

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.

Section B: Proposal Narrative

- All questions are answered in the section they were asked.
- Page limits have not been exceeded

Section C: Scope of Work

- Completed Scope of Work

Section D: Budget

- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Completed Budget Narrative (both forms)

Section E: Agency Self-Assessment

- Complete Self-Assessment (part of Application Form)

Section F: Past Performance with DCFS Grant Management Unit

- Attached most recent Single Audit or Financial Opinion

Application Submission/Attachments

- Included resumes and copies of licenses of key personnel (including subcontractors)
- Included any letters of collaboration you have for community collaboration.
- Included a copy of completed Scope of Work
- Included a copy of completed "SFY24 ML Budget Narrative Template," both forms.

Application Submission

- A PDF will be emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than Saturday, April 1, 2023 by 5:00 p.m. PST

Application Form

Applicant Organization

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

Organization Type 501(c)(3) Nonprofit

Geographic Area of Service *(Check applicable boxes & provide brief narrative of service area) If you provide services in states other than Nevada, specify numbers or percentages served by each state.*

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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Victim Population to be Served:

- Domestic Violence
- Sexual Assault
- Both

Agency Mission Statement:

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

Funding Request- For agencies that did not receive ML funding in SFY22, put \$0.00 in the SFY22 question.

Amount requested for SFY23 ML Award	\$
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Current Funding: List all funding sources for your agency. To qualify for ML funding your agency must receive at least 15% of its funding sources other than the Federal Government, the State, any local government or other public body or their instrumentalities. Any goods or services which are contributed to the organization may be assigned their reasonable monetary value for the purpose of complying with the requirement (NRS 217.420).

Funding	Type (Federal, State, Private, Etc.)	Project Period End Date	Amount Awarded (\$)

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

Sexual Violence Services Questionnaire: Please only complete these questions if you are requesting Sexual Violence funding. For any questions that are not applicable, mark them 'N/A'.

- A. Does your agency have a strategic plan for its sexual violence program? Yes No
- B. Does your agency have strategic goals established for its sexual violence program? Yes No
- C. Does your agency provide services to the full continuum of sexual violence survivors, including adult, youth, and child survivors? Yes No

If no, specify who is not served and why:

- D. Does your agency understand the connection between sexual violence and oppression and work to end both? Yes No

If yes, please provide a brief description of how your agency is working on this.

- E. What type of services does your agency provide to meet short-term needs of sexual violence survivors?

- F. What type of services does your agency provide to meet long-term needs of sexual violence survivors?

- G. Does your agency provide specific advocacy training on sexual violence and core service provision? Yes No

- H. Does your agency's website have information about the sexual violence services that your agency provides? Yes No

- I. Explain how your agency speaks to the community about sexual violence.

- J. Does your agency have a method to determine if those you serve are primary victims of Domestic Violence or of Sexual Violence and track them separately? Yes No

K. What percentage of the victims you serve are primarily victims of Sexual Violence?

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 Victims of Domestic Violence or Sexual Violence legislation governing the grant as indicated by the Division of Child and Family Services (DCFS) 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.

