

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

- ☐ Overview
- ☐ Statement of Need area
- ☐ Availability and Accessibility of Services
- ☐ Goals and Objectives includes projected number of services provided or clients served.
- ☐ Descriptions of Services includes Scope of Work, see Appendix B: Description of Services, Scope of Work and Deliverables
- ☐ Methods of Accomplishment
- ☐ Arial 11-point font has been retained.
- ☐ One-inch margins have been retained.

Section C: Budget

- ☐ Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- ☐ Completed Budget Narrative

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 resumés and copies of licenses of key personnel
- ☐ A PDF emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than March 24, 2023 by 5:00 pm.

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 ☐ 501(c)(3) Nonprofit ☐ Government Agency

C. Service Categories, Geographic Area of Service and Child Welfare Agency Partner.

- Indicate the appropriate service category/categories, service area(s) and the Child Welfare referral agency

Program Categories:	Geographic Area of Service:	Child Welfare Agency Partner
<input type="checkbox"/> Family Preservation <input type="checkbox"/> Family Reunification <input type="checkbox"/> Family Support <input type="checkbox"/> Adoption Promotion and Support Services	<input type="checkbox"/> Clark <input type="checkbox"/> Washoe <input type="checkbox"/> Rural: _____ _____	<input type="checkbox"/> Clark County DFS <input type="checkbox"/> Washoe County HSA <input type="checkbox"/> DCFS-Rural Counties

Briefly describe proposed services:

Indicate projected number (unduplicated) of children and families to be served

Children: _____ Families: _____ Persons with Disabilities: _____
CSEC: _____

D. Program Point of Contact

Name	
Title	
Phone	
Email	

E. Fiscal Officer

Name	
Title	
Phone	
Email	

F. Subcontracts- Please provide copies of existing contracts

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)	

G. Key Personnel

Name	Title	Email & Phone	Include in Serv- list?	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
			<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

H. Current Funding List. List all revenue for the agency/organization.

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

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

Funding Promoting Safe and Stable Families	SFY23 Award	SFY24 Request	Difference
Family Preservation			
Family Support			
Family Reunification			
Adoption Promotion and Support Services			

J. Funding Priority based on Family First Prevention Services Act criteria. Prevention services are trauma-informed and are rated by Prevention Services Clearinghouse as:

☐ Promising ☐ Supported ☐ Well-Supported

List the name of program being used if applicable: _____

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 Promoting Safe and Stable Families (PSSF) 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)

Begin typing below each field header.

Overview

- Provide organization's mission statement
- Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary.
- Provide up to three (3) brief examples of the organization's successes.
- Describe the organization's desired goals and outcomes with service numbers for each service category that funding is being requested.

Statement of Need

- Establish the degree of need for PSSFP services within the geographic area.
- Identify and explain the agency's needs assessment method.
- Identify the **targeted population** and explain how the target population will benefit from this funding and the agency's proposed project.

Services Proposed

- Identify one or more PSSFP service categories to be addressed and the services to be provided for each category.
- Explain how your agency will ensure that services are easily accessible and culturally responsive.
- Explain how your agency will ensure that services are only provided to children and families within the child welfare agency.
- Describe your agency's approach to providing direct services and how these services meet the needs of the target population.
- 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.

Availability and Accessibility of Services

- Detail the availability of services within the organizations geographic area.
- Identify other organizations providing similar services and describe why duplication of services is warranted.
- Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.

Measurable Goals and Objectives

- Describe the organization's goals and objectives to meet the geographic area's needs for one or more of the four PSSF service categories.
- Provide the projected number of services that will be provided, either in clients served or services provided with PSSF grant funds. **Note that these projections must match the Scope of Work and Budget Narrative.**
- Complete Appendix C: Descriptions of Services, Scope of Work and Deliverables for each of the four PSSF service areas you are planning to address.

Methods of Accomplishment

- Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved.
- Explain what measurements will be used to report on the program's success.

Community Coordination/Collaboration

- Explain how the agency will ensure ongoing collaboration with your local child welfare agency and referral process.
- Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration.
- 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.
- Include any current Memorandum(s) of Understanding and/or Letter(s) of Intent in your application packet.

APPENDIX C: DESCRIPTION OF SERVICES, SCOPE OF WORK AND DELIVERABLES

Description of Services, Scope of Work and Deliverables

*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

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

FFPSA Program: _____

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

Service Number for Goal 1: _____

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this Goal be measured (quantitative)</u>
1.	1.	XX/XX/XX	1.	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.	2.

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

Service Number for Goal 2: _____

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this Goal be measured (quantitative)</u>
1.	1.	XX/XX/XX	1.	1.
				2.

*Note to preparer: Add lines to the table as applicable to accomplish all that goals of the subaward. Line up activities, due dates and documentation as best as possible for easier analysis.