



**State of Nevada
Division of Child and Family Services
Grant Management Unit**

**Family Violence Prevention and Services Act
(FVPSA)**

Notice of Funding Opportunity (NOFO)

**Federal Fiscal Year (FFY) 2022
Award Performance Period: 10/1/22-9/30/23**

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

Opportunity Summary

Opportunity Summary

The Family Violence Prevention and Services Act (FVPSA) formula grant assists States and Territories to fund more than 1,600 local public, non-profit, and faith-based organizations demonstrating effectiveness in the field of domestic violence services and prevention. These domestic violence programs provide victims of family, domestic, and dating violence and their children with:

- Shelter
- Safety planning
- Crisis counseling
- Information and referral
- Legal advocacy
- Additional support services/related Assistance

This Notice of Funding Opportunity (NOFO) is for competitive applications to be funded through the Family Violence Prevention and Services Act Federal Fiscal Year (FFY) 2022 award for State Fiscal Years (SFYs) 2023 and 2024. This NOFO implements a funding process that combines application review with grant allocation and is administered by the Division of Child and Family Services (DCFS) Grants Management Unit (GMU). Funds awarded as a result of this NOFO will begin on October 1, 2022 and expire on September 30, 2023. Unused funds from one year will not be carried forward to the next year. Current subrecipients are not guaranteed funding in FFY22 and applicants who receive awards through this NOFO are not guaranteed future funding.

Approximate Total Funding Amount: \$1,300,000. Actual funding amount will be dependent on allocation received for Nevada from the Family and Youth Services Bureau. Funding will be distributed to support community-based projects with demonstrated effectiveness carried out by non-profit, public, or private organizations; that have as their **primary purpose the operation of shelters for victims of family violence, domestic violence, and dating violence and their dependents** or those which provide counseling, advocacy, and self-help services to victims. Funds are awarded through a NOFO process and are dependent upon availability of funding, compliance with grant requests, and scopes of work (SOW).

Funding preference will be given to culturally specific populations and underserved populations. Nevada's underserved populations include members of the LGBTQ population, ethnic minorities, male victims, and those who live in rural areas of Nevada.

Funding Distribution	Funding Allocations	Approximate Total of Awards
Immediate shelter and supportive services	Approximately 74% of the total award	\$962,000
Supportive services and prevention services	Approximately 26% of the total award	\$338,000
	Total	\$1,300,000

Applicants should not exceed the award amounts listed in this solicitation and should carefully consider the resources needed to successfully implement the proposed project. DCFS has the discretion to award grants for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to awarding a grant.

Match/Cost Sharing Requirement: The purpose of matching contributions is to increase the amount of resources available to the projects supported by grant funds. The minimum local match (cash or in-kind) requirement is **20%** of the total FVPSA project cost. Match is determined with the following formula: award amount divided by 80% multiplied by 20%. Match is required for all subrecipients, except Federally recognized Tribal nations. There is no match waiver process available for FVPSA funding.

Program Requirements

APPLICANT ELIGIBILITY

This NOFO is open to any non-profit organization, faith-based organization, or Federally recognized Tribal nation that supports programs and projects within the state to prevent incidents of family, domestic, and dating violence and to provide immediate shelter and related assistance to victims of family violence and their dependents in order to prevent future incidents.

Unique Entity ID (UEI)

Subrecipients must obtain a Unique Entity ID (UEI) as part of eligibility for a sub-award. As of April 2022, the UEI has replaced the Data Universal Numbering System (DUNS) number. The transition from the DUNS number to the UEI is a federal governmentwide initiative. The Office of Management and Budget (OMB) directed federal agencies to complete transitions to UEI no later than April 4, 2022. The UEI is a 12-character alphanumeric identifier used in sam.gov and other federal government systems as a way to identify a unique entity. The identifier is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and subrecipients. If you are registered in SAM.gov, you already have a UEI. If you do not have a UEI, obtaining a UEI number is a free, one-time activity. You can obtain a UEI by registering your agency at SAM.gov.

Civil Rights Compliance

All recipients of federal grant funds are required to comply with nondiscrimination requirements contained in various federal laws. In the event that a court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against a recipient of funds after a due process hearing, the recipient must agree to forward a copy of the finding to the Office for Civil Rights of the Department of Justice's Office of Justice Programs.

