



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES  
4126 Technology Way – 3<sup>rd</sup> Floor  
Carson City, Nevada 89706  
(775) 684-4400

## Request for Applications For Victims of Domestic Violence (ML)

Release date: Wednesday March 21, 2018  
Deadline for Submission Date and Time:  
**Monday April 16, 2018 at 5pm**

For additional information, please contact:  
Michael Guerra, Grants and Projects Analyst II  
Division of Child and Family Services  
4126 Technology Way, 3rd Floor  
Carson City, NV 89706

Phone: (775) 684-7946  
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**See Page 10 for instructions on submitting applications**

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

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**GRANTS MANAGEMENT UNIT**

**REQUEST FOR APPLICATIONS  
STATE FISCAL YEAR 2019**

<b>Contents</b>	<b>Page</b>
Grant Announcement Summary	3
Overview	4
Emerging Trends and Grant Allocations for SFY2019	5
Eligibility	6
Application Instructions	7-10
Application Submittal	10
Application Review, Awarding and Funding Process	11
Upon Approval of Award	12
Attachment A: SFY19 Grant Allocations	13
Attachment B: Application Kit	14-16
Attachment C: Budget Narrative Instructions	17-19
Attachment D: Description of Services, Scope of Work and Deliverables	20
Attachment E: Staff Qualifications and Job Descriptions	21
Attachment F: Community Coordination/Collaboration	22
Attachment G: GMU Scoring Matrix	23-27
Attachment D: Notice of Subaward Example	28

**STATE OF NEVADA**  
**Department of Health and Human Services**  
**Division of Child and Family Services**  
**Grants Management Unit**

**State Fiscal Year (SFY) 2019**

**Grant Announcement Summary Information**

**Program Area:** Nevada Division of Child and Family Services (DCFS) Grants Management Unit (GMU)

**Grant Title:** Victims of Domestic Violence Formula Grant

**Description:** 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. 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.

**Opportunity Category:** This Request for Application (RFA) is for applications to be funded through the account, Aid for Victims of Domestic Violence for State Fiscal Year (SFY) 2019. This RFA 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) Grants Management Unit (GMU).

**Important Dates:**

Application Due Date: April 16, 2018

Project Start Date: July 1, 2018

Project End Date: June 30, 2019

Question and Answer Due Date: April 6, 2018

Award Notification Date: May 2018

**Funding Amount: Up to \$3,812,074.** Funds awarded as a result of this RFA will begin on July 1, 2018 and expire on June 30, 2019. Existing Funds are awarded on a SFY basis and are dependent upon availability of funding, compliance with grant requests and scopes of work (SOW). The SFY starts on July 1<sup>st</sup> and ends on June 30<sup>th</sup> 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 19 and applicants who receive awards through this RFA are not guaranteed future funding.

## OVERVIEW

This Request for Application (RFA) is for applications to be funded through the account for Assistance to Victims of Domestic Violence for State Fiscal Year (SFY) 2019. The account is established in the general fund and is administered by the Division of Child and Family Services.

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 human trafficking means a person who is a victim of:

(a) Involuntary servitude as set forth in [NRS 200.463](#) or [200.464](#).

(b) A violation of any provision of [NRS 200.465](#).

(c) Trafficking in persons in violation of any provision of [NRS 200.467](#) or [200.468](#).

(d) Sex trafficking in violation of any provision of [NRS 201.300](#).

(e) A violation of [NRS 201.320](#).

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 a 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.

## EMERGING TRENDS

Applicants who respond to this RFA 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. 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; and
- Evidence-based, Evidence-Informed practices;
- Building a coordinated network of statewide partnerships;
- Culturally competent to underserved populations
- Use technology to Improve victims' access to information and services.

## GRANT ALLOCATIONS FOR SFY 2019

Grant allocations for programs to aid Victims of Domestic Violence for State SFY 2019 are based on marriage license revenue that has been collected from July 1, 2017 through June 30, 2018. The projected budget is \$3,812,074. Population statistics utilized have been provided by the Nevada State Demographer on February 28, 2017.

