

# State of Nevada Department of Health and Human Services Division of Welfare and Supportive Services Request for Application

**FFY 2020** 

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# **Opportunity Summary**

What is known as the Temporary Assistance for Needy Families (TANF) Program today began as part of the Federal Social Security Act in 1935 as Aid to Families with Dependent Children (AFDC). The program was implemented by the State of Nevada in 1955 and expanded to include Medicaid in 1967. It is administered based on various levels of laws and regulations and is governed by the Department of Health and Human Services (DHHS).

The State of Nevada has the authority to provide funds to needy families with minor children under Part 45 of the Code of Federal Regulations (CFR 45). The open-ended federal entitlement program of AFDC was eliminated when President Bill Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). In its place, a block grant was created for states to provide time-limited cash assistance for needy families. This new program was called TANF.

TANF's four main purposes are to provide assistance to low-income families with children so that they may be cared for in their own homes; to reduce dependency on government benefits by promoting job preparation through work-related activities and to help those entering the workforce to learn the skills needed to retain employment; to reduce out-of-wedlock pregnancies and establish annual goals for the prevention and reduction of these pregnancies; and to encourage the formation and maintenance of two-parent families. The participants' needs and goals are determined within a specific timeframe of entering the program through an evaluation and assessment by a case manager, and a Personal Responsibility Plan (PRP) is developed to help the client focus on their goals and develop the skills to become independent and financially responsible. In addition, support services are provided to the clients during their time actively participating in the TANF program, such as childcare subsidies, assistance with transportation costs, and assistance with obtaining job-related clothing. Within a timeframe of 60 months, participants work to develop, strengthen, and practice such skills in order to be self-sufficient by the time they are off of assistance.

# **Program Requirements**

# **Funding Sources and Priorities**

The State of Nevada receives an annual TANF block grant, and each Federal Fiscal year money is made available to fund programs outside of the Work Support Benefits provided by the State. This Request for Application (RFA) is for competitive proposals to be funded through this block grant for Federal Fiscal Year (FFY) 2020 and is published and administered by the Department of Health and Human Services' (DHHS) Division of Welfare and Supportive Services (DWSS). For FFY 2020, approximately \$3.6 million was allotted to fund programs which support Work Activities, and approximately \$1.5 million was allotted to fund programs which support educational resources and instruction for children and families.

This is a competitive process. Current subrecipients are not guaranteed funding in FFY 2020 and applicants who receive awards through this RFA are not guaranteed future funding. All allocations are subject to the availability of funds, any and all changes made by the 2019 Nevada Legislature during the state budgeting process and/or by the United States Congress during the federal budgeting process, and approval through the State and Federal approval process. If changes occur, amendment(s) to this RFA will be published.

#### **Grant Period**

Awards made under this RFA are intended to span one Federal Fiscal Year (FFY) – 2020 – which begins October 1, 2019 and ends September 30, 2020. All awards are subject to funding availability. The performance of agencies who have received awards will be considered when applying for subsequent funding opportunities.

# Mandatory Webinar

All applicants that will be applying for awards will be required to attend a mandatory webinar at this date and time:

- Monday, June 17, 2019, 8:30 AM 10:00 AM PST
- https://dwss.webex.com/join/RM141, use access code 903 951 904
- Join by phone at 415) 527-5035 US Toll and use access code 903 951 904

During the Webinar, applicants will be able to ask questions regarding the application process via live chat. A one-week time period after the conclusion of the Webinar will be allotted for the submission of further questions from applicants. After this time period, no further questions will be accepted, and applicants will be directed to refer to a Question and Answer matrix located at https://dwss.nv.gov.

# Who Can Apply?

The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

The mission of the Division of Welfare and Supportive Services (DWSS) is to engage clients, staff, and the community to provide public assistance benefits to all who qualify and reasonable support for children with absentee parents to help Nevadans achieve safe, stable, and healthy lives.

All proposals funded through this RFA must be aligned with the overall mission of the Department and the DWSS as well as with the following purposes of TANF cited in this document.

For an Agency to receive a portion of any available TANF block grant funds, it must qualify **as a non-profit**, and services must focus on helping low-income families or fatherhood initiatives. Agencies must work in conjunction with the State to achieve one of the following TANF Program's three specific purposes:

- 1. Reducing dependency on government benefits by promoting job preparation through work related activities that include, but are not limited to:
  - a. Work Experience/Vocational Rehabilitation/Community Service that promotes and/or provides training in high demand careers in the Agency's geographical location and focuses on improving the participant's long-term outcome.
- 2. Reducing the number of out-of-wedlock pregnancies with activities which include, but are not limited to:
  - a. Providing high-quality educational resources and instruction to low-income families and informal caregivers. Research indicates that the more education an individual has, the less likely they are to have a child out-of-wedlock.
- 3. Encouraging the formation and maintenance of two-parent families with activities which include, but are not limited to:
  - a. Effectively engaging both parents in the family unit;

- b. Strengthening the bond between fathers and their children;
- c. Working to reunify absent parents with the family unit;
- d. Promoting the Fatherhood Initiative through other methods;
- e. Providing other high-quality educational resources and instruction to low-income families and informal caregivers.

A large proportion of the population that the DWSS serves is low-income and is underserved on many levels, creating additional challenges and hurdles that other members of the general population do not face. The DWSS encourages agencies to be creative to meet the needs of these families.

Agencies completing the Request for Application must detail which evidence-based or evidence-informed practice substantiates the efficacy of their program. Measurable criteria of success must be available, and the anticipated rate of success for the targeted population must be described. In addition, the Agency must provide its scope of work, how long it has been providing services, and what prior successes make the agency a suitable candidate to receive grant funding. Also, if there are other agencies which provide similar services in the same geographic location, those agencies and the services they provide must be listed.