Services to Limited-English-Proficient (LEP) Persons

National origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with Title VI of the Civil Rights Act and the Omnibus Crime Control and Safe Streets Act, grant recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including interpretation and translation services, where necessary. Applicants are encouraged to consider the need for language services for LEP persons served or encountered both in developing their proposals and budgets and in conducting their programs and activities. Reasonable costs associated with providing meaningful access for LEP individuals are considered allowable program costs.

DEFINITIONS

Dating Violence - Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship,
- The type of relationship, and
- The frequency of interaction between the persons involved in the relationship.

Domestic Violence - Felony or misdemeanor crimes of violence committed:

- By a current or former spouse or intimate partner of the victim,
- By a person with whom the victim shares a child in common,
- By a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
- By a person similarly situated to a spouse of the victim, or
- By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence of the jurisdiction.

Family Violence - Any act or threatened act of violence, including forceful detention of an individual, which:

- Results or threatens to result in physical injury, and
- Is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related or with whom such person is or was lawfully residing.

Shelter - Provisions of temporary refuge and related assistance including safe homes, shelters, meals, and related assistance to victims of family violence and their dependents.

Related Assistance - The provision of direct assistance to victims of family violence and their dependents for the purpose of preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence. Related assistance shall include:

- Prevention services such as outreach and prevention services for victims and their children, employment training, parenting and other educational services for victims and their children, preventive health services within domestic violence programs (including nutrition, disease prevention, exercise, and prevention of substance abuse) domestic violence, prevention programs for school age children, family violence, public awareness campaigns, and violence prevention counseling services to abusers,
- Counseling with respect to family violence, counseling by peers individually or in groups, and referral to community social services,
- Transportation, technical assistance with respect to obtaining financial assistance under Federal and State programs and referrals for appropriate health-care services (including alcohol and drug abuse treatment), but shall not include reimbursement for any health-care services,
- Legal advocacy to provide victims with information and assistance through the civil and criminal courts, and legal assistance, or
- Children's counseling and support services, and childcare services for children who are victims of family violence or the dependents of such victims.

FVPSA REQUIREMENTS

- A. Direct payments to any victim or dependent of a victim are not allowed.
- B. Services must be voluntary, and no conditions can be imposed on receipt of emergency shelter.
- C. Subrecipients may not apply inappropriate screening mechanisms, such as criminal background checks or sobriety requirements for victims to obtain shelter services.
- D. Income eligibility standards may not be applied to individuals receiving assistance or services.
- E. Written procedures must be present or be developed within 30 days of the award, to assure confidentiality of records pertaining to persons receiving assistance or service.
- F. No person shall on the ground of actual or perceived gender, including gender identity, be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or part through FVPSA.
- G. Subrecipients must provide comparable services to victims regardless of actual or perceived gender, including gender identity. This includes not only providing access to services for all victims, including male victims, of family, domestic, and dating violence regardless of actual or perceived gender, including gender identity, but also making sure not to limit services for victims with adolescent children on the basis of the actual or perceived gender, including gender identity, of the children.

DCFS is vested in supporting and funding programs that provide direct shelter and related services to children and families impacted by family violence. DCFS is particularly interested in enhancing shelter and related services to young children exposed to violence in the home environment.

Applicants for family violence funding should do their best to describe any services provided to children and families.

CONFIDENTIALITY REQUIREMENTS

In order to ensure the safety of adult, youth, and child victims of family, domestic, or dating violence and their families, subrecipients receiving FVPSA funding must protect the confidentiality and privacy of such victims and their families.

Subrecipients are prohibited from the following:

- Disclosing any personally identifying information collected in connection with services requested through subrecipient's programs,
- Revealing any personally identifying information without informed, written, reasonably time-limited consent by the person about whom information is sought, and
- Require an adult, youth, or child victim of family, domestic, or dating violence to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the subrecipient.