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. See Attachment A

**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.

## 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 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.

## QUESTION AND ANSWER SESSION

A Question and Answer session will begin the first day of the RFA release and will continue until Friday April 6, 2018 at 5pm. All questions and answers will be posted on the DCFS website at [www.dcf.state.nv.us](http://www.dcf.state.nv.us) by Wednesday April 11, 2018. To submit your questions please e-mail Kelsey McCann-Navarro, Social Services Program Specialist III at [kelsey.navarro@dcfs.nv.gov](mailto:kelsey.navarro@dcfs.nv.gov).

# APPLICATION INSTRUCTIONS

The application is available online at the Division of Child and Family Services' website located at [www.dcf.state.nv.us](http://www.dcf.state.nv.us). This application will be available online until the closing deadline.

**All eligible applications must be received by 5:00 p.m. on the deadline date of Monday April 16, 2018.**

**Applications may be mailed or hand-delivered to:**

**Division of Child & Family Services  
4126 Technology Way, 3rd Floor  
Carson City, NV 89706  
Attn: Michael Guerra**

## A. Application Checklist

Complete the application checklist in the Application Kit (ATTACHMENT B) identifying items included in the application you are submitting. Be sure to organize the application in the order listed on the checklist.

## B. Technical Requirements

Applicants must include all required information at the time the application is submitted to assure that all materials are available for review. Any materials submitted with a previous application will not be considered for the current application. DCFS reserves the right to make or deny an award without requesting further clarification of the application received. Therefore, applicants are encouraged to submit applications which are technically correct and self-explanatory. Late or incomplete applications, applications submitted by organizations not deemed eligible and applications that propose unallowable projects will not be considered for funding.

Applications must follow these technical requirements:

- 1) Single-spaced, one-inch margins on 8 ½ x 11 inch white paper double-sided.
- 2) Times New Roman, 12-point font.
- 3) Name of the applicant agency and page numbers must be clearly indicated in the center of the footer of each page.
- 4) Submit the original (clearly labeled) and one (1) electronic copy of all application materials.
- 5) The electronic copy must be attached to the original hard copy and must be a flash drive.
- 6) Secure the original and electronic copy in the upper left-hand corner.
- 7) Respond to each section in the order provided.

## C. Project Narrative (25 points)

This section must not exceed 12 pages and must address the following:

- 1) Use the opening paragraph of the narrative to summarize your proposed project. No points will be awarded for the summary.
- 2) Detail proposed goals, objectives and specific activities with projected annual service numbers and/or quantities.
- 3) Provide detailed information inclusive of service numbers that demonstrates the organization has experience providing direct services to individuals within the target population.
- 4) Describe the community / communities in which the project that your application addresses would be implemented, including location, population and demographic information.
- 5) Describe the problem within the community / communities you plan to serve.

- 6) List the other agencies providing similar services and describe why duplication of services is warranted.
- 7) Clearly state the need for the project, identify the targeted population, and explain how the target population would benefit from the proposed project. Provide data to justify the need for your proposed project.
- 8) 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 and holistic.
- 9) Describe your agency's approach to direct service delivery and how it meets the needs of the client.
- 10) 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.

If you are proposing mini-grants, subcontracts, or sub-awards of any kind, you must:

- 1) Provide a justification for why your organization should serve as an intermediary between the GMU and the organization(s) providing the service(s).
- 2) Provide the proposed monitoring schedule and monitoring tool that will be used to ensure subrecipients are in compliance with Federal / State regulations.
- 3) Explain the procedures in addressing subrecipient issues and ensuring that they complete their corrective action plans.

#### **D. Program Evaluation (15 points)**

This section must not exceed 2 pages and must address the following:

- 1) Describe how your agency will track client and service data – output data. Note - output measures define either quantity or quality of effort.
- 2) Describe how your agency will track and measure client outcomes. Note - outcome measures determine the **effect** of the service. Note - A few representative outcomes that target measurements of effectiveness will provide more than adequate information about your program's success.
- 3) Describe how the program will collect and evaluate customer / client satisfaction and how often they are collected. Include any satisfaction surveys currently in use.

#### **E. Cost Effectiveness of the Project (5 points)**

This section must not exceed 2 pages and must address the following:

Describe non-cash resources (other than a grant through the GMU) that will be used to create, sustain, or expand the service. These can include, but are not limited to, in-kind support, staff and volunteer hours and collaborative efforts with other agencies.