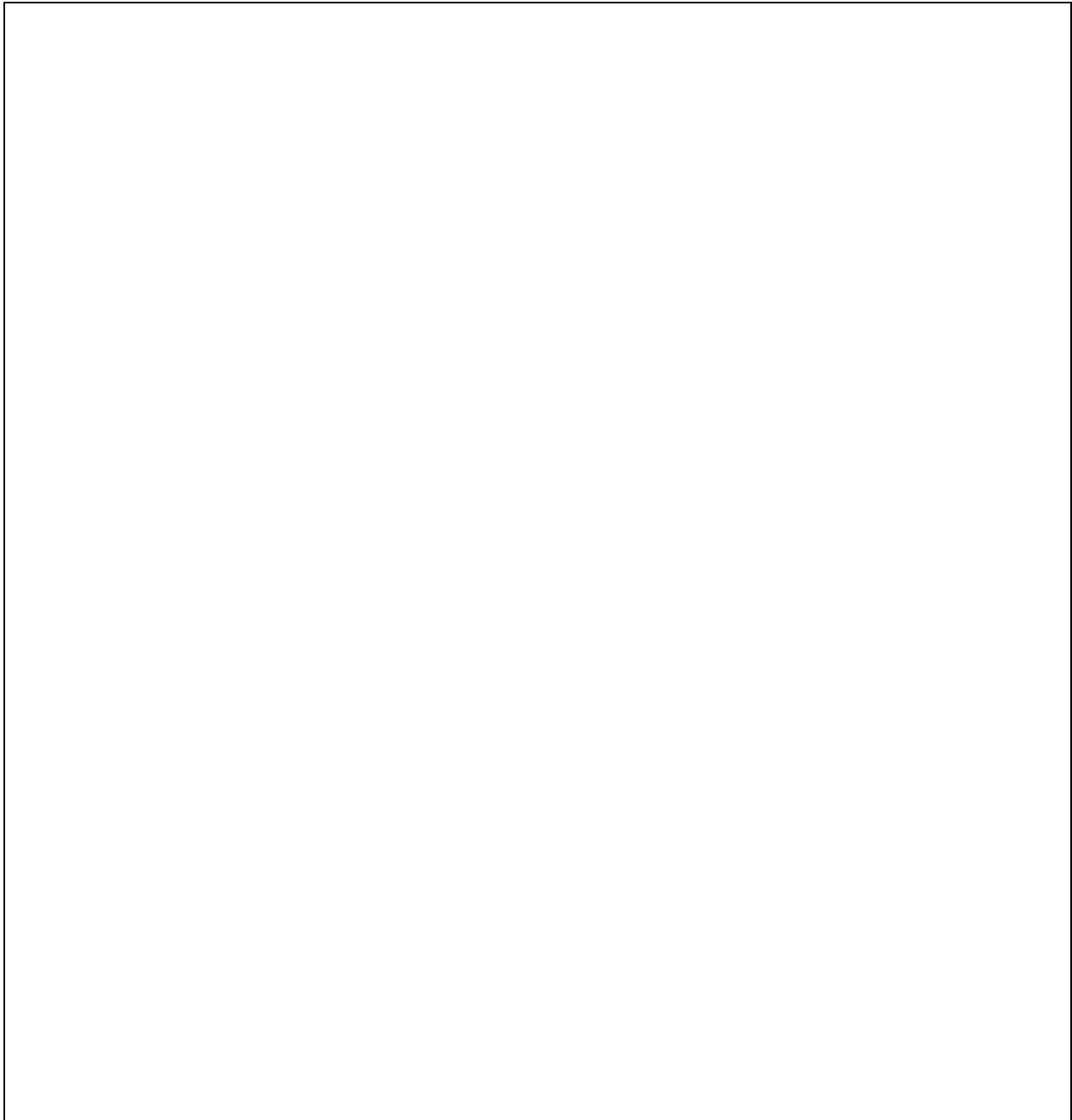
Name (type/print)	Phone
Title	Email
Signature	Date