#### What Do Grant Funds Cover?

The Agency must submit a detailed budget with breakdowns of general costs, and the Agency's administrative costs may constitute no more than 15% of their overhead. Per CFR 45, Section 263.0, Administrative Costs are defined as costs necessary for the proper administration of the TANF program or separate State programs and include costs for general administration and coordination of these programs, including contract costs and all indirect (or overhead) costs. Administrative Costs are NOT: a) the salaries and benefits of staff providing services to clients and the direct costs for supplies, equipment, travel, postage, or rent/maintenance of the office space to provide these services; b) the cost of providing diversion benefits/services or program information to clients, providing screening and assessments to determine eligibility, the development of employability plans, work activities, post-employment services, work supports, case management, or the costs for contracts devoted entirely to these activities. Administrative Costs ARE (not all inclusive): a) Salaries and benefits of staff performing administrative and coordination functions; b) Activities related to eligibility determinations; c) Preparation of program plans, budgets, and schedules; d) Monitoring of programs and projects; e) Fraud and abuse units; f) Procurement activities; g) Public relations; h) Services related to accounting, litigation, audits, management of property, payroll, and personnel; i) Costs for the good and services required for the administration of the program such as supplies, equipment, travel, postage, utilities, and rental of office space and maintenance of office space, provided that such costs are not excluded as a direct administrative cost for providing program services; j) Travel costs incurred for official business and not excluded as a direct administrative cost for providing program services; k) Management information systems not related to the tracking and monitoring of TANF requirements (e.g., personnel and payroll systems); and l) Preparing reports and other documents. If an individual does both administrative duties and has duties that involve direct contact and interaction with a client, his or her salary and benefits are NOT considered administrative. Administrative costs are generally treated as an indirect cost, while costs that can be assigned directly to an activity/project/program with a high degree of accuracy are generally direct costs.

In addition, funding is not available to assist with the purchase of property or a building. Detailed monthly invoicing will be required, as will regular audits to ensure that funds are being spent on allowable activities. Supplanting of current costs is not permitted, and other funding streams must be disclosed prior to the disbursement of any grant monies. This breakdown of costs must also include a sustainability plan and a detailed narrative regarding how the agency is prepared to continue operation without the support of grant monies if they are not selected as a recipient.

Program outcomes should be explained with a detailed timeline and timeframe for the participants to attain their goals. A contract with both the State of Nevada and the Division of Welfare and Supportive Services will be required.

# Award Overview TimeLine

| Event                                      | Date/Time  |
|--|--|
| Grant opportunity announced                | Monday, June 10, 2019  |
| Mandatory webinar                          | Monday, June 17, 2019 8:30-10:00 AM PST  |
| Questions accepted via email               | Monday, June 17, 2019-Friday, June 21, 2019  |
| Responses to questions submitted via email | Emailed to applicants by 5:00 PM June 28, 2019 and posted to the website the week of July 1, 2019. |
| Deadline for submission                    | Wednesday, July 24, 2019, <b>by 4:00 PM</b>  |
| Evaluation period (approximate time frame) | 45 days (Through September 9, 2019)  |
| Announcement of awards                     | On or around September 27, 2019  |
| Program start date                         | October 1, 2019  |
| Program end date                           | September 30, 2020   |

# Questions?

Please contact the Division of Welfare and Supportive Services to speak with Program staff regarding Program related questions or the Contracts/ Subawards Team for questions regarding the application process using the following email address: <a href="mailto:ESSRFA@dwss.nv.gov">ESSRFA@dwss.nv.gov</a>.

#### **Program Staff:**

Alecia Coots

Social Services Program Specialist, Employment and Support Services

Maria Wortman-Meshberger Employment and Support Services Chief

#### **Contracts/ Subawards Team:**

Shannon Jones Contracts Manager

Monique Pomerleau Contracts Manager

#### ELIGIBILITY AND APPLICATION PROCESS

#### **ELIGIBILITY**

All nonprofit agencies can apply if interested in providing services that address one or more of the funding priorities described in this RFA.

#### **EXPLANATION OF COMPETITIVE PROCESS**

This is a competitive grant solicitation process structured to meet accepted industry standards. It is inappropriate for applicants to attempt to influence the outcome in any manner other than by submitting a strong proposal. Transparency and respect of the process are essential for a fair result.

#### USE OF THE TERMS APPLICATION, PROPOSAL AND REQUEST

Throughout this document, the words "application" and "proposal" may be used interchangeably. Both refer to the documents that applicants will submit to support funding for their projects. In this section, a distinction is made between those documents and the point at which the documents become a qualified "request."

#### **APPLICATION PROCESS**

This is an online application process. If an applicant wishes to submit a proposal for more than one geographic location, the applicant must complete and submit a separate application for each location. Additional details about the online process are located in the "Application Instructions" section of this document.

#### **MANDATORY ORIENTATION**

In order to obtain the information necessary to access the application website, applicants <u>must</u> attend the Orientation Session, which will be conducted via webinar.

The DWSS strongly encourages applicants to assign appropriate representatives to attend the orientation. Ideally, this would include the person who will manage the proposed program, a member of the applicant's fiscal staff and the person who will be writing the proposal.

Orientation date and time are included in the timeline of this RFA, along with contact information for the DWSS staff member who will track RSVPs.

#### **APPLICATION QUESTIONS AND ANSWERS**

Substantive questions about the application may be submitted via e-mail to <a href="ESSRFA@dwss.nv.gov">ESSRFA@dwss.nv.gov</a> through Friday, 06/21/2019, and will be posted to the DWSS website <a href="http://dwss.nv.gov">http://dwss.nv.gov</a> with responses the week of 07/01/2019. The Q&A will remain on the website through the end of the application period. **After June 21, 2019, no substantive questions about the application will be answered.** 

Technical questions about navigating the online application may be directed to the DWSS staff via e-mail at <u>ESSRFA@dwss.nv.gov</u> throughout the application period.

