input type="checkbox"/> NO 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
4. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO 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
5. Is the responsibility for maintain budget control established at all appropriate levels? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. What steps are taken if projected revenues were insufficient to cover actual expenditures? Describe:
Section C: INTERNAL CONTROLS
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:
2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. 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. <input type="checkbox"/> YES <input type="checkbox"/> NO 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 c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. <input type="checkbox"/> YES <input type="checkbox"/> 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

4. Are individuals of trust required to take leave and delegate their duties to others while on leave?

YES NO

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	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

2. 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

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

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

Describe:

How long has it been in use:

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

6. Are grant funds accounting for separately in your financial management system? YES NO

Describe.

7. Does your organization use a chart of accounts and accounting manual? YES 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	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

9. Are obligations records by:

a. Funding source	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Object codes	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

11. Are purchasing and payment functions separate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Do accounting staff review the following items prior to entry into the system:	
a. Authorizations	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. PurchaseOrders	YES NO
c. Payments	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. Are there controls to preclude:	
a. Over-obligation	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Under-or overstatement of unliquidated obligations	YES NO
c. Duplicatepayments	YES NO
d. Inappropriate charges to grants	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. 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) <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Does the organization reconcile bank statements (at least) monthly? <input type="checkbox"/> YES <input type="checkbox"/> NO	
16. Are vouchers or supporting documents identified by grant, number, date and expense classifications? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. Are checks submitted for signature accompanied by supporting documents? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Are invoices and vouchers approved in advance by authorized officials, prior to payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19. For credit cards:	
a. Does the bank provide the subrecipient with a list of credit-card users?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Are the balances of credit cards capped?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Are credit card purchases used for business purposes only?	<input type="checkbox"/> YES <input type="checkbox"/> NO

By signing below, the authorized representative certifies, all information submitted on this form is accurate and complete.	
_____	_____
(Signature)	(Date)

(Printed Name & Title)	

Risk Level Determination <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3	
Notes:	
Reviewed By: _____ (Printed Name, Title, Date)	