

# Application: Checklist

---

Complete this checklist prior to scanning/submitting.

## Section A: Application Form

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions.
- Certification is signed by organization's authorized official.

## Section B: Narrative

- All narrative questions have been answered.
- Page limits have not been exceeded.
- Arial 11-point font has been retained.
- One-inch margins have been retained.
- Completed Appendix B: Descriptions of Services, Scope of Work and Deliverables Table

## Section C: Budget

- Proposed Project Budget* reflects whole dollar amounts or zeros for each category.
- Proposed Project Budget* is mathematically correct.
- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Justifications in *Budget Narrative* match the projected number of services provided or clients/patients served in *Section B-5: Goals and Objectives*.
- Budget Narrative tab of the *Budget Narrative* is completed and has justifications for each category of funding requested.
- Budget Summary tab of the *Budget Narrative* is completed with all the program's funding sources

## Section D: Mandatory Agency Self-Assessment

- All questions are answered
- Certification is signed by organization's authorized official.

## Section E: Past Performance with the DCFS GMU

- Attached most recent single audit or financial opinion

## Application Submission/Attachments

- Agency name is on the bottom of every page
- Include résumés and copies of licenses of key personnel (including subcontractors).
- Include any current Memorandums of Understanding and/or Letters of Intent for community collaboration
- Attach a copy of your Appendix B: Descriptions of Services, Scope of Work and Deliverables Table
- Attach a copy of your completed excel “Budget Narrative Template”
- A copy of the negotiated indirect agreement (If applicable)
- A PDF will be emailed to [DCFSGRANTS@DCFS.NV.GOV](mailto:DCFSGRANTS@DCFS.NV.GOV) with all required documentation no later than Thursday January 20, 2022, by 5pm.

# Application Form- Section A

---

Please complete each item.

## A. Applicant Organization

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

- B. Organization Type**    501(c)(3) Nonprofit    Federally-recognized Tribal nation  
 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	
---	--

## D. Victim Populations to be served:

<input type="checkbox"/> Sexual Assault Survivors	
---	--

## E. Agency Mission Statement

<input type="checkbox"/> Mission Statement	
--	--

**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**

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
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**I. Current Funding**

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

**J. Funding Request**

Funding	Current Request
ARP FVPSA Sexual Assault (SA)	

**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
_____	_____

# Application Narrative- Section B

---

Application Narrative - 50 points  
Begin typing below each field header.

1. **Overview** – 1. Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary. 2. Give an overview of how the agency will use funding related to COVID-19.

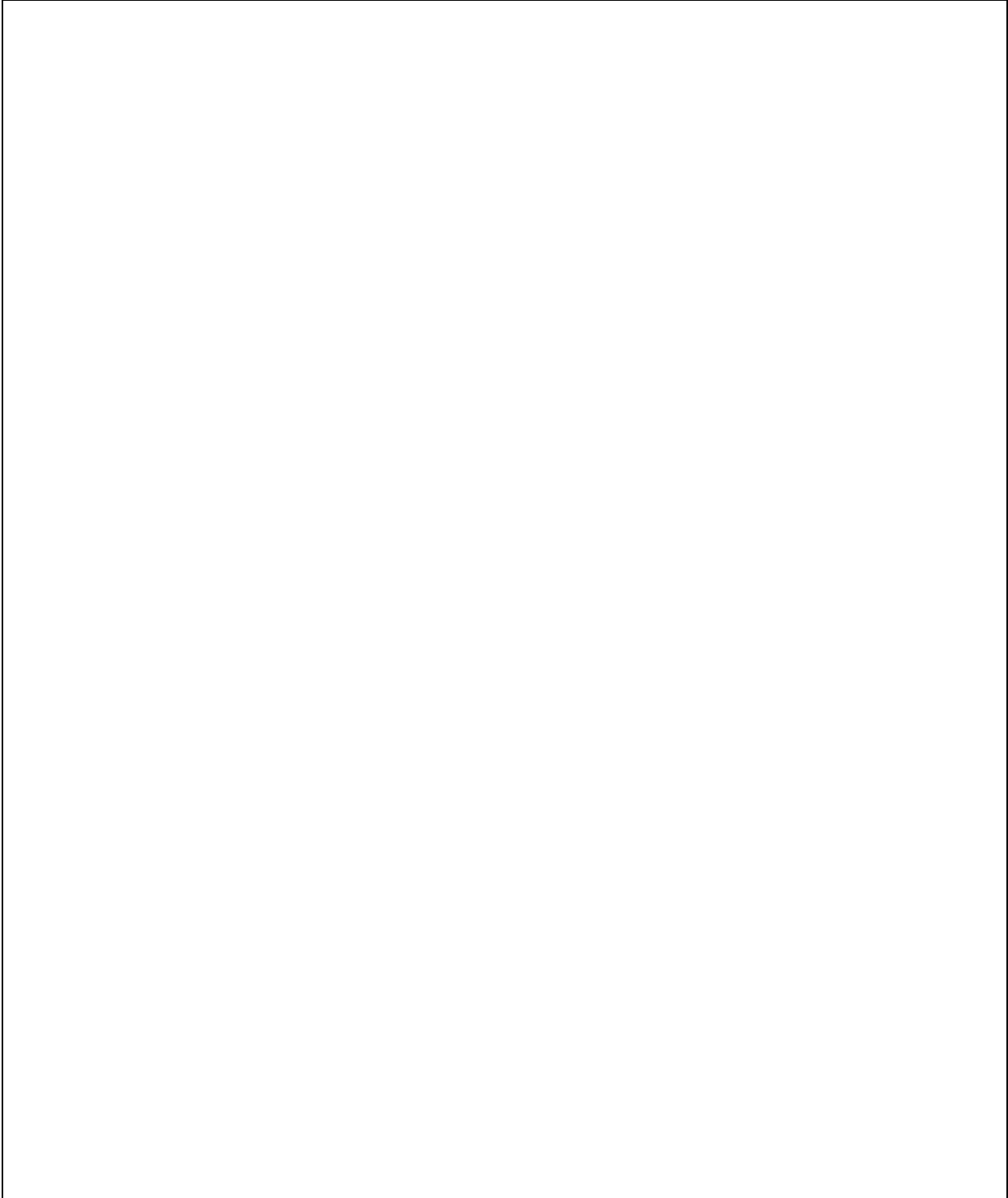
- 2. Statement of Need** – 1. Establish the degree of need of sexual assault services within the geographic area. 2. Describe how COVID-19 has affected the victims of sexual assault that your organization serves. 3. Describe how COVID-19 has affected your organization and the services that it offers.

