

# Application: Checklist

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Print and sign the completed application. 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: Proposal Summary

- Complete this section using the online form at [https://hal.nv.gov/form/DCFS/Family\\_Violence\\_Services\\_and\\_Prevention\\_Act\\_FVSPA\\_FFY21\\_Application](https://hal.nv.gov/form/DCFS/Family_Violence_Services_and_Prevention_Act_FVSPA_FFY21_Application).

## Section C: Narrative

- Complete this section using the online form at the link provided above.

## Section D: Budget

- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Completed all three (3) tabs of the Budget Narrative form.

## Section E: Agency Self-Assessment

- Complete this section using the online form at the link provided above.

## Section F: 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 you have for community collaboration
- Attach a copy of your completed excel "Budget Narrative Template" all three (3) tabs
- Include copy of contracts listed in your proposed budget
- 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 Monday November 1, 2021, by 5pm.

# Application Form: Section A

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

Applicant Organization Name	
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**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
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Current Funding-** List all revenue for the agency/organization.

Funding	Type (Federal, Local, Non- Federal)	Time Period	Amount Awarded (\$)

**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
_____	

# Scope of Work Table

## Description of Services, Scope of Work and Deliverables

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

### Scope of Work for: Agency

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

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

# Application: Section D

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## Budget - 20 points

### 1. Proposed Project Budget

Category	Amount Requested (\$)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
Indirect	
<b>Total Funding Requested (\$)</b>	