Application Process

Award Timeline

Event	Date/Time
Grant opportunity announced	August 15, 2022
Question and Answer	August 15, 2022 – August 29, 2022
Questions and Answers posted to DCFS GMU webpage	September 1, 2022
Deadline for submission	September 15, 2022
Evaluation period (approximate time frame)	September 16, 2022 – October 7, 2022
Announcement of awards	October 2022
Performance Period	October 1, 2022 through September 30, 2023

Application Review

DCFS staff along with application review panel members will review and evaluate each application based upon the GMU Scoring Matrix (See Appendix C). The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation. The review process will include a technical review of applicant information, project narrative, program evaluation, cost effectiveness, project sustainability, scope of work, staff qualifications, collaboration, and budget narrative. The review panel members will be comprised of individuals with experience and knowledge of grant management or responsibility for program service and financing.

Funding decisions will be based on the following factors:

- Review panel scores,
- Geographic distribution of the proposed grant awards,
- Federal priority funding populations, and
- Conflicts or redundancy with other funded programs or supplanting of existing funding.

Evaluation Process

Applications received by the published deadline of **5 pm Thursday September 15, 2022** will be processed as follows:

STEP 1: Technical Review

DCFS staff will perform a technical review of each application to ensure that minimum standards are met.

- Applications **may** be disqualified if they are missing fundamental elements (i.e., unanswered questions, required attachments).

STEP 2: Application Review Panel

- A. Each application that passes the technical review will be evaluated for content and scored by at least two review panel members using the GMU Scoring Matrix (See Appendix C).
- B. During the review process, staff will identify strengths and weaknesses and may recommend that if the application is funded:
 - Specific revisions are made to the budget or scope of work, or
 - Special conditions are placed on the award (e.g., certain fiscal controls, more stringent performance requirements, or more frequent reviews).
- C. The review panel will identify specific line-item areas for revision if funding limitations result in a reduction of an overall proposed budget. In the event budget reductions are necessary, an equitable formula based on application ranking and scores will be developed and applied in an impartial manner.
- D. Decisions will be based on GMU and review panel recommendations which will be provided to the Administrator of DCFS or designee for final approval.

STEP 3: Final Decisions

A successful application is not a guarantee you will receive all or partial funding for the program; or, if initially funded, that your project will receive continued funding in subsequent grant cycles.

Final funding decisions will be made by the DCFS Administrator or designee based on the following factors:

- Review panel scores,
- Geographic distribution of the proposed grant awards,
- Federal priority funding populations, and
- Conflicts or redundancy with other funded programs or supplanting of existing funding.

Funding decisions made by the DCFS Administrator or designee are final. There is no appeals process

Notification and Award Process

Successful applicants will be notified of their application status with a letter of intent after funding decisions have been made in October 2022.

GMU staff will conduct negotiations with applicants regarding the recommendation for funding to address any specific issues identified by the GMU or the review panel. All related issues must be resolved before a grant will be awarded. These issues may include, but are not limited to:

- Revisions to the project budget,
- Revisions to the scope of work, and/or
- Enactment of special conditions (e.g., fiscal controls, performance requirements or frequency of reviews).

Upon successful conclusion of negotiations, GMU staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA documents and Grant Instructions and Requirements (GIRs) will be distributed to the subrecipient upon approval of subaward.

Post Award Requirements

Monthly Financial Status and Request for Funds Report filing

DCFS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 15th of the following month.

Performance Report

Subrecipients who receive an award must complete performance reports on a quarterly basis and submit them as instructed by DCFS. The quarterly reports will be due by the 15th of the month following the end of the reporting quarter, please see the chart below. Successful applicants will report on their progress towards meeting their scope of work commitments and DCFS will provide a data reporting workbook for subrecipients to document their performance measures. Subrecipients will be required to provide source documentation that corresponds to the data reported.

Reporting Period	Due Date
October 1, 2022 – December 31, 2022	January 13, 2023
January 1, 2023 – March 31, 2023	April 14, 2023
April 1, 2023 – June 30, 2023	July 14, 2023
July 1, 2023 – September 30, 2023	October 13, 2023

Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DCFS to the federal granting agency. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. For non-governmental agencies, at least one (1) board member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to your agency within 30 working days following the conclusion of the subrecipient monitoring.

Compliance with Changes to Federal and State Laws

As federal and state laws change and affect either the DCFS GMU process or the requirements of subrecipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

Nevada 2-1-1

All successful applicants will be required to add or update their agency's profile on Nevada's 2-1-1 website located at www.nevada211.org within 60 days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs.

