

# Application: Checklist

---

Print and sign the completed application. Complete this checklist prior to scanning/submitting.

## Section 1: Application Form

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions.
- Certification is signed.

## Section 2: Proposal Summary

- Complete this section using the online form at [https://hal.nv.gov/form/DCFS/VOCA\\_SF22\\_Application](https://hal.nv.gov/form/DCFS/VOCA_SF22_Application)

## Section 3: Proposal Narrative

- Complete this section using the online form at [https://hal.nv.gov/form/DCFS/VOCA\\_SF22\\_Application](https://hal.nv.gov/form/DCFS/VOCA_SF22_Application)

## Section 4: Scope of Work Table

- Complete Scope of Work Table

## Section 5: Budget

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

## Section 6: Agency Self-Assessment

- Complete this section using the online form at [https://hal.nv.gov/form/DCFS/VOCA\\_SF22\\_Application](https://hal.nv.gov/form/DCFS/VOCA_SF22_Application)

## Section 7: Past Performance with DCFS Grant Management Unit

- Attached most recent Single Audit or Financial Opinion

## Application Submission/Attachments

- Agency name is on the bottom of every page
- Included resumes and copies of licenses of key personnel (including subcontractors)
- Included any current Memorandums of Understanding and/or Letters of Intent you have for community collaboration
- Included a copy of completed Scope of Work Table
- Included a copy of completed "SFY22 Budget Narrative Template" all three (3) forms
- Included copy of written agreements
- Included a copy of the negotiated indirect agreement (if applicable)

## Application Submission

- A PDF will be emailed to [DCFSGRANTS@DCFS.NV.GOV](mailto:DCFSGRANTS@DCFS.NV.GOV) with all required documentation no later than Friday, February 12, 2020 by 5:00 p.m. PST

# Application Form

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

<b>Applicant Organization Name</b>	
------------------------------------	--

## 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

**Current Funding:** List all funding sources for your agency. To qualify for VOCA funding your agency must receive at least 25% of its funding from non-federal sources. 28 C.F.R 94.112(b)

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

## L. 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 Crime Act (VOCA) 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
_____	_____

# Scope of Work Table

## Description of Services, Scope of Work and Deliverables SFY-2022

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

**Scope of Work for:** XXXXXXXXXXXXXXXXXXXX

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

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

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

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

# Budget

---

**Proposed Project Budget**

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

Remember to also submit your completed SFY22 Budget Narrative Template.