

Application: Checklist

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: Narrative

- All questions are answered.
- Does not exceed 10 pages

Section C: Budget

- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Completed all three (3) tabs of the Budget Narrative form, and submit as a PDF

Section D: Agency Self-Assessment

- Complete this section

Section E: Past Performance with the DCFS GMU

- Attached most recent 990 tax filing

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 in PDF format
- A copy of the negotiated indirect agreement (If applicable)
- A PDF will be emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than Thursday September 15, 2022, by 5pm PST.

Application Form: Section A

Applicant Organization

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

Organization Type

- For-Profit
 501(c)(3) Nonprofit
 Government Agency
 Tribal
 Other

Geographic Area of Service (Check all applicable boxes)

- City
 County
 Statewide

Provide a brief narrative of your service area. If you provide services in states other than Nevada, provide numbers or percentages served by State.

Application Type:

- Immediate Shelter & Supportive Services
 Supportive Services & Prevention Services

Culturally Specific and Underserved Victim Population to be Served: (Check applicable boxes)

- LGBTQIA+
 Ethnic Minorities
 Male Victims
 Rural Victims
 Agency does not focus on any particular culturally specific or underserved victim population

Provide a brief narrative of the culturally specific populations and/or underserved populations that you serve including the approximate percentage these populations make up compared to your total population served. (Word Limit 250 words)

Mission Statement

Program Point of Contact

Name	
Title	
Phone	
Email	

Fiscal Officer

Name	
Title	
Phone	
Email	

Subcontracting of Services

Does your organization subcontract its services? Yes No

Subcontractor	
Mailing Address	
Physical Address	
City & State, Zip (9-digit)	
Federal Tax ID #	(xx-xxxxxxx)

Current FVPSA Funding Request (FFY22)

\$

Previous FVPSA Funding Amount (FFY21) October 1, 2021 – September 30, 2022- For agencies that did not receive FVPSA funding in FFY21, put \$0.00

\$

If you are requesting an increase in funding compared to previous year, please provide a brief description of how additional funds will be used. (Word Limit 250 words)

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

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

Proposal Narrative: Section B

10 Page Limit

1. Overview: 1) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary; 2) Provide three brief examples of the organization's successes; and 3) Describe the organization's desired goals and outcomes with service numbers.

2. Statement of Need: 1) Establish the degree of need of FVPSA services within the geographic area; 2) identify the targeted population and explain how the target population would benefit from the proposed project.

A large, empty rectangular box with a thin black border, intended for the applicant to provide a Statement of Need. The box is currently blank.

3. **Services Proposed:** The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy. 1) Identify what services will be provided and how clients are referred to your organization. 2) Explain how your organization 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) Describe your organization's approach to direct service delivery and how it meets the needs of the client; and 4) 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.

4. Availability and Accessibility of Services: 1) Detail the availability of services within the organizations geographic area; 2) Identify other organizations providing similar services and describe why duplication of services is warranted; and 3) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.

5. Goals and Objectives: 1) Describe the organization's goals and objectives to meet the geographic area's needs; and 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; and 3) Complete SOW table as detailed in Appendix B: Descriptions of Services, Scope of Work and Deliverables.

--

6. Methods of Accomplishment: 1) Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved; and 2) Explain what measurements will be used to report on the program's success.

7. 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; and 3) include any current Memorandums of Understanding and/or Letters of Intent in your application packet.

Scope of Work Table

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 name**

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

<u>Target Number</u>	<u>Objectives</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed for Measurement</u>
1. Total number, not percentage, of victims, training, or classes you hope to achieve in your objective 1.	1. These are specific objectives that need to be made to achieve the Goal. These need to be measurable.	1.1 These are the activities that can or need to be accomplished to achieve the Objectives	1.	1. What documentation do you have to show this objective was accomplished? How will you measure the information to show the objective is being met?
2. Total number, not percentage, of victims, training, or classes you hope to achieve in your objective 2.	2.	2.1	2.	2.