Applicants are advised not to wait until the deadline to ask submittal questions since the DWSS cannot guarantee immediate response and applications submitted after the published deadline will be disqualified.

#### **EVALUATION PROCESS**

Proposals received by the published deadline of 4:00 p.m. Wednesday, 07/24/2019, will be processed as follows:

#### **STEP 1: TECHNICAL REVIEW**

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

- Proposals <u>will</u> be disqualified if they do not match the identified funding priority, **or** do not address one or more key requirements of the identified funding priority.
- Proposals <u>will</u> be disqualified if they are missing fundamental elements (i.e., unanswered questions, budget, required attachments).

#### **STEP 2: DWSS STAFF EVALUATION**

- A. Each proposal that passes the technical review will be evaluated for content and scored by an evaluation committee of at least three using the Scoring Matrix.
- B. During the review process, the committee will identify strengths and weaknesses and may recommend that if the proposal 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. Proposals that achieve a **minimum score of 60** become **requests** and qualify for Step III of the evaluation process. Exceptions to the 60-point rule may be made if necessary to ensure statewide geographic distribution of funds.
- D. Once the scoring portion of the evaluation process is complete, each applicant will receive individual notification of their status via email.

#### STEP 3: EVALUATION BY DWSS ADMINISTRATION

- A. Requests will be distributed to the DWSS Administrator.
- B. The DWSS Administrator will:
  - Compile the results of the DWSS Staff evaluations, and
  - Suggest recipients for the development of award recommendations.

#### **STEP 4: FINAL DECISIONS**

Final funding decisions will be made by the DWSS Administrator based on the following factors.

- Consideration of the recommendations of the DWSS Staff evaluators;
- Reasonable distribution of the recommended grant awards among north, south and rural parts of the state;
- Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
- Availability of funding.

#### Funding decisions made by the DWSS Administrator are final.

• DWSS Grants Procedures – Complaints from Applicants Not Selected, Appendix B.

#### NOTIFICATION AND AWARD PROCESS

- A. DWSS staff will notify all applicants of the final outcome after the Administrators's decisions have been made.
- B. DWSS staff will conduct negotiations with the applicants recommended for funding. During these negotiations, any specific issues identified by the DWSS or the DWSS Administrator will be addressed. These issues may include, but are not limited to:
  - Revisions to the project budget;
  - Revisions to the Scope of Work;
  - Revisions to Performance Indicators; and/or
  - Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews).
- C. Upon successful conclusion of negotiations, DWSS staff will complete and distribute to subrecipients the Notices of Grant Award (NOGA), General Conditions and Grant Assurances, and Grant Instructions and Requirements (GIRS).
- D. Not all applicants who are contacted for final negotiations will necessarily receive an award. All questions and concerns must be resolved before a grant will be awarded. **All funding is contingent upon availability of funds**.
- **NOTE:** DWSS is not responsible for any costs incurred in the preparation of the application and, upon receipt, applications become the property of DWSS. DWSS, in coordination with the DHHS, reserves the right to accept or reject any or all applications.

#### APPLICATION INSTRUCTIONS

Applicants MUST attend the following orientation session, which will be conducted via online webinar. The DWSS strongly encourages applicants to assign appropriate representatives to attend the orientation. Ideally, this would include the person who will manage the proposed program, a member of the applicant's fiscal staff, and the person who will be writing the proposal. Applicants must RSVP to ESSRFA@dwss.nv.gov no later than 3 p.m. the Friday before the orientation to ensure that connection information is communicated in advance.

#### **Orientation Sessions Dates and Times**

- Monday, June 17, 2019, 8:30 AM 10:00 AM PST
- https://dwss.webex.com/join/RM141, use access code 903 951 904
- Join by phone at 415) 527-5035 US Toll and use access code 903 951 904

#### 1. Application Process

- A. If an applicant wishes to submit a proposal under more than one funding priority, the applicant must complete and submit a separate application for each proposal. This rule applies even if two or more funding priorities share the same application form. If an applicant wishes to apply for funds to support a Job Preparation project <u>and</u> a Fatherhood Initiative project, two applications must be submitted.
- B. Each application form will request organizational and contact information, a project title, the amount of funding requested, a program summary, projected outputs and outcomes, and responses to questions regarding the proposed project. Applicants must provide an answer for each question. If a question does not apply to a particular organization or proposal, the applicant must at least respond "Not applicable, or N/A." Do not leave any fields blank.
- C. Applicants will also be asked to attach documents to the application. Some are required while others are optional, depending on the content of the proposal. The application software supports the following file types for uploading: Word (.doc, .docx); Excel (.xls, .xlsx); and PDF (.pdf).
  - If a document's extension does not match one of these choices, the applicant is advised to convert it to PDF format.
  - Requested documents include the following. Note that all may not be applicable to the applicant. If the field is marked as required, but does not apply or is not available, please upload a simple word document of explanation.
    - o Copy of agency's IRS 501(c)(3) Letter of Determination
    - o Year-One Budget
    - o Board of Directors or Other Governing Board Roster, including member affiliations and terms of office
    - o Agency's Strategic Plan
    - o Agency's Sustainability Plan
    - o Most recent Single Audit and Management Letter (if agency receives more than \$750,000 annually in federal funds) OR most recent year-end financial statements (if federal audit is not applicable.)
    - o Proof of agency liability insurance
    - o Proof of workers' compensation insurance

- D. There is no option to attach unsolicited materials to the online application. Any unsolicited materials mailed, delivered or e-mailed to the DWSS will <u>not</u> be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- E. Technical questions regarding submission may be directed to DWSS staff via e-mail at ESSRFA@dwss.nv.gov.
- F. Once the full application is submitted, no corrections or adjustments may be made prior to the negotiation period.

