



**State of Nevada
Division of Child and Family Services
Grant Management Unit**

**Family Violence Prevention and Services
Act (FVPSA) – Coronavirus Aid Relief and
Economic Security (CARES) Act**

APPLICATION FORM

**Federal Fiscal Year 2020/21
Award Performance Period: 3/27/20-6/30/21**

FVPSA CARES Act – Supplemental Funding Application 2020

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 County, City, State
 Other (please specify) _____

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:

(Check applicable boxes & provide brief narrative if serving culturally specific populations and/or underserved populations)

<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Underserved Populations	
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E. Agency Mission Statement

<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. 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)

H. Key Personnel (Resumes and Licensure only required for NEW FVPSA Applicants or new staff not included in previous FVPSA application)

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

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I. Current Funding

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

J. Funding Request

Funding	Current Request
Family Violence Prevention & Services (FVPSA)	

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 _____

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Narrative

1. **Brief Overview** (Describe impact of COVID-19 on services and your organization)

2. **Statement of Need** (Description of incurred and anticipated expenses due to the COVID-19 pandemic), include services or resources that will be provided.

Scope of Work

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 be measured.

Scope of Work for <Name of Agency>

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

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Budget

1. Project Budget

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

2. Budget Narrative

Use the provided table and designate a whole dollar amount for the 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.

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 SFY20 and 21.

See example of Budget Form 1 and Form 2 on Page 7.

To request Excel Budget Narrative document, please email DCFSgrants@dcsf.nv.gov.

Additional Documents

For applicants who are not current FVPSA subrecipients- copies of staff resumes, licensures and certifications must also be provided with the submitted application.

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Applicant Name:	Form 1
BUDGET NARRATIVE - SFY20&21	
Total Personnel Costs	Including Fring Total: \$ -
*revise this formula as needed to include each position listed	
List Staff, positions, percent of time to be spent on the project, rate of pay, fr	
Annual Salar Fringe Rate	% of Time
Months	Amount Requested
Name of Employee (if know n, otherw ise state new position).	
Title of position & Position Control Number	
Length of time in Position	
*Insert details	\$ -
Name of Employee (if know n, otherw ise state new position).	
Title of position & Position Control Number	
Length of time in Position	
*Insert details	\$ -
Name of Employee (if know n, otherw ise state new position).	
Title of position & Position Control Number	
Length of time in Position	
*Insert details	\$ -
Name of Employee (if know n, otherw ise state new position).	
Title of position & Position Control Number	
Length of time in Position	
*Insert details	\$ -
*Insert new row for each position funded or delete this row.	

Applicant Name:							
PROPOSED TOTAL AGENCY BUDGET SUMMARY - SFY21							
(Form Revised January 2020)							
A. ATTEN BOXES ARE FORMULA DRIVEN - DO NOT OVERID							
FUNDING SOU	GMU	Other	Other	Other	Other	Other	Other
PENDING OR SECURED							
TOTAL REQUEST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXPENSE CATEGORY							
Personnel	\$ -						
Travel/Training	\$ -						
Operating	\$ -						
Equipment	\$ -						
Contractual/Co	\$ -						
Other Expense	\$ -						
Indirect	\$ -						
TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -