# PROPOSAL COVER PAGE

TITLE IV-B, SUBPART II: PROMOTING SAFE AND STABLE FAMILY SERVICES

Submit this cover page with the completed proposal, **no later than April 22, 2016 5:00 p.m.**

**Do not leave any line blank.**

Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Fax: E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_ SAM expiration: Tax ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of proposed services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Category** | **Washoe** | **Clark** | **Rural** |
| Family Preservation |  |  |  |
| Family Support |  |  |  |
| Time-Limited Family Reunification |  |  |  |
| Adoption Promotion and Support Services |  |  |  |

Projected number (unduplicated) of adults and children to be served:

Children: \_\_\_\_ Families: Single Heads of Households: \_\_\_\_ Persons with Disabilities: \_\_\_

Children receiving services from DCFS or County child welfare agency (Washoe DSS or Clark DFS) as a result of CPS involvement or referral: \_\_\_\_

Families receiving services from a public child welfare agency, DCFS or counties: \_\_\_\_

|  |  |
| --- | --- |
| **Funding Request** | **Amount:** |
| Family Preservation | $ |
| Family Support | $ |
| Time-Limited Family Reunification | $ |
| Adoption Promotion and Support Services | $ |
| Total SFY 17 Request | $ |

**Submit to:**

**Division of Child and Family Services**

**4126 Technology Way, 3rd Floor**

**Carson City, NV 89706**

**Attn: James T. Thorne, Grants and Projects Analyst II**

**CHECKLIST TO ASSIST IN SUBMITTAL OF THE**

**TITLE IV-B, SUBPART II SAFE AND STABLE FAMILIES PROGRAM GRANT PROPOSAL**

(Please attach to proposal)

\_\_\_\_\_ Completed Cover Sheet

\_\_\_\_\_ Checklist

\_\_\_\_\_ Organizational Summary

\_\_\_\_\_ Proposed Services to be funded

\_\_\_\_\_ Completed Scope of Work per each service category

\_\_\_\_\_ Evaluation for New Applicants or Existing Sub Grantees

\_\_\_\_\_ IV-B RFP Excel Budget Workbook

\_\_\_\_\_ Budget Form: Per each service category

\_\_\_\_\_ Budget Form: Total Project Budget

\_\_\_\_\_ Budget Form: Program Revenues

\_\_\_\_\_ Budget Form: Personnel Funding Table

\_\_\_\_\_ Budget Form: Indirect Cost Rate Proposal (Optional)

\_\_\_\_\_ Budget Narrative/Justification

\_\_\_\_\_ Organizational Chart

\_\_\_\_\_ List of Board or Governing Body with Officers' Affiliations and Terms

\_\_\_\_\_ If applicable, attach a copy of IRS designation 501(c) (3)

\_\_\_\_\_ If applicable, attach a Indirect Cost Rate Proposal Federal Certificate

\_\_\_\_\_ Memorandum(s) of Understanding or letter(s) of collaboration

\_\_\_\_\_ Balance Sheet and income/expense statement from most recent organization audit

\_\_\_\_\_ Management letter(s) from most recent Audit and Schedule of Questionable Costs

\_\_\_\_\_Copies of Insurance Coverage (not applicable to local government agencies):

\_\_\_\_\_\_ Commercial General Liability

\_\_\_\_\_\_ Professional Liability

\_\_\_\_\_\_ Business Auto

\_\_\_\_\_\_Worker's Compensation

\_\_\_\_\_\_Other Insurance Policies

\_\_\_\_\_ One (1) original hard copy, plus one (1) electronic copy on CD or Flash drive.

\_\_\_\_\_ Additional Requirements/Assurances

\_\_\_\_\_ Certifications 1–5

NOTE: Please do not submit the monthly reporting forms with your proposal. They have been attached to this RFP for your reference, only.