# **Important Application Instruction Reminders**

- An application packet, which includes this application and the required data sources, is available for download at <a href="https://dwss.nv.gov">https://dwss.nv.gov</a>.
- The completed application package consists of three sections and a checklist.
- Applications submitted after the due date will not be scored.
- Incomplete applications will be scored accordingly.
- The total possible score for the entire application is 100. Applications with scores lower than 60 will not be evaluated further.

#### **BUDGET INSTRUCTIONS**

All proposals must include a detailed project budget for the grant. The budget should be an accurate representation of the funds <u>actually needed</u> to carry out the proposed Scope of Work and achieve the projected outcomes over the award period. If the project is not fully funded, the DWSS will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

# **Budget Narrative Form 1**

Applicants <u>must</u> use the budget template form (Excel file) 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 budget narrative (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. <u>Do not</u> override formulas.

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. Ensure that all figures add up correctly and that totals match within and between all forms and sections.

#### **Fee-for-Service Budgets**

Applicants who wish to request funding based on a Fee-for-Service budget, instead of a Categorized budget, are invited to do so. A Fee-for-Service budget is based on the unit cost of providing a service. For instance, a Work Preparation/Job Retention program might determine that, overall, it costs \$50 to provide one hour of service to one client. If the intent were to provide 500 hours over the course of the grant period, then the funding request would be \$25,000. Applicants who are providing parenting classes, or voucher- or case management-based services, are strongly encouraged to submit fee-for-service budgets.

A *Categorized Budget* must still be developed and submitted in order to demonstrate how the applicant arrived at the unit cost. Evaluation will be based on the applicant's explanation of costs, allowability and allocability of costs, and the reasonableness of cost. If the application is approved for funding, the reimbursement process will be based on units of service instead of the cost of salaries, supplies, occupancy, etcetera. Reimbursement will be limited to the number of units actually provided (not proposed), with maximum reimbursement limited to the total grant award. Program monitoring visits will include a review of documentation that supports the reimbursement (e.g., client service records).

# **Categorized Budgets**

#### **Personnel:**

Employees who provide direct services are identified here. The following criteria 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 work space & tools |
| Determines means and methods     | The applicant organization determines means and methods |

In the narrative section, list each position and 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/hour x 2,080/year + 22% fringe) x 25% of time = \$17,763

Intake Specialist – ( $$20/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).

#### **Staff Travel/Per Diem:**

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 cents), should be used <u>unless</u> 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 <a href="https://www.gsa.gov/portal/category/26429">https://www.gsa.gov/portal/category/26429</a>.

#### **Operating:**

#### • Supplies:

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. As a general rule, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased, detail must be provided that explains how the food will be utilized to meet the project goals. Uses that are not in compliance with the Grant Instructions and Requirements will be denied.

#### • Communications:

Identify, justify, and cost-allocate any communication expenses associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

#### • Public Information:

Identify and justify any costs for brochures, project promotion, media buys, etc.

#### **Equipment:**

List equipment to purchase or lease costing \$1,000 or more and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies. 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 DWSS. A copy of written agreements with any and 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 audit costs, car insurance, 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 third tab to the budget template for that purpose.

#### **Indirect Costs:**

Indirect costs 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 (such as rent and insurance, as well as utilities. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with this grant project should be requested in this budget), 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. Identify these costs in the narrative section, but do not enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 8% of the total direct costs. Indirect costs may not exceed 15% as defined in CFR 45. If you wish to request an amount different than 8%, you may override the formula (located in Cell C-125).

#### **Fee-for-Service Budgets Only:**

If the applicant is requesting a "fee-for-service" reimbursement method, enter the number of units the project is expected to deliver.

# **Budget Summary Form 2**

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 ("DWSS") 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 I of the form for all other funding sources that are either secured or pending <u>for this project</u> (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 J-23 labeled for this purpose. This should include all funding available to the agency for all projects <u>including the proposed project</u>. Cell J-27 directly below, labeled "Percent of Total Budget," will automatically calculate the percentage that the funding requested for the proposed project will represent.

Complete Column I of the form if any program income is anticipated through this project. In Section C below the table, provide an explanation of how that income is calculated.

#### Additional Resources (In-Kind, Volunteer, or Cash Donations)

Additional resources are not required as a condition of this grant but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party: Funding Source administered by the DWSS

Second Party: The subrecipient (and any sub-subrecipient of project supported by the grant)

Third Party: Everyone else

If the subrecipient (second party) provides the property or services, then it is considered "cash" contributions, since only third parties can provide "In-Kind" contributions.

When costing out volunteer time, remember to calculate the cost based on the duties performed, not the volunteer's qualifications. For example, an attorney may donate his/her time to drive clients a certain number of hours per month, but the donation must be calculated on the normal and expected pay received by drivers, not attorneys.

#### **Program Income**

Program income means gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the grant award. For programs receiving federal funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. A program may charge reasonable fees/subsidies/costs to be paid by recipients of services. Any estimated cash income generated in such a way must be identified and reported on Budget Summary Form in Column I – "Program Income".

#### **Section I** – Application Form (10 points)

Each letter below corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application.