#### **F. Potential for Ongoing Sustainability of the Project (5 points)**

This section must not exceed 1 page and must address the following:

Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.



**G. Description of Services, Scope of Work and Deliverables (15 points) (See Attachment D)**

Complete the enclosed Description of Services, Scope of Work and Deliverables (SOW) Form by stating the goals, objective, activities, timeframe, documentation, and projected services, and **projected service numbers**.

**H. Staff Qualifications and Job Descriptions (10 points) (See Attachment E)**

Describe how proposed services will be staffed and explain how staff is qualified to provide the anticipated services. Resumes may be attached to your application but will not replace the description requested on this page. Please provide a current staff roster identifying employees by position title.

**I. Community Coordination / Collaboration (10 points) (See Attachment F)**

Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration.

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.

Include any current Memorandums of Understanding and/or Letters of Intent in your application packet.

**J. Budget Narrative and Budget Forms (15 points)**

**Budget Categories and Definitions**

See Attachment C for instructions on how to complete the budget narrative

**Personnel:**

Staff members who are employees of the applicant organization should be identified here.

**Travel:**

Travel costs must provide direct benefit to this project.

**Supplies:**

List and justify tangible and expendable property, such as office supplies, program supplies, etc.

**Equipment:**

List equipment to purchase or lease costing \$1,000 or more or any computing device, and justify these expenditures.

**Contractual/Consultant:**

Project workers who are not employees of the applicant organization should be identified here.

**Training:**

List any training costs specifically associated with the project, include type of training, location, number of people attending, benefit to subrecipient and implementation of a subaward.

**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.

**K. Confidentiality Policy and Confidentiality Release Form**

Include your agency's confidentiality policy as well as a sample of your written, informed and time-limited confidentiality release form.

**L. Assurances and Agreements**

- 1) Provide the name and title of the authorized representative for your organization.
- 2) Obtain that person's signature and date of signature.

**M. Technical Assistance**

Michael Guerra, Grants and Projects Analyst II, is available to help applicants requiring clarification or technical assistance in preparing the application. If you need either, please call (775) 684-7946 or send an email to [mguerra@dcs.nv.gov](mailto:mguerra@dcs.nv.gov).

**N. Reporting Fraud and Waste**

Suspected fraud or waste in grants should be reported to the Attorney General's Office or the Division of Internal Audits.

**Application Submittal**

**All eligible applications must be received by 5:00 p.m. on the deadline date of Monday April 16, 2018. Postmarks will not be used to determine eligibility.**

**No faxes or emails will be accepted.**

Applications may be mailed or hand-delivered to:  
**Division of Child & Family Services**  
**4126 Technology Way, 3rd Floor**  
**Carson City, NV 89706**  
**Attn: Michael Guerra**

DCFS is not responsible for any costs incurred in the preparation of the application. All materials submitted become property of DCFS.

## **Application Review, Awarding and Funding Process**

DCFS staff along with application review panel members will review and evaluate each application based upon the GMU Scoring Matrix (ATTACHMENT G). The review panel members will disclose in writing any conflict of interest for each grant issuance they participate in. The written disclosure will identify any grant applicant with which they have an actual or perceived conflict of interest. The review process will include a technical review of applicant information, executive summary, time table and budget forms.

Funding decisions will be based on the following factors:

- A. Review panel scores;
- B. Geographic distribution of the proposed grant awards;
- C. Conflicts or redundancy with other funded programs, or supplanting of existing funding;

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.

GMU staff will conduct negotiations with the applicants recommended 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.

Decisions will be based on GMU and review panel recommendations which will be provided to the Administrator of DCFS or designee for final approval. In the event an applicant seeks further clarification of the award decision, the applicant may contact Kelsey McCann-Navarro at (775) 684-4431. Any written complaints from applicants who were not selected will be reviewed by the Administrator of DCFS or designee.

Applicants will be notified of their status with a Letter of Intent after decisions have been made. Adjustment of budgets and goals may be required at that time. 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 ATTACHMENT H for an example of the NOSA.

DCFS reserves the right to increase or decrease awards based on the level of fluctuation of funding.