Client Grievance Process

All successful applicants will be required to adhere to the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) Client Grievance procedure. Additional information will be provided to successful applicants.

Questions?

Contact the DCFS GMU at dcfsgrants@dcfs.nv.gov

A Question and Answer session will begin the first day of the NOFO release and will continue until Monday August 29, 2022.

All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/>. To submit your questions please e-mail DCFS GMU at dcfsgrants@dcfs.nv.gov.

Submission Instructions

- **The grant application deadline is 5:00 p.m. Pacific Standard Time (PST) on Thursday September 15, 2022.**
- Submit the signed, completed application form, Scope of Work Table, Budget Narrative, and all other required attachments in a PDF document to dcfsgrants@dcfs.nv.gov.
- Application must be submitted by emailing all required documents in a single email to dcfsgrants@dcfs.nv.gov In the subject line of the email place the NOFO title, "FVPSA NOFO Response from [name of applicant]".
 - If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal of the application, then more than one email may be

sent by indicating in the email subject line that the application has been emailed in parts (e.g., "Part 1 of 3").

- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.
- If you do not receive an email acknowledgment within 3 business days of submitting the application, please email dcfsgrants@dcfs.nv.gov or 775-684-4447 to verify that DCFS received your application.
- Submitting a paper copy of the application is **not** required.

Application Instructions and Scoring

Application Instructions and Scoring

- An application packet, which includes the application checklist, application form, and budget narrative form is available for download at <http://dcfs.nv.gov/Programs/GMU/GMU/>
- Email dcfsgrants@dcfs.nv.gov if you would like a word version of the application form.
- The completed application package consists of five (5) sections and a checklist.
- Late and/or incomplete applications will not be scored nor considered for funding.
- The total possible score for the entire application is 180.
- Application should be in Arial 11-point font on single-spaced pages with one-inch margins.
- All pages including attachments must have applicant's name on the bottom of the page.

Application Checklist

- Complete the Application Checklist prior to scanning/submitting the application to DCFS.
- The Application Checklist is for the benefit of the applicants and is not required to be included in the Submission Packet

Section A – Application Form (0 Points) Must be Completed

- Complete the section
- Sign the form

Section B – Narrative (80 points)

- This Section has seven (7) fields assigned different numbers of points.
- The Statement of Need (section 2) must be substantiated with data.
- Maximum 10 pages total for narrative section.

Field Name	Scoring Points	Instructions
1. Overview	10	<ol style="list-style-type: none"> 1. Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary. 2. Provide three (3) brief examples of the organization's successes. 3. Describe the organization's desired goals and outcomes with service numbers.
2. Statement of Need	10	<ol style="list-style-type: none"> 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.
3. Services Proposed	15	<p>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.</p> <ol style="list-style-type: none"> 1. Identify what services will be provided and how clients

		<p>are referred to your organization.</p> <ol style="list-style-type: none"> 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. 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	10	<ol style="list-style-type: none"> 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. 3. Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.
5. Goals and Objectives	15	<ol style="list-style-type: none"> 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 SOW as detailed in Appendix B: Descriptions of Services, Scope of Work and Deliverables
6. Methods of Accomplishment	10	<ol style="list-style-type: none"> 1. Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved. 2. Explain what measurements will be used to report on the program's success.
7. Community Coordination/ Collaboration	10	<ol style="list-style-type: none"> 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.
Total for Narrative	80	

Section C – Budget (40 points)

- This Section has two (2) fields assigned different numbers of points.
- The first field (Proposed Project Budget) is part of the application form.
- To complete the second field, complete the Budget Narrative Template, which can be located at <http://dcfs.nv.gov/Programs/GMU/GMU>.
- Scan all three forms of the Budget Narrative Template into a PDF with any other required attachments. Include this PDF with your email submission. See Submission Instructions for more details on how to submit your application.
- See Appendix A for Budget Narrative Instructions.