Section B- Proposal Narrative

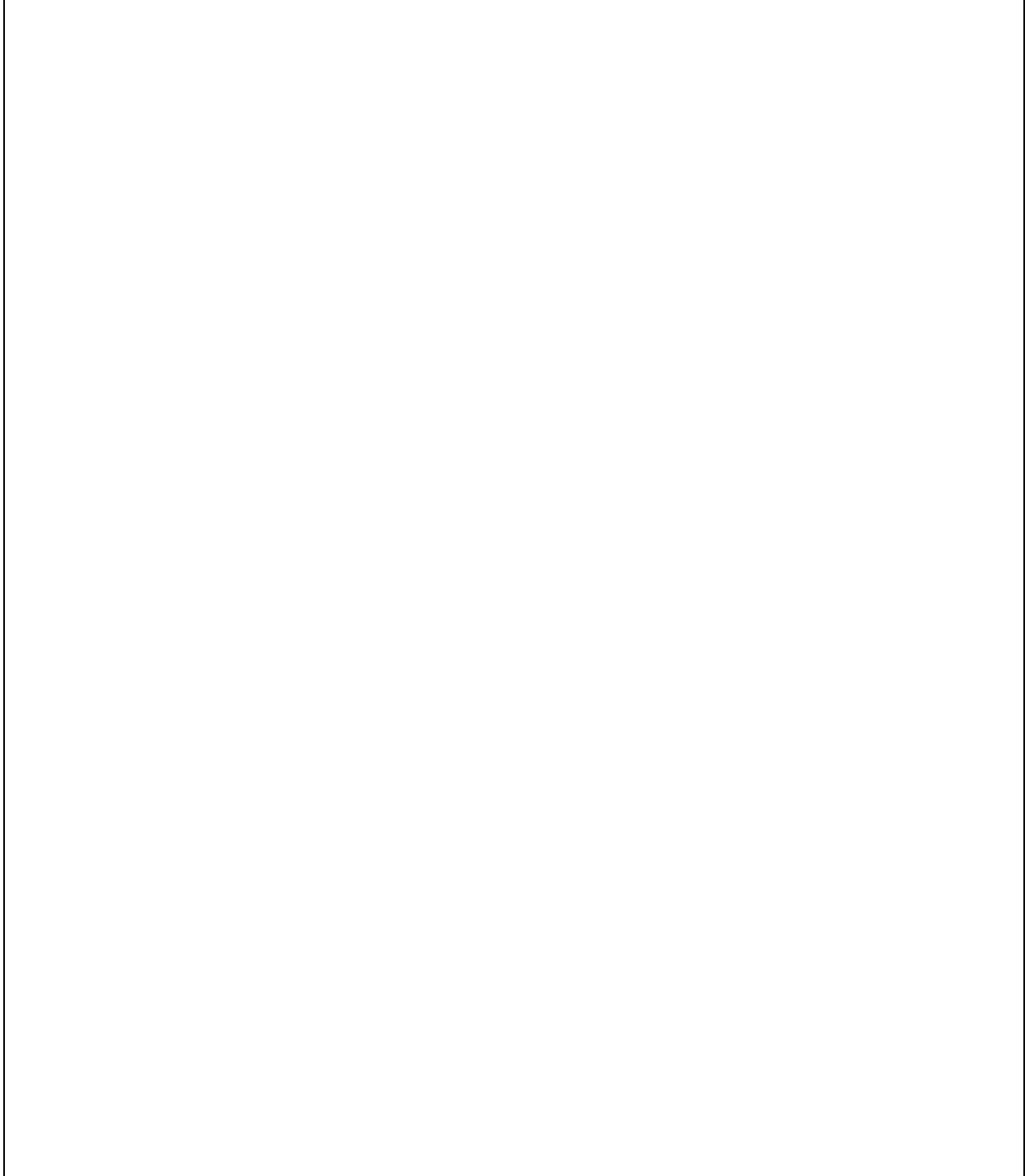
1. Overview: 1) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary. 2) Provide three brief examples of the organization's successes. 3) Describe the organization's desired goals and outcomes with services numbers.

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

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; 2) Explain how your agency 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 agency'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 organization's 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.

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) Provide a brief description of your collaboration and collaborative efforts with other victim service providers and other community services. 2) If you do not currently collaborate with other victim service providers, please identify which ones, and explain why not.

Scope of Work (SOW) 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

Proposed Project Budget

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

Remember to also submit your completed SFY24 ML Budget Narrative Template.

Section F- Agency Self- Assessment

Section A: General Information

DUNS #:

Is your organization registered with SAM.gov? YES NO

Expiration Date:

Is your organization or its principles presently debarred, suspended, prosed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency? YES NO

EIN #:

URL:

State Vendor #:

Number of Employees:

Type of Organization (check all that apply):

- University Foundation Private, Non-Profit Private, For-Profit
 Government Entity – City Government Entity – District Government Entity – County
 Government Entity – State Other: _____

Organization Fiscal Year (Month and Year):

Name of Cognizant Federal Agency (if applicable):

Approved Indirect Rate (if applicable):

Approximate total organization-wide annual operating budget:

Previous Fiscal Year- Federal Funds:

Previous Fiscal Year- Non-Federal Funds:	
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Current Fiscal Year- Federal Funds:	
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Current Fiscal Year- Non-Federal Funds:	
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Does your organization expend more than \$750,000 in combined Federal funds? YES NO

Have your organization's annual financial statements been audited by an independent audit firm?
 YES NO