## 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 15<sup>th</sup> of the following month.

### B. 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 15<sup>th</sup> of the month following the end of the reporting quarter. Successful applicants will report on their progress towards meeting their scope of work commitments.

### C. 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 and provided to GMU 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 30 working days following the conclusion of the subrecipient monitoring.

### 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 any and 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](http://www.nevada211.org) within 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. Additional Information

All successful applicants agree to provide information requested by DCFS by the requested deadlines.

## ATTACHMENT A

<b>SFY 19 Victims of Domestic Violence (BA3181)</b>						
<b>SFY 18 Revenues:</b>	<b>\$ 3,812,074</b>					
County	Population*	Base Award	Multiplier	Counties over 20,000	Per Capita Award	Total Award
			<b>4.82</b>			
Carson City	55,283	\$7,000	\$33,735	55,283	\$56,089	\$89,824
Churchill County	25,462	\$7,000	\$33,735	25,462	\$25,833	\$59,568
Clark County (15% for SA)	2,198,682	\$35,000	\$168,676	2,198,682	\$2,230,736	\$2,399,412
Douglas County	48,452	\$7,000	\$33,735	48,452	\$49,158	\$82,894
Elko County	54,305	\$7,000	\$33,735	54,305	\$55,097	\$88,832
Esmeralda County	972	\$7,000	\$33,735			\$33,735
Eureka County	1,980	\$7,000	\$33,735			\$33,735
Humboldt County	16,692	\$7,000	\$33,735			\$33,735
Lander County	6,240	\$7,000	\$33,735			\$33,735
Lincoln County	5,007	\$7,000	\$33,735			\$33,735
Lyon County	53,844	\$7,000	\$33,735	53,844	\$54,629	\$88,364
Mineral County	4,548	\$7,000	\$33,735			\$33,735
Nye County	45,531	\$7,000	\$33,735	45,531	\$46,195	\$79,930
Pershing County	6,711	\$7,000	\$33,735			\$33,735
Storey County	4,073	\$7,000	\$33,735			\$33,735
Washoe County	444,478	\$35,000	\$168,676	444,478	\$450,958	\$619,634
White Pine County	10,377	\$7,000	\$33,735			\$33,735
<b>Total</b>	<b>2,982,637</b>	<b>\$175,000</b>	<b>\$843,379</b>	<b>2,926,037</b>	<b>\$2,968,695</b>	<b>\$3,812,074</b>

\*Population statistics provided by Nevada State Demographer's Office

<b>Counties over 700,000 who are awarded 15% of total county award for specific Sexual Assault Programs</b>	
Clark County	\$359,912
<b>Total for specific Sexual Assault Programs</b>	<b>\$359,912</b>

Amount to be Awarded	\$3,812,074
Total Base * Multiplier	\$843,379
\$ Remaining After Multiplier	\$ 2,968,695
Award Per Capita for Counties with 20K + Population	\$1.015
Total Base + Per Capita	\$3,812,074
Remaining Balance	\$0.00

## **ATTACHMENT B**

### **Victims of Domestic Violence (ML) APPLICATION KIT**

Release date: Wednesday April 21, 2018

Submission Deadline Date and Time:  
Monday April 16, 2018 at 5pm

For additional information, please contact:  
Michael Guerra, Grants and Projects Analyst II  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706

Phone: (775) 684-7946  
Email: [mguerra@dcs.nv.gov](mailto:mguerra@dcs.nv.gov)

# COVERSHEET

## Victims of Domestic Violence (ML)

July 1, 2018 through June 30, 2019

Applicant Agency:

Physical Address:

Mailing Address:

Website?  Yes Website: \_\_\_\_\_  No

Contact Person:

Phone Number:

Fax Number:

Email Address:

DUNS Number:

CCR Registered:  Yes (Attach Verification, if available)  No

Geographic Area to be Served:

Clark County  Washoe County  Rural (County/Counties) \_\_\_\_\_

Funding Priority to be served:

Domestic Violence  Sexual Assault

\_\_\_\_\_

Mission Statement:

Funding History / Request			
Funds	SFY 18 Award	SFY 19 Request	Difference
Victims of Domestic Violence (ML)	\$	\$	\$

