



State of Nevada

Department of Health and Human Services

Division of Child and Family Services

Grant Management Unit

Notice of Funding Opportunity (NOFO)

Fund to Assist Former Foster Youth (FAFFY)

State Fiscal Year 2024 Award

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

Application Checklist

Print and sign the completed application. Complete this checklist prior to scanning/submitting.

Section A: Application Form

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

Section B: Narrative

- ☐ Goals and Objectives include projected number of services to be provided and/or clients to be served
- ☐ Appendix B: Description of Services, Scope of Work and Deliverables is completed
- ☐ Page limits are not exceeded; Arial 11-point font and one-inch margins are retained

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

Section E: Past Performance with DCFS Grant Management Unit

- ☐ 2021 Single Audit or Financial Opinion attached

Application Submission

- ☐ Include résumés and copies of licenses of key personnel.
- ☐ A PDF emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than May 1, 2023 by 5:00 pm.

FAFFY 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 #	
DUNS # or UEI	

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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Indicate projected number of youth or young adults to be served:

Youth: _____ Young Adults: _____

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	SFY22 Award	SFY23 Request	Difference
FAFFY Program			

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 FAFFY legislation 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 (80 points)

The complete questions are listed on pages 10 and 11 of the NOFO. Begin typing below each question header.

Organization's goals and objectives

Plan to achieve your goals and objectives

Transitional services

Determine individualized needs

Objective criteria to determine eligibility

**Age or developmentally appropriate activities, positive youth development,
and experiential learning**

Services to children who have left foster care for kinship guardianship or adoption

Demonstrate continued flexibility

Positive peer to peer relationships

Promote positive risk-taking

Public Information

Collaboration with the child welfare agency and the juvenile justice system

Track client interactions and collecting service data

Assess to Nevada's ETV program

Evaluate youth satisfaction

Statement indicating that you will cooperate in any national evaluation