Field Name	Scoring Points	Instructions
Proposed Project Budget	10	Use the provided table and designate a whole dollar amount for the seven (7) budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for the project period.
Budget Narrative	30	All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds <u>needed</u> to carry out the proposed Scope of Work and achieve the projected outcomes for FFY22. This should align with the Narrative's Goals and Objectives (Section B-5) and Methods of Accomplishment (Section B-6).
Total for Budget	40	

Section D – Agency Self-Assessment (0 Points) Must be completed

- Complete this section

Section E – Past Performance with DCFS GMU (60 Points)

- Submit most recent 990 Tax filing.
- Do not attach GMU's subrecipient monitoring forms.
- New applicants will only receive a score for the single audit or financial opinion

Past Performance Criteria	Scoring Points
Timeliness and Accuracy of Request for Funds	15
Timeliness and Accuracy of Performance Reports	15
Subrecipient Monitoring Findings	15
Percentage of prior funds spent	15
Total	60

Overview of Certifications and Assurances

By signing the Application Form of the Division of Child and Family Services application, the applicant certifies:

1. The project described in this application meets all the requirements of the Family Violence Prevention and Services Act,
2. All information contained in the application is correct,
3. The appropriate coordination with impacted organizations, including subcontractors, took place,
4. The applicant will read, understand, and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations, and
5. The applicant further understands and agrees that any award received as a result of this application is subject to the grant conditions set forth in the Notice of Subaward and Assurances and Certifications.

APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds necessary to carry out the proposed Scope of Work (SOW) and achieve the projected outcomes for FFY22.

Note: If the project is not fully funded, the GMU will work with the applicant to modify the budget, the SOW, and the projected outcomes.

Applicants **must** use the “Budget Narrative Template” excel file budget template form provided for downloading in the Budget Section of the online application. Use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

For all budget categories: Provide total requested, item details, and line-item justification.

Personnel:

Employees who provide direct services are identified here. Direct services are defined as those services described in 42 U.S.C. 10603(d)(2), and efforts that (1) respond to the emotional, psychological, or physical needs of crime victims; (2) assist victims to stabilize their lives after victimization; (3) assist victims to understand and participate in the criminal justice system; or (4) restore a measure of safety and security for the victim.

The following criterion is useful in distinguishing employees from contract staff.

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes workspace & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and employee name, if know. Provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker’s compensation). For example:

Program Director – $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

Intake Specialist – $(\$20/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840$

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant’s indirect costs (explained later).

Charges made to Federal awards for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization. See [2 C.F.R. § 200.430](#).

Travel/Training: Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently 58.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

Identify and justify any training costs specifically associated with the project, include type of training, location, # attending, benefit to subrecipient and implementation of a subaward.

Operating:

List and justify tangible and expendable property, such as office supplies, audit costs, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased for shelters, detail must be provided that explains how the food will be utilized to meet the project goals.

Equipment:

List equipment to purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Operating. Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled, inventoried, and tracked as such.

Contractual/Consultant Services:

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DCFS. A copy of written agreements with all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as shelter, program supplies, client transportation, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program

may be included here but require special justification as to the merits of the applicant serving as a “pass-through” entity, and its capacity to do so. If there is insufficient room in the narrative section to provide adequate justification, please add a fourth tab to the budget template for that purpose.

Indirect Costs:

Indirect costs may be included in the budget and represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include but are not limited to depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project.

Subrecipients without a negotiated indirect rate with their cognizant federal agency may use a 10% *de minimis* rate of “modified total direct costs” (MTDC). The *de minimis* rate is only an option for subrecipients that have **never** received an approved federally negotiated indirect cost rate. The MTDC base includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards up to the first \$25,000 of each subaward. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. [2 C.F.R § 200.68](#)

When the *de minimis* rate is used, costs must be consistently charged as either indirect or direct costs. Double charging is not permitted. Transferring funds into or out of the indirect cost category is not allowable without prior approval and a budget modification is required.

Subrecipients that have a current federally approved indirect cost rate with their federal cognizant agency for indirect cost may include the negotiated percentage rate in their budgets. A copy of the negotiated indirect agreement must be attached to the application.

Budget Summary Form 2

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 (“DCFS”) should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through G of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words “Other Funding” in the cell(s) in Row 6 with the name of the funding source. Enter either “Secured” or “Pending” in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the “Total Agency Budget” in Cell I-26 labeled for this purpose. **This should include all funding available to the agency for all projects including the proposed project.** Cell I-27

directly below, labeled "Percent of Total Budget," will automatically calculate the percentage that the funding requested from the DCFS for the proposed project will represent.

