

# Access to Community-Based Youth-Focused Behavioral Health Care Program

## Application Form: Section A

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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**  Government Agency  501(c)(3) Nonprofit  Other \_\_\_\_\_

**C. Geographic Area of Services Delivery.** Check applicable boxes and provide a brief narrative of the service area

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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Indicate projected number of youth and families to be served:

Youth: \_\_\_\_\_

Families: \_\_\_\_\_

### E. Program Point of Contact

Name	
Title	

Phone	
Email	

**F. Fiscal Officer**

Name & Title	
Phone & Email	

**G. Subcontracts**

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)	

**H. 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

**I. Current Funding List.** List all revenue for the agency/organization.

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


**J. Funding Request.** List funding requested for the award period.

<b>Funding</b>	<b>SFY 23 Request</b>	<b>SFY24 Request</b>	<b>Total</b>
Youth-Focused Behavioral Health Program			

**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 Community-Based Youth-Focused Behavioral Health Care program 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

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## Application Narrative (70 points)

The complete questions are listed on page 8 of the NOFO. Begin typing below each question header.

1. **Overview**
2. **Target Population**
3. **Project Design and Implementation**
4. **Availability and Accessibility of Services**
5. **Measurable Goals and Objectives**
6. **Methods of Accomplishment**
7. **Partnerships and Publicity**