- **A. Organization Type:** 501(c)(3) nonprofit. A letter verifying the organization's non-profit status is required.
- **B.** Geographic Area of Service. Check <u>only one</u> type of geographic area and provide a brief description of that area (up to 100 words). Applicant organizations that serve more than one geographic area within Nevada are encouraged to submit multiple applications.
- **C. Applicant Organization**. Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the 9-digit zip code is required). DWSS will consider the application **incomplete** if the Federal Tax ID field is incomplete.
- **D. Project Point of Contact.** This field refers to the identified person at the applicant organization that the DWSS will contact with follow-up questions about the application. This is also the person DWSS will contact regarding questions about quarterly reports, monthly financial claim forms, etcetera.
- **E. Fiscal Officer**. Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone **other than** the Project Point of Contact.
- **F. Key Personnel.** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide services. List all such personnel in the provided table, adding additional rows as necessary. **Include an up-to-date résumé and a copy of all required licenses for each person as an addendum to the application**.
- **G. Subcontracting of Services.** Some organizations subcontract services to a health organization or consultant, such as a community health nurse. If the applicant provides these services directly, check the **No** box, and continue to field H. Otherwise, confirm by checking the **Yes** box and entering the contact information for the subcontractor. Provide the subcontractor's Federal Tax ID. DWSS will consider the application **incomplete** if the Federal Tax ID field is incomplete.
- **H. Services to Be Provided by Applicant.** These specified services are the grant-funded activities allowed by the legislation. Check the box next to all services that will be provided during the project period. Indicate which of the State's TANF goals the organization will address through the services provided.
- I. Non-Allowed Services Provided by Applicant. Some organizations provide services in addition to the list in section H. If the applicant does not provide additional services, check the No box, and continue to field J. Otherwise, confirm by checking the Yes box and name the additional services provided. Read and confirm the next two statements to provide assurances that any awarded grant funds will not be used for the services disclosed in this section or any other service not specified in section H.
- J. Third-Party Payers of Services. Some organizations bill third-party payers (e.g. insurance companies) for some services. If the applicant does not bill any third-party payers, check the No box, and continue to field K. Otherwise, confirm by checking the Yes box and for each third-party payer organization and provide the specified financial information for the applicant's most recent, complete reporting period. Add rows to the table, if necessary.
- K. Current Funding. Some organizations receive funding (e.g. Federal grant dollars, foundation grants, donations, etc.) for services. If the applicant does not receive funding, check the No box, and continue to field L. Otherwise, confirm by checking the Yes box and for each funding source, provide the name, type of funding, project period end date, and whole dollar amount. Add rows to the table, if necessary. Attach copies of the funding, as appropriate.
- **L.** Certification by Authorized Official: The administrator, director, or other official ultimately responsible for this project/program must sign this document.

## **Section II** – Narrative (70 points)

This Section has five (5) fields assigned different numbers of points.

- The Statement of Need (field 3) must be substantiated with data. The instructions below provide the specific PDF page number for each piece of requested data.
- Use Times New Roman 11-point font on single-spaced pages with one-inch margins.
- Attachments (as noted in Section 1, Questions 1 and 3; Section 2, Question 3; Section 3, Question 2; Section 5, Question 2) will not be counted against the page limits for each section. **On each attachment, please indicate which section it is related to.**

| Field Name                                    | Scoring<br>Points | Page<br>Limit | Instructions  |
|---|-------------------|---------------|---|
| 1. Overview                                   | 20                | 2<br>(two)    | <ol> <li>Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary. Attach a current copy of your agency's organizational chart which includes the key staff implementing and operating the proposed program. Attach a Description of the Organization's Services, Scope of Work, and Deliverables (Appendix A).</li> <li>Provide the organization's mission statement and explain how it aligns with the missions of the DHHS and the DWSS.</li> <li>Provide the details of your governing board. Attach a copy of the board's roster, bylaws, and policies and include a copy of the organization's liability and worker's compensation insurance.</li> <li>Provide up to three (3) brief examples of the organization's successes and how these were measured.</li> <li>Describe the organization's desired outcome.</li> </ol> |
| 2. Availability and Accessibility of Services | 10                | 1<br>(one)    | <ol> <li>Describe the geographic area and community the applicant organization serves.</li> <li>Detail the availability of services within that geographic area. If there are other organizations providing similar services, explain why duplication of/multiple types of services are necessary.</li> <li>Attach a copy of your organization's operating hours and planned closures.</li> </ol>   |
| 3. Statement of Need                          | 10                | 2<br>(two)    | <ol> <li>Establish the degree of need within the geographic area for services being proposed.</li> <li>Provide details and statistical data as needed to thoroughly establish the degree of need within the community. Attach references to support your statistics for verification purposes and attach a bibliography of where data was obtained.</li> </ol>  |
| 4. Goals and Objectives                       | 15                | 2<br>(two)    | <ol> <li>Describe the organization's goals and objectives to<br/>meet the geographic area's needs.</li> <li>Describe in detail the organization's strategies for<br/>identifying, targeting, and verifying eligible<br/>members of the population, and the strategy for</li> </ol>  |

|                              |    |            | obtaining and/or increasing participation for these individuals and families.  3. Provide the projected number of services that will be provided and the number of non-duplicate participants to be served with these grant funds. Note that these projections must match the Budget Narrative (Section III-2). Attach a copy of your strategic plan.  |
|------------------------------|----|------------|--|
| 5. Methods of Accomplishment | 15 | 2<br>(two) | <ol> <li>Describe the plan to achieve your organization's outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved, including case management techniques and what measurements will be used to report on the program's success. Are these the same measurements previously used to determine your organization's success? If not, why have they changed?</li> <li>If your organization will subaward any portion of the funds to a third party to provide services, address the following questions:         <ul> <li>How will this arrangement add value to the project?</li> <li>How will the funds be subawarded (e.g. subgrant, subcontract, competitive minigrants)?</li> <li>How will your organization ensure that subawardees comply with all laws, regulations, etcetera? (Attach agreement with subawardee).</li> </ul> </li> <li>Describe your organization's sustainability plan and how it is prepared to continue operation without the support of grant monies if it is not selected as a recipient. Attach a copy of this plan.</li> </ol> |
| Total for Narrative          | 70 |            |  |

# **Section III** – **Budget (20 points)**

This Section has two (2) fields assigned the same number of points.