Budget Summary Form 3

After completing Budget Narrative Forms 1 and 2, turn to Budget Summary Form 3 to provide Match information. The minimum local match (cash or in-kind) requirement is **20%** of the total FVPSA project cost. Match is determined with the following formula: award amount divided by 80% multiplied by 20%. Identify and justify match of 20% of the subaward project. All funds designated as match are restricted to the same uses as the subaward funds and must be expended within the grant period.

FORM 1- Budget Narrative (Please complete in "Budget Narrative Template" excel file, this version is just for information puposes)

Applicant Name:

Form 1

BUDGET NARRATIVE

<u>Total Personnel Costs</u>		Including Fringe	Total:	\$	
				-	
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Mont hs</u>	<u>Amount Requested</u>
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					
					\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					
					\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					
					\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position					

*Insert details to describe position duties as it relates to the funding (specific program objectives).					\$	
					-	
*Insert new row for each position funded or delete this row.						
Total Fringe Cost				\$	Total:	\$
				-		-

Travel/Training					Total:	\$
						-
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.						
Out-of-State Travel						\$
						-
<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		
Airfare: Cost per trip (origin & destination) x # of trips x # of staff					\$	-
Baggage fee: \$ amount per person x # of trips x # of staff					\$	-
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$	-
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$	-
Ground Transportation: \$ per r/trip x # of trips x # of staff					\$	-
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x # of days x # of staff					\$	-
Justification:						
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						
If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip						
In-State Travel						\$
						-
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$	-
Baggage fee: \$ amount per person x # of trips x # of staff					\$	-
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$	-
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$	-
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days					\$	-
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x # of days x # of staff					\$	-
Justification:						

Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating	Total: \$
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.	
Office supplies: \$ Amount x # of FTE staff x # of months	\$
Occupancy	\$
Communications	\$
Rent: \$ per month x 12 months x # of FTE	\$
Utilities: \$ per quarter x 4 quarters	\$
State Phone Line: \$ per month x 12 months x # of FTE	\$
Voice Mail: \$ per month x 12 months x # of FTE	\$
Conference Calls: \$ per month x 12 months	\$
Long Distance: \$ per month x 12 months	\$
Email: \$ per month x 12 months x # of FTE	\$
	\$
Justification:	
<i>Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.</i>	

Equipment	Total: \$
List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.	
Describe equipment	\$
	\$

Contractual	Total: \$
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.	
Name of Contractor/Subrecipient:	\$
Method of Selection: Explain, i.e. sole source or competitive bid	
Period of Performance: July 1, 2018 - June 30, 2019	
Scope of Work: Define Scope of Work	
*Sole Source Justification: Define if sole source method, not needed for competitive bid	
Method of Accountability:	

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

*Add additional Contractor/Subrecipients here with justification or delete this row.

\$
-

Other	Total: \$
	-
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.	
Printing Services: \$ amount/month x 12 months	\$ -
Copier/Printer Lease: \$ amount/month x 12 months	\$ -
Property and Contents Insurance per year	\$ -
Car insurance: \$ per month x 12 months	\$ -
Postage: \$ per month x 12 months	\$ -
Audit	\$ -
Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.	

TOTAL DIRECT CHARGES	\$ -
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Indirect	Total: \$
	-
Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculated 10%. Applicants may override this formula only to request a lower indirect rate.	
Identify Indirect Expenses	\$ -
Add more as necessary and adjust formula in F112	\$ -
to reflect changes.	\$ -
TOTAL BUDGET	Total: \$ -

FORM 2- Budget Summary (Please complete in “Budget Narrative Template” excel file, this version is just for information purposes)

Applicant Name: - - - -

Form 2

PROPOSED TOTAL AGENCY BUDGET SUMMARY
(Form Revised January 2020)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EXPENSE CATEGORY

Personnel	\$ -							\$ -	\$ -
Travel/Training	\$ -							\$ -	\$ -
Operating	\$ -							\$ -	\$ -
Equipment	\$ -							\$ -	\$ -
Contractual/Consultant	\$ -							\$ -	\$ -
Other Expenses	\$ -							\$ -	\$ -
Indirect	\$ -							\$ -	\$ -

TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------	------	------	------	------	------	------	------	------	------

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$ -
Indirect % of Budget	10%

Total Agency Budget	\$ -
Percent of Agency Budget	#DIV/0!