Has your organization received funds for activities which are similar to, or the same as the currently proposed sub grant award? YES NO

Has your organization managed federal or state funds in the last 5 years? YES NO

Organization Director has been in place for: Less than 1 year 1-2 years 3-5 years 5+ years

Fiscal key personnel have been in place for: Less than 1 year 1-2 years 3-5 years 5+ years

Program key personnel have been in place for: Less than 1 year 1-2 years 3-5 years 5+ years

Certify that checked policies and procedures exist within your organization:

Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)

Travel Financial Management (including Purchasing, Receivables, and Payables)

Internal Controls

Equipment & Inventory All National Policy Regulations (i.e., Civil Rights, Disability etc.)

Section B: Budget Formation & Administration

Does the organization have an operating budget for each of its grants? (UG §200.302) YES NO

Who are the people responsible for developing and reviewing the budget(s) for your organization?

Names and Titles:

Does the organization have fiscal controls that result in (UG §200.303)?

A. Control of expenditures within the approved operating budget? YES NO

B. Management review and approval prior to issuing budget amendments or incurring obligations or expenditures that deviate from the operating budget? YES NO

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? YES NO

B. Comparison of revenue estimates with actual revenue (including program income, if applicable) for the same period? YES NO

Is the responsibility for maintaining budget control established at all appropriate levels? YES NO

What steps are taken if projected revenues were insufficient to cover actual expenditures?

Section C: Internal Controls

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:

Are specific officials designated to approve payrolls and financial transactions at various dollar levels? YES NO

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. YES 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. YES NO

C. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. YES 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. YES NO

E. Checks drawn to "cash" and advance signing of checks are prohibited. YES NO

F. Multiple signatures are required on checks. YES NO

Are individuals of trust required to take leave and delegate their duties to others while on leave? YES NO

Section D: Accounting

Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?

- A. Procurement YES NO
- B. Contract Administration YES NO
- C. Payroll YES NO
- D. Records to justify costs of salaries and wages YES NO
- E. Inventory YES NO
- F. Vendor Payments YES NO
- G. Federal draws YES NO
- H. Grants Budgeting and Accounting YES NO
- I. Cash Management YES NO
- J. Audit Resolution YES NO
- K. Cash Receipts YES NO
- L. Disbursements YES NO
- M. Records Retention YES NO

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

Are all appropriate accounting staff trained on current federal policies, procedures, and instructions on accounting for and expending, federal funds? YES NO

What accounting system does your organization use (e.g., QuickBooks, Peachtree, Socrates Media, or custom)?

How long has it been in use?

Which accounting basis is used by your organization? Cash basis Accrual basis Modified
Accrual

Are grant funds accounted for separately in your financial management system? YES NO

Describe:

Does your organization use a chart of accounts and accounting manual? YES NO

For each grant, does the accounting system provide the following information?

- A. Authorizations YES NO
- B. Obligations YES NO
- C. Funds Received YES NO
- D. Program Income YES NO
- E. Subawards YES NO
- F. Outlays YES NO
- G. Unobligated Balances YES NO

Are obligations records by:

- A. Funding Source YES NO
- B. Object Codes YES NO

Are accounting records supported by source documentation (e.g., canceled checks, paid bills, payrolls, contract and subaward documents, etc.)? YES NO

Are purchasing and payment functions separate? YES NO

Do accounting staff review the following items prior to entry into the system?

- A. Authorizations YES NO
- B. Purchase Orders YES NO
- C. Payments YES NO

Are there controls to preclude:

- A. Over-obligation YES NO
- B. Under-or overstatement of unliquidated obligations YES NO
- C. Duplicate Payments YES NO
- D. Inappropriate charges to grants YES NO

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) YES NO

Does the organization reconcile bank statements (at least) monthly? YES NO

Are vouchers or supporting documents identified by grant, number, date, and expense classifications?
 YES NO

Are checks submitted for signature accompanied by supporting documents? YES NO

Are invoices and vouchers approved in advance by authorized officials, prior to payment?
 YES NO

For credit cards:

A. Does the bank provide the subrecipient with a list of credit-card users? YES NO

B. Are the balances of credit cards capped? YES NO

C. Are credit card purchases used for business purposes only? YES NO