• Use Times New Roman 11-point font on single-spaced pages with one-inch margins.

| Field Name                  | Scoring<br>Points | Page<br>Limit | Instructions   |
|-----------------------------|-------------------|---------------|--|
| Proposed Project     Budget | 10                | 1<br>(one)    | Use the provided table and designate a whole dollar amount for each budget category or use a zero (0) to indicate that no funds are being requested for a particular category. Add these numbers to get the sum of the total amount of funding requested for the project period. |

| 2. Budget Narrative | 10 | 2<br>(two) | Using the Budget Narrative Link provided beneath the Proposed Project Budget Table on page 30, provide justification for each non-zero budget category. Include projections of services to be provided and/or participants to be served over the project period and the associated cost rate to justify the funding request. This should align with the Narrative's Goals and Objectives (Section II-4) and Methods of Accomplishment (Section II-5). |
|---------------------|----|------------|---|
| Total for Budget    | 20 |            |   |

## **Section IV – Overview of Certifications and Assurances**

By signing the Application Form comprising Sections I-IV of the Department of Health and Human Services, Division of Welfare and Supportive Services application, the applicant certifies:

- 1. The project described in this application meets all the requirements of the governing legislation.
- **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.
- **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 Statement of Grant Award.

# **Submission Instructions**

- The grant application deadline is Wednesday, July 24, 2019, at 4:00 PM Pacific Standard Time.
- Submit the signed, completed application with résumés and licenses of key personnel in a single PDF document to <a href="mailto:ESSRFA@dwss.nv.gov">ESSRFA@dwss.nv.gov</a>. Receipt confirmation will be provided.

# **Tips**

- Attend the mandatory webinar.
- Read the application instructions carefully.
- Ask for clarification, if needed.
- Submit applications early.
- Respond to all sections of the application.
- Brevity is required. Observe page limits. Any pages over the page limit will not be reviewed; however, attachments do not count towards or against page restrictions.
- Attach all requested documents in the appropriate format.
- Follow stated formatting guidelines.
- Use only whole dollar amounts.
- Ensure budget figures are mathematically correct.
- Use data provided in the application packet.
- Spell out acronyms at initial use. Eliminate jargon whenever possible.

# Application: Section I

Application Form (10 Points)

| ٩. | Organization Type          |   |                  |
|----|----------------------------|---|------------------|
|    | 501(c)(3) Nonprofit:       | ☐ Yes (attach a copy of your organization's IRS 501(c)(3) Letter ☐ No | er of Determinat |
| 3. | Geographic Area of Serv    | ice   |                  |
|    | ☐ Town/City                |   |                  |
|    | County                     |   |                  |
|    | Region                     |   |                  |
|    | Applicant Organization     |   |                  |
|    | Name                       |   |                  |
|    | Mailing Address            |   |                  |
|    | Physical Address           |   |                  |
|    | City                       |   | NV               |
|    | Zip (9-digit zip required) | -   |                  |
|    | Federal Tax ID#            | -   |                  |
|    | 9-digit DUNS<br>Number     |   |                  |
| •  | Program Point of Contac    | et  |                  |
|    | Name                       |   |                  |
|    | Title                      |   |                  |
|    | Phone                      |   |                  |
|    | Email                      |   |                  |
|    | Same mailing addre         | ss as section C? Yes No, use below address information                |                  |
|    | Address                    |   |                  |
|    | City                       |   | NV               |
|    | Zip (9-digit zip           | -   | 1                |

| E.  | Fige  | l Officer |
|-----|-------|-----------|
| P/4 | risca | ıvıncei   |

|         | Name                       |                       |                              |                     |
|---------|----------------------------|-----------------------|------------------------------|---------------------|
|         |                            |                       |                              |                     |
|         | Title                      |                       |                              |                     |
|         | Phone                      |                       |                              |                     |
|         | Email                      |                       |                              |                     |
|         | Same mailing address       | as section C?         | Yes No, use below address in | nformation          |
|         | Address                    |                       |                              |                     |
|         | City                       |                       |                              | NV                  |
|         | Zip (9-digit zip required) | -                     |                              |                     |
| F. Key  | Personnel                  |                       |                              |                     |
|         | Nan                        | ne                    | Title                        | Licensed?           |
|         |                            |                       |                              | ☐ Yes<br>☐ No       |
|         | Type of License:           |                       | License Number:              |                     |
|         |                            |                       |                              | ☐ Yes<br>☐ No       |
|         | Type of License:           |                       | License Number:              | <u>'</u>            |
|         |                            |                       |                              | ☐ Yes<br>☐ No       |
|         | Type of License:           |                       | License Number:              | •                   |
|         |                            |                       |                              | ☐ Yes<br>☐ No       |
|         | Type of License:           |                       | License Number:              | <u>'</u>            |
| G. Subo | contractors                |                       |                              |                     |
|         | Does your organization     | n subcontract its ser | rvices?                      | tinue to Section H. |
|         | Subcontractor              |                       |                              |                     |
|         | Physical Address           |                       |                              |                     |
|         | City                       |                       |                              | NV                  |

| Zip (9-digit zip required)                     | -  |       |
|--|--|-------|
| Mailing Address                                |  |       |
| City   |  | NV    |
| Zip (9-digit zip required)                     | -  |       |
| Federal Tax ID#                                | -  |       |
| 9-digit DUNS                                   |  |       |
| Number   |  |       |
| Has your agency regis<br>as the CCR data base? | stered with the System for Award Management (SAM) previously?  Yes  No | known |

