



State of Nevada

Department of Health and Human Services

Division of Child and Family Services

Grant Management Unit

Notice of Funding Opportunity

Child Death Review Funding

State Fiscal Year 2024 Award

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

Application Checklist

Complete this checklist prior to submission. The application checklist is for the benefit of applicants and does not have to be included in the submission packet.

Section A: Application Form

- All boxes checked to indicate current and accurate responses
- All fields completed according to instructions
- Application and Certification signed by organization's authorized official

Section B: Narrative

- Organization Information
- Project Summary and Abstract
- Target Population and Statement of Need
- Goals, Objectives and Timelines. Include copy of completed Scope of Work and Deliverables
- Page limits are not exceeded

Section C: Budget

- Proposed Project Budget completed for each line item
- Budget Narrative (must match the proposed budget) completed

Section D: Agency Self-Assessment

- Completed Agency Self-Assessment

Application Submission

- Résumés for key personnel listed on the Application
- A copy of the negotiated indirect agreement (if applicable)
- A PDF emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than April 28, 2023.

Application Form: Section A

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

A. Applicant Organization

Name	
Mailing Address	
Physical Address	
City & State	Zip (9-digit)
Federal Tax ID #	
UEI #	
State of Nevada Vendor #	

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

C. Geographic Area of Services Delivery. Check applicable boxes and provide a brief narrative of the service area

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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E. Program Point of Contact

Name	
Title	
Phone	
Email	

F. Fiscal Officer

Name	
Title	
Phone	
Email	

G. Subcontracts

Does your organization subcontract its services? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete information below.
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 List. List all revenue for the agency/organization.

Funding Source	Pending/Secured	Time Period	Amount (\$)

J. Funding Request. List funding requested for the one-year award period.

Funding	SFY 24 Request
Child Death Review (CDR)	

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 meet all requirements of the Child Death Review funding governing the grant as indicated by DCFS and the certifications included in the application packet; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; and 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 (70 points)

Begin typing below each field header.

1. Organization Information (1/2 page)

2. Project Summary/Abstract (1 page)

3. Target Population and Statement of Need (1 page)

4. Goals, Objectives and Timelines (1 page)

5. Methods of Accomplishment (1 page)