3. **Target Population** – Identify the targeted population and explain how the target population would benefit from the proposed project.

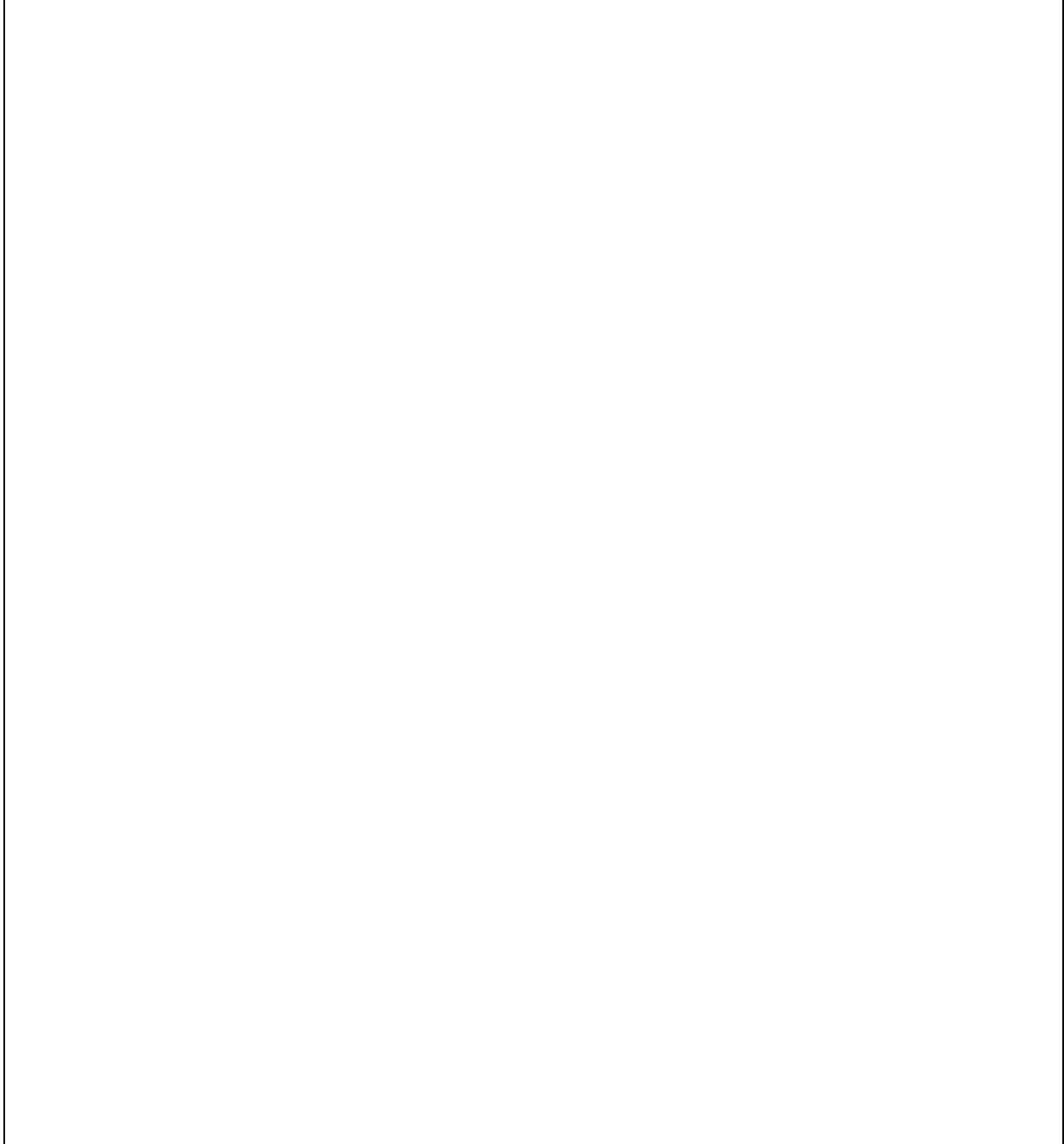


4. **Services Proposed** – 1. Identify what services will be provided. 2. Explain how your agency will ensure that services are accessible to all populations, how the needs of your clients will be assessed, and how services will be individualized. 3. If you are already providing the proposed services 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.

- 5. Goals and Objectives** – 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. Community Coordination/Collaboration** – 1. Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration. 2. Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services. 3. Include any current Memorandums of Understanding and/or Letters of Intent in your application packet.



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

**SFY-2022 through SFY-2025**

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

**Scope of Work for: Agency Name**

**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 measured (quantitative)</u>
1.	1.		1.	1.
2.	2.		2.	2.

*Add more lines if necessary*

**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 measured (quantitative)</u>
1.	1.		1.	1.
2.	2.		2.	2.

*Add more lines if necessary*

# Application Budget- Section C

---

Budget - 30 points

## 1. Proposed Project Budget

<b>Category</b>	<b>SFY22 1/1/22- 6/30/22</b>	<b>SFY23 7/1/22- 6/30/23</b>	<b>SFY24 7/1/23- 6/30/24</b>	<b>SFY25 7/1/24- 6/30/25</b>	<b>Total Amount Requested</b>
Personnel					
Travel/Training					
Operating					
Equipment					
Contractual/Consultant					
Other					
Indirect					
<b>Total Funding Requested (\$)</b>					

# Agency Self-Assessment- Section D

0 points- Must be completed

<b>Section A: General Information</b>	
Organization Name:	
Fiscal Point of Contact	Name: Title: Address: Phone: Email: Fax:
Program Point of Contact	Name: Title: Address: Phone: Email: Fax:
Organizational 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 <small>(If yes, please skip the rest of the questionnaire, sign, and return)</small>
<b>1. Type of Organization (check all that apply):</b>	
<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: _____	
<b>2. Start of Organizational Fiscal Year (Month and Year):</b>	
<b>3. Name of Cognizant Federal Agency (if applicable):</b>	
Approved Indirect Rate:	
<b>4. Approximate total organization-wide annual operating budget:</b>	
	\$ _____
	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.)

<b>Section B: Budget Formation &amp; Administration</b>
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?  Name: _____ Title: _____ Name: _____ Title: _____ Name: _____ Title: _____
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