#### H. Services to be Provided

| Plea | se indicate which services that your Agency provides:  |
|------|--|
|      | Support for work activities  |
|      | Child Care   |
|      | Transportation   |
|      | Education and Training   |
|      | Mental Health and Substance Abuse counseling (non-medical, not already allowed under Medicaid) |
|      | Domestic Violence  |
|      | Developmental and learning disabilities  |
|      | Enhancing or supplementing the family income or assets   |
|      | Child Welfare  |
|      | Family formation and pregnancy prevention  |
|      | Community development  |

| What component of the State's TANF goals do these services address and/or meet? all that apply). |   |   |                    |                         | meet? (Please check                      |
|--|---|---|--------------------|-------------------------|--|
|  |   | Reducing dependency on government benefits by promoting job preparation through work related activities and helping those entering the workforce to learn the skills needed to retain employment. |                    |                         |  |
|  |   | Reducing the number of out-of-wedlock pregnancies and establishing goals for the prevention and reduction of these pregnancies.   |                    |                         |  |
|  |   | Encouraging the formation and   | d maintenance of t | wo-parent families.     |  |
|  | Our Agency's services do not address or meet any of these TANF goals.   |   |                    |                         |  |
| I. N   |   | s your organization or its subcon  Yes, specified below   |                    | -                       | pecified in section                      |
| Services   |   |   |                    |                         |  |
|  | or it   | Do you agree that Services AB397 Grant funds, if awarded, will not be used by your organization its subcontractors to provide any services other than those specified in section H?  Yes No       |                    |                         |  |
|  | Do you agree to implement policies and procedures as necessary to ensure that any non-all services disclosed in this section (I) are not paid for using Services AB397 Grant funds, if awarded?  Yes No |   |                    |                         | •  |
| Ј. Т   | Third-Pa  | rty Payers of Services  |                    |                         |  |
|  |   | Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for services?   Yes, specified below   No – continue to section K.                            |                    |                         |  |
|  |   | Third-Party Payers  | Period             | Billables Received (\$) | Percentage of<br>Operating<br>Income (%) |
|  |   |   |                    |                         |  |
|  |   |   |                    |                         |  |
|  |   |   |                    |                         |  |

## **K.** Current Funding

| Funding | Туре | Project<br>Period End<br>Date | Amount<br>Awarded (\$) | If non-federal, are<br>these funds<br>matched to a<br>grant or other<br>federal funding? |
|---------|------|-------------------------------|------------------------|--|
|         |      |                               |                        |  |
|         |      |                               |                        |  |
|         |      |                               |                        |  |
|         |      |                               |                        |  |
|         |      |                               |                        |  |

Please attach a copy of your organization's most recent Single Audit and Management Letter (if your organization receives more than \$750,000/year in federal funds) OR your organization's most recent year-end financial statements (if the federal audit is not applicable).

# Application: Section II

(Application Narrative - 70 points)

Begin typing below each field header.

- 1. Overview (2 pages)
- 2. Availability and Accessibility of Services (1 page)
- 3. Statement of Need (2 pages)
- 4. Goals and Objectives (2 pages)
- 5. Methods of Accomplishment (2 pages)

# Application: Section III

Budget - 20 points

1. Proposed Project Budget (1 page). Please use the Budget Narrative document to assist with your total budget.

| Category  | Amount Requested (\$)             |
|---|-----------------------------------|
| Agency Personnel  |                                   |
| Consultant/Contract Personnel   |                                   |
| Other Personnel   |                                   |
| Subcontracted Services  |                                   |
| Travel/Training   |                                   |
| Indirect Travel/Training  |                                   |
| Operating   |                                   |
| Equipment   |                                   |
| Program Supplies (be as specific as possible)   |                                   |
| Other Costs (Please be as specific as possible)   |                                   |
| Total Funding Requested (\$)  |                                   |
| Do your administrative costs exceed 15% of your total budget as de CFR 45, Section 263.0? (Use the hyperlink below to determine.) |                                   |
| https://www.ecfr.gov/cgi-<br>bin/retrieveECFR?gp=1&SID=03849a9fb7059c5ba54e207f1583b99e8  |                                   |
| y=HTML#se45.2.263_10  | Zeme trucchi-peromander-l'illitet |

2. Budget Narrative: Please use the Budget Narrative provided below (Just double click on the icon below). Be sure to include as much justification for each proposed cost for clarity and ensure that that the numbers in your proposed budget above match with the Budget Narrative document.



# Application: Section IV

Print and sign the completed application after reviewing the <u>Application and Certified Assurances</u> with which the awarded vendor shall be required to comply.

1. FEDERAL LAWS AND AUTHORITIES: CFR 45, Section 200. <a href="https://www.ecfr.gov/cgi-bin/text-idx?SID=03849a9fb7059c5ba54e207f1583b99e&mc=true&tpl=/ecfrbrowse/Title45/45cfrv2">https://www.ecfr.gov/cgi-bin/text-idx?SID=03849a9fb7059c5ba54e207f1583b99e&mc=true&tpl=/ecfrbrowse/Title45/45cfrv2</a> 02.tpl#200

#### 2. FFY20 GRANT CONDITIONS AND ASSURANCES

#### **General Conditions**

- 1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Grantee shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Welfare and Supportive Services (hereafter referred to as "The Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance, as the Grantee is an independent entity.
- 2. The Grantee shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee's performance or nonperformance of the services or subject matter called for in this Agreement.
- 3. The Division or Grantee may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Division or Grantee from its obligations under this Agreement.
  - The Division may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Division and Grantee.
- 4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Grantee under this Agreement shall, at the option of the Division, become the property of the Division, and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

The Division may also suspend or terminate this Agreement, in whole or in part, if the Grantee materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Grantee ineligible for any further participation in the Division's Grant Agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Grantee is in noncompliance with any applicable rules or regulations, the Division may withhold funding as outlined in the current Grant Instructions and Requirements.

#### **Grant Assurances**

A signature below indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).