**Checklist for:**  
**Victims of Domestic Violence (ML)**  
(Please compile your application in the following order)

- Coversheet
- Completed Checklist
- Project Narrative
- Program Evaluation
- Cost Effectiveness of the Project
- Potential for Ongoing Sustainability of the Project
- Description of Services, Scope of Work and Deliverables
- Staff Qualifications and Job Descriptions
- Community Coordination / Collaboration
- Budget Narrative
- Budget Forms
- Confidentiality Policy
- Confidentiality Release Form
- Organizational Chart
- List of Board or Governing Body with Officers' Affiliations and Terms
- Most recent completed Independent Audit / Financial Opinion
- Current Memorandums of Understanding

**Signed Assurances and Agreements and Certifications:**

- Section A - Assurances and Certification
- Section E - Audit Information Request
- Section F - Notification of Utilization of Current or Former State Employees
- Section G - Business Associate Addendum
- Section H – Victims of Domestic Violence Assurance

**Copies of Insurance Coverage (not applicable to local government agencies):**

- General Liability
  - Worker's Compensation
  - Professional Liability
  - Fire Insurance
  - Vehicle Liability
  - Other Insurance Policies
- Submit the original (clearly labeled) and one (1) electronic copy of all application material



# ATTACHMENT C

## Budget Narrative Instructions

### All applications

must include a detailed project budget for the first year of the grant. The budget should be an accurate representation of the funds actually needed to carry out the proposed Scope of Work and achieve the projected outcomes for SFY19. 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 for downloading in the Budget Section of the online application. 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.

### 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 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).

### Staff Travel/Per Diem:

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>.

### Supplies:

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. As a general rule, 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 any and all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

**Training:**

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.

**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.

# ATTACHMENT D

## SECTION B

### Description of Services, Scope of Work and Deliverables

*\*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.*

*Subrecipient's name, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:*

#### **Scope of Work for Subrecipient**

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

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1.	1.	XX/XX/XX	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.

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

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1.	1.	XX/XX/XX	1.

*\*Note to preparer: Add lines to the table as applicable to accomplish all that goals of the subaward. Line up activities, due dates and documentation as best as possible for easier analysis.*

**Note: This document should not contain any red text when completed.**





## ATTACHMENT G GMU – Scoring Matrix

Reviewer ID Number: \_\_\_\_\_ Agency Reviewed: \_\_\_\_\_  
 Total Score: \_\_\_\_\_ / 100

Please indicate the funding source(s) the agency is applying for:  Victims of Domestic Violence (ML)

Proposed Geographic Area to be served:  
 Clark County  Washoe County  Rural (County or Counties) \_\_\_\_\_

Funding Priority to be served:  
 Domestic Violence  Sexual Assault

### 1. Technical Requirements:

Criteria	Yes/No
Is the narrative section within the 12-page limit?	
Is the application on 8-1/2" x 11" white paper, double sided, single-spaced, and typed in black, Times New Roman font size 12?	
Is the agency name and page numbers in the footer of each page?	

### 2. Project Narrative:

Criteria	Points
Described approach to direct service delivery and how it meets the needs of the client.	_____/ 3 points
Described the problem or unmet need in the proposed community the applicant plans to serve?	_____/ 3 points
Explained how the identified problem or unmet need will be addressed?	_____/ 3 points
Adequately listed other agencies providing similar services and described why duplication of services is warranted?	_____/ 3 points
Proposed goals and objectives address problem presented?	_____/ 4 points
Explained how services will be accessible?	_____/ 3 points
Explained how clients will be assessed?	_____/ 3 points
Explained the organization's experience providing direct services to individuals within the target population?	_____/ 3 points
<b>Total points for this section</b>	<b>_____/ 25 points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**3. Program Evaluation:**

<b>Criteria</b>	<b>Points</b>
Described measures that will track project outputs (quantity / quality of effort)?	_____/ 3 points
Described measures that will track project outcomes (effect of the service)?	_____/ 3 points
Described how client and service data is tracked?	_____/ 5 points
Described how the program will collect and evaluate client satisfaction?	_____/ 4 points
<b>Total points for this section</b>	<b>_____/15 points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**4. Cost Effectiveness of Project:**