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

<u>Target Number</u>	<u>Objectives</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed for Measurement</u>
1.	1.	1.1	1.	1.
2.	2.	2.1	2.	2.

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

Note to Preparer: Add lines to the table as applicable to accomplish all the goals of this subaward. Line up activities, Target Number, documentation, and measurements as best as possible for easier analysis.

Budget: Section C

Budget - 20 points

1. Proposed Project Budget

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

Agency Self-Assessment: Section D

Section A: GENERAL INFORMATION		
Organization Name		
Fiscal Point of Contact	Name:	Title:
	Address:	
	Phone:	Email: Fax:
Program Point of	Name:	Title:
	Address:	
	Phone:	Email: Fax:
Organization 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 its 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 questionnaire, sign, and return)</small>	
1. Type of Organization (check all that apply):		
<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: _____		
2. Organizational Fiscal Year (Month and Year):		
3. Name of Cognizant Federal Agency (if applicable):		Approved Indirect Rate:
4. Approximate total organization-wide annual operating budget:		
Federal Funds	Previous Fiscal Year \$ _____	Current Fiscal Year \$ _____
Non-Federal Funds	\$ _____	\$ _____
5. Did your organization expend more than \$750,000 in Federal funds combined?		YES NO
6. Have your organizations' annual financial statements been audited by an independent audit Firm?		
YES NO		
7. Has your organization received funds for activities which are similar to, or the same as the currently proposed subgrant award?		
YES 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.)	
Section B: BUDGET FORMATION & ADMINISTRATION	
1. Does the organization have an operating budget for each of its grants? (UG §200.302) YES NO	
2. Who are the people responsible for developing and reviewing the budget(s) for your organization?	
Names and titles:	
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 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	
4. Is there timely, periodic financial reporting to management that permits (UG §200.308):	
a. Comparison of actual expenditures with the budget for the same period? <input type="checkbox"/> YES <input type="checkbox"/> NO 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	
5. Is the responsibility for maintain budget control established at all appropriate levels? YES NO	
6. What steps are taken if projected revenues were insufficient to cover actual expenditures?	
Describe:	
Section C: INTERNAL CONTROLS	
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:	
2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? YES NO	
3. Do the procedures for cash receipts and disbursements include the following safeguards:	
a. Receipts are promptly logged, restrictively endorsed, and deposited in an insured bank account. <input type="checkbox"/> YES <input type="checkbox"/> NO b. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individual(s) handling cash, disbursements and maintaining accounting records. <input type="checkbox"/> YES <input type="checkbox"/> NO c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. <input type="checkbox"/> YES <input type="checkbox"/> NO	

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			
e. Checks drawn to "cash" and advance signing of checks are prohibited. <input type="checkbox"/> YES <input type="checkbox"/> NO			
f. Multiple signatures are required on checks. <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Are individuals of trust required to take leave and delegate their duties to others while on leave? YES NO			
Section D: ACCOUNTING			
1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas:			
a.	Procurement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Contract Administration	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Payroll	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	Records to justify costs of salaries and wages	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e.	Inventory	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	Vendor payments	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	Federal draws	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Grants budgeting and accounting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i.	Cash management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j.	Audit resolution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k.	Cash receipts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l.	Disbursements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m.	Records retention	<input type="checkbox"/> YES	<input type="checkbox"/> 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)? Describe: How long it has 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 Describe.			
7. Does your organization use a chart of accounts and accounting manual? YES NO			
8. For each grant, does the accounting system provide the following information:			
a.	Authorizations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Obligations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Funds received	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	Program income	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e.	Subawards	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	Outlays	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	Unobligated balances	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Are obligation records by:			
a.	Funding source	<input type="checkbox"/> YES	<input type="checkbox"/> 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.) YES NO			

FVPSA NOFO FFY 2022

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? The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302)			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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	