<p>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</p>
<p>4. Is there timely, periodic financial reporting to management that permits (UG §200.308):</p> <p>a. Comparison of actual expenditures with the budget for the same period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p>
<p>5. Is the responsibility for maintaining budget control established at all appropriate levels? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. What steps are taken if projected revenues were insufficient to cover actual expenditures? Describe:</p>

<p><b>Section C: Internal Controls</b></p>
<p>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:</p>
<p>2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Do the procedures for cash receipts and disbursements include the following safeguards?</p> <p>a. Receipts are promptly logged, restrictively endorsed and deposited in an insured bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Checks drawn to “cash” and advance signing of checks are prohibited? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Multiple signatures are required on checks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are individuals of trust required to take leave and delegate their duties to others while on leave? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



**Section D: Accounting**

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

- a. Procurement  Yes  No
- b. Contract administration  Yes  No
- c. Payroll  Yes  No
- d. Records to justify costs of salaries and wages  Yes  No
- e. Inventory  Yes  No
- f. Vendor payments  Yes  No
- g. Federal draws  Yes  No
- h. Grants budgeting and accounting  Yes  No
- i. Cash management  Yes  No
- j. Audit resolution  Yes  No
- k. Cash receipts  Yes  No
- l. Disbursements  Yes  No
- m. Records retention  Yes  No

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)?

Name:

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 accounted for separately in your financial management system?

- Yes  No

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

- Yes  No

8. For each grant, does the accounting system provide the following information?

- a. Authorizations  Yes  No
- b. Obligations  Yes  No
- c. Funds received  Yes  No
- d. Program income  Yes  No
- e. Subawards  Yes  No
- f. Outlays  Yes  No
- g. Unobligated balances  Yes  No

9. Are obligations records by:

- a. Funding source  Yes  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.)? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Purchase Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Payments	<input type="checkbox"/> Yes <input 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Duplicate payments	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302).	
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