B. Explain any items noted as pending:

FORM 3- Match Budget Narrative (Please complete in “Budget Narrative Template” excel file, this version is just for information puposes)

Applicant Name:

Form 3

MATCH BUDGET NARRATIVE

Funding for Match Received From (State Funding Source):

Total Personnel Costs					Including Fringe	Total:	\$
							-
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.							
	Annual Salary	Fringe Rate	% of Time	Mont hs	Amount Requested		
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number							
*Insert details to describe position duties as it relates to the funding (specific program objectives).							
						\$	-
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number							
*Insert details to describe position duties as it relates to the funding (specific program objectives).							
						\$	-
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number							
*Insert details to describe position duties as it relates to the funding (specific program objectives).							
						\$	-
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number							
*Insert details to describe position duties as it relates to the funding (specific program objectives).							
						\$	-
*Insert new row for each position funded or delete this row.							
Total Fringe Cost					\$	Total:	\$
							-

Travel/Training	Total: \$
------------------------	------------------

Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel

					\$
					-
<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	
Airfare: Cost per trip (origin & destination) x # of trips x # of staff					\$
Baggage fee: \$ amount per person x # of trips x # of staff					\$
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$
Ground Transportation: \$ per r/trip x # of trips x # of staff					\$
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$
Parking: \$ per day x # of trips x # of days x # of staff					\$

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

In-State Travel

					\$
					-
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$
Baggage fee: \$ amount per person x # of trips x # of staff					\$
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # of trips x # days					\$
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$
Parking: \$ per day x # of trips x # of days x # of staff					\$

Justification:

Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating	Total: \$
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List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Office supplies: \$ Amount x # of FTE staff x # of months	\$
Occupancy	\$
Communications	\$
Rent: \$ per month x 12 months x # of FTE	\$
Utilities: \$ per quarter x 4 quarters	\$
State Phone Line: \$ per month x 12 months x # of FTE	\$
Voice Mail: \$ per month x 12 months x # of FTE	\$
Conference Calls: \$ per month x 12 months	\$
Long Distance: \$ per month x 12 months	\$
Email: \$ per month x 12 months x # of FTE	\$
Justification:	
<i>Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.</i>	

Equipment	Total: \$
	-
List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.	
Describe equipment	\$
	-

Contractual	Total: \$
	-
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.	
Name of Contractor/Subrecipient:	\$
	-
Method of Selection: Explain, i.e. sole source or competitive bid	
Period of Performance: July 1, 2018 - June 30, 2019	
Scope of Work: Define Scope of Work	
*Sole Source Justification: Define if sole source method, not needed for competitive bid	
Method of Accountability:	
Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.	
*Add additional Contractor/Subrecipients here with justification or delete this row.	\$
	-

Other	Total: \$
	-
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.	

Printing Services: \$ amount/month x 12 months	\$
Copier/Printer Lease: \$ amount/month x 12 months	\$
Property and Contents Insurance per year	\$
Car insurance: \$ per month x 12 months	\$
Postage: \$ per month x 12 months	\$
Audit	\$
<i>Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.</i>	

TOTAL DIRECT CHARGES	\$
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APPENDIX B: DESCRIPTION OF SERVICES, SCOPE OF WORK AND DELIVERABLES

INSTRUCTIONS: Scope of Work (SOW) Table

The Purpose of the Scope of Work (SOW) Table is to provide a clear and concise description of the services that will be provided with this grant funding. This description needs to contain measurable deliverables so that the Grant Management Unit staff can objectively measure if the program met its goals.