<b>Criteria</b>	<b>Points</b>
Described non-cash resources that will be used to support the service?	_____/ 2 points
Described efforts that will be made to promote cost-efficiency?	_____/ 3 points
<b>Total points for this section</b>	<b>_____/ 5 points</b>

**Strengths:**

**Weaknesses:**



**Comments:**

**5. Potential for Ongoing Sustainability of the Project (5 points):**

<b>Criteria</b>	<b>Points</b>
Described resources or planning that support sustainability such as diverse funding resources?	_____/ 2 points
Described resources or planning that support sustainability such as longevity of the organization?	_____/ 2 points
Described resources or planning that support sustainability such as staff commitments?	_____/ 1 points
<b>Total points for this section</b>	<b>_____/ 5 points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**6. Scope of Work:**

<b>Criteria</b>	<b>Points</b>
Target population is eligible to receive services from specified funding source?	_____/ 4 points
Goals and objectives specified?	_____/ 4 points
Estimated number of clients / services provided?	_____/ 4 points
Scope of Work is reasonable for the amount of funding requested?	_____/ 3 points
<b>Total points for this section</b>	<b>_____/ 15 points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**7. Staff Qualifications:**

<b>Criteria</b>	<b>Points</b>
Described how proposed services will be staffed?	_____/ 3 points
Described how the staff is qualified to provide anticipated services?	_____/ 4 points
Provided job descriptions?	_____/ 3 points
<b>Total points for this section</b>	_____/10 <b>points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**8. Collaboration:**

<b>Criteria</b>	<b>Points</b>
Identified existing or proposed collaborators for the project?	_____/ 2 points
Described the level of participation of all agencies included in the collaboration?	_____/ 2 points
Described how collaborative efforts with various agencies will be encouraged?	_____/ 4 points
Current Memorandums of Understanding included in application packet?	_____/ 2 points
<b>Total points for this section</b>	_____/10 <b>points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**9. Budget Forms and Budget Narrative**

<b>Criteria</b>	<b>Points</b>
Are the budget items appropriate?	_____/ 5 points
Is the budget reasonable?	_____/ 5 points
Does the narrative accurately describe each expense listed in the budget detail?	_____/ 5 points
<b>Total points for this section</b>	_____/15 <b>points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**FUNDING RECOMMENDATION**

	Annual Previous Funding	Annual Requested Funding	Annual Recommended Funding
ML	\$	\$	\$

Comments:

# ATTACHMENT H

State of Nevada  
 Department of Health and Human Services  
**Division of Child & Family Services**  
 (hereinafter referred to as the Division)

Subaward #:   
 Budget Account: \_\_\_\_\_  
 Category: \_\_\_\_\_  
 GL: \_\_\_\_\_  
 Job Number: \_\_\_\_\_

## NOTICE OF SUBAWARD

<b>Program Name:</b> Victims of Domestic Violence		<b>Subrecipient Name:</b>	
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2023		<b>Address:</b>	
<b>Performance Period:</b> July 1, 2018 through June 30, 2019		<b>Subrecipients:</b> EIN: _____ Vendor #: _____ Dun & Bradstreet: _____	
<b>Purpose of Award: Shelter, services to Victims of Domestic Violence</b>			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties:			
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>	
1. Personnel                    \$ _____ 2. Travel                        \$ _____ 3. Supplies                     \$ _____ 4. Equipment                  \$ _____ 5. Contractual/Consultant    \$ _____ 6. Training                      \$ _____ 7. Other                         \$ _____  <b>Total Cost:                 \$ _____</b>		Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subaward</i> . Total reimbursement will not exceed <b>\$0.00</b> during the subaward period.	
<b>Source of Funds:</b>		<b>% Funds:</b>	<b>CFDA:</b>
1. Account for Assistance to Victims of Domestic Violence			
<b>Terms and Conditions:</b>			
In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents; 4. These funds can be used to match federal funds for a similar program.			
<b>Incorporated Documents:</b>			
Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; and Section G: Business Associate Addendum Section H: Victims of Domestic Violence Assurance			
Authorized Subrecipient Official Title	Signature		Date
Kelsey McCann-Navarro Social Services Program Specialist III			
for Kelly Wooldridge Administrator, Division of Child & Family Services			