How to Complete the SOW Table:

1. Replace the red text that says “Subrecipient’s Name” with the name of your agency/organization in the sentence under the document name. Please note that this should be the name on your application.
2. Replace the red text that says “Subrecipient Name” with the name of your agency/organization in the “Scope of Work for Subrecipient Name” line of the document. Please note that this should be the name on your application.
3. Determine how many goals the program funded with this grant will have. You will need to have one Goal Statement and Table with details for each Goal.
 - a. If your program has only one goal, delete the second goal statement and table from the template form
 - b. If your program has more than two goals, copy the goal statement and table and paste it below the second table. Remember to change the numbering. Repeat this until you have the correct number of goals for your program.
4. Type the first goal statement for your program above the first table after where it says, “Goal 1:” See below for more details on the differences between a goal, an objective, and an activity.
5. Determine the Target Number of the objective(s) you are going to provide to meet your goal. Example below.
6. Determine the Objective(s) that will show how your agency is going to demonstrate that it met its goal and type them in the first column of the table labeled Objectives.
 - a. Number each objective in the table.
 - b. Each goal must have at least one objective.
 - c. Objectives need to be specific and measurable. This means that they most likely will have a number in them.
7. Put the target number for each objective in the column labeled “Target Number”
 - a. These should be numbered to match the number of the objective that they are connected to.
8. Determine the Activities that the agency/organization will need to complete to accomplish the objective.
 - a. Each Objective must have at least one activity.
 - b. Number each activity with the number of the objective that it applies to then point and the number of the activity. Example: If the first objective had three activities, they would be numbered 1.1, 1.2., 1.3, then the second objective had two activities, they would be numbered 2.1, and 2.2.
9. Determine the amount of time it will take to accomplish each objective. This can be any period between the start and end date of the grant year but not exceed the grant year.
 - a. This is just the end date, not a range and should not be “continuing.”
 - b. These should line up with each objective in the table.
10. Determine the documentation needed to measure the objectives and activities to show that they were completed. This documentation may be reviewed by request of the Grant Management Unit.
 - a. The numbering of the documentation should match the objective that the documentation will support.

Determining the Difference between Goals, Objectives, and Activities

Goal: The object of the agency’s ambition or effort; and aim or desired result. This is a very broad statement on what your agency plans to do with this funding. It should establish the big picture and include the target population and what benefits/assistance they will receive.

Objective: A concrete, measurable milestone on the way to achieving the goal they relate to.

Activity: Things that happen or are being done to accomplish the objective they relate to.

Documentation: Material that provides official information or evidence or serves as a record of the activities and objectives being completed.

EXAMPLE:

Scope of Work Table- FFY22

Crater Lake Victim Advocacy, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Crater Lake Victim Advocacy

Goal 1: Assist victims in becoming self-sufficient.

<u>Target Number</u>	<u>Objectives</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed for Measurement</u>
1. 50	1. Provide advocacy to 50 victims	1.1 Operate hotline 1.2 Crisis intervention 1.3 Safety planning 1.4 Basic needs assessment	1. 9/30/23	1. Electronic records system with ability to track victims who received advocacy services.
2. 50	2. Provide education on criminal justice process to 50 victims	2.1 VOCA compensation education 2.2 Temporary Protection Order (TPO) education 2.3 Legal resources education and referral	2. 9/30/23	2. Case notes documenting information provided and referrals made
3. 52	3. Provide weekly life skills classes for victims.	3.1 Parenting classes 3.2 Budgeting/debt management classes 3.3 Employment readiness classes	3. 9/30/23	3. Group sign-in sheets

Goal 2: Assist victims improve mental health related to victimization.

<u>Target Number</u>	<u>Objectives</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed for Measurement</u>
1. 10	1. Provide mental health counseling to 10 victims	1.1 Psychiatric evaluation 1.2 Crisis intervention 1.3 Counseling sessions	1. 9/30/23	1. Paper counseling charts with case notes documenting counseling services provided.
2. 30	2. Provide case management to 30 victims	2.1 Complete Social history 2.2 Case plans 2.3 Referrals and Follow-up	2. 9/30/23	2. Electronic records system tracking number of victims enrolled in case management services

APPENDIX C: GMU SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized, and understandable.
- C. Descriptions are responsive to the intent of the NOFO objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully provide services in accordance with the Family Violence Prevention and Services Act Guidelines.
- E. Proposals with an average score lower than 90 may be excluded from further consideration.

The maximum points to be awarded for each proposal section are as follows:

Proposal Component	Potential Maximum Score
A. Application Form	No score
B. Project Narrative	80
C. Budget	40
D. Agency Self-Assessment	No score
E. Past Performance with DCFS GMU	60
Total	180