- 2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
- 3. These grant funds will not be used to supplant existing financial support for current programs.
- 4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
- 5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
- 6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
- 7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended Contracts and subgrants in amounts of excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- 8. Compliance with Title 2 of the Code of Federal Regulations and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular.
- 9. Certification that neither the Grantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
- 10. No funding associated with this grant will be used for lobbying.
- 11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
- 12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
- 13. Compliance with Grant Instructions and Requirements from the Division of Welfare and Supportive Services:

  An organization receiving grant funds through the Nevada Department of Health and Human Services, Division of Welfare and Supportive Services shall not use grant funds for any activity related to the following:
  - 1. Any attempt to influence the outcome of any Federal, State or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - 2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - 3. Any attempt to influence:
    - (a) The introduction or formulation of Federal, State or local legislation; or
    - (b) The enactment or modification of any pending Federal, State or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.

4. Any attempt to influence the introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity.

#### 5. Any attempt to influence:

- (a) The introduction or formulation of Federal, State or local legislation;
- (b) The enactment or modification of any pending Federal, State or local legislation; or
- (c) The introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
- 6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- 7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

An organization receiving grant funds through the Nevada Department of Health and Human Services, Division of Welfare and Supportive Services <u>may</u>, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:

- 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
- 2. Not specifically directed at:
  - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
  - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
  - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a grantee or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the Division of Welfare and Supportive Services.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the subgrantee agrees to provide the Division with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

#### 3. 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 legislation governing the grant as indicated by AB397 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 Statement of Grant Award.

| Name (type/print) | Phone |
|-------------------|-------|
| Title             | Email |
| Signature         | Date  |
|                   |       |

# Application: Checklist

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

| Section | n I: Application Form  |
|---------|--|
|         | All boxes are checked to indicate the correct answer.  |
|         | All fields are completed according to instructions on pg. 17.  |
|         | Certification is signed.   |
| Section | n II: Narrative  |
|         | Section II-1: Overview covers five points according to instructions on pg. 18.   |
|         | Section II-2: Availability and Accessibility of Services covers two points according to instructions on pg. 18.  |
|         | Section II-3: Statement of Need includes required data according to instructions on pg. 18.  |
|         | Section II-4: Goals and Objectives includes projected number of services provided or participants served according to instructions on pg. 18-19.                                   |
|         | Section II-5: Methods of Accomplishment includes the measurements of success according to instructions on pg. 19.  |
|         | Page limits have not been exceeded.  |
|         | Times New Roman 11-point font has been retained.   |
|         | One-inch margins have been retained.   |
| Section | n III: Budget  |
|         | Section III-1: Proposed Project Budget reflects whole dollar amounts or zeros for each category.   |
|         | Section III-1: Proposed Project Budget is mathematically correct.  |
|         | Numbers in the <i>Proposed Project Budget</i> match numbers in the <i>Budget Narrative</i> .   |
|         | Justifications in <i>Section III-2: Budget Narrative</i> match the projected number of services provided or clients/patients served in <i>Section II-4: Goals and Objectives</i> . |
|         | Page limits have not been exceeded.  |
|         | Times New Roman 11-point font has been retained.   |
|         | One-inch margins have been retained.   |
| Section | n IV: Application and Certified Assurances   |
|         | Section IV-1: Federal Laws and Authorities   |
|         | Section IV-2: Grant Assurances   |
|         | Section IV-3: Certification by Authorized Official   |
| Applic  | eation Submission  |
|         | Include résumés, copies of licenses of key personnel (including subcontractors), and other required attachments.   |
|         | A single PDF will be emailed no later than Wednesday, July 24, 2019 at 4:00 PM PST.  |

## APPENDIX A: SCOPE OF WORK

## Description of Services, Scope of Work and Deliverables

\*In some instances, it may be helpful/useful to provide a brief summary (limited to half [1/2] a page) of the project or its intent here. This section should be written in complete sentences.

## **Scope of Work**

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

| <u>Objective</u>               | Activities | Due Date | <b>Documentation Needed</b> |
|--------------------------------|------------|----------|-----------------------------|
| 1.                             | 1.         | XX/XX/XX | 1.                          |
| 2. Add more lines if necessary | 2.         | XX/XX/XX | 2.                          |

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

| <b>Objective</b>   | Activities | <u>Due Date</u> | <b>Documentation Needed</b> |
|--|------------|-----------------|-----------------------------|
| 1.   | 1.         | XX/XX/XX        | 1.                          |
|  |            |                 |                             |
| *Note to preparer: Add lines to the table as applicable to accomplish all the goals. Line up activities, due dates and |            |                 |                             |

<sup>\*</sup>Note to preparer: Add lines to the table as applicable to accomplish all the goals. Line up activities, due dates and documentation as best as possible.

#### APPENDIX B: DWSS TANF GRANT PROCEDURES

#### Complaints from applicants not selected:

The Division of Welfare and Supportive Services (DWSS) is responsible for the development, release, review, and accountability of Grants. Due to the Grant funding source, there are various regulation and authorities which the DWSS must abide by, both federal and state.

The DWSS is required to abide by the Nevada State Administrative Manual (SAM) and stay apprised on any revisions. Section 3000 – Federal Grant Procedures, outlines additional information related to Grants, including the related Nevada Revised Statutes (NRS) related to compliance. Section 3020 – Grant Awards specifically identifies the guidelines in which DWSS may award grants. Below is cited from Section 3020 of the SAM:

The procedures must include:

- 1. Written guidelines which help applicants determine whether and how to apply for the grant.
- 2. A method to publicize grant opportunities.
- 3. A structured applicant review process using pre-established criteria and a scoring system. (Note: a scoring system is not required if the grant specifies the entity who shall receive the funds and how the funds will be allocated.)
- 4. A procedure for dealing with complaints from applicants who were not selected for award. These complaints should be investigated by someone of authority.
- 5. A written grant agreement to be used upon issuing the award.
- 6. Guidelines that address conflicts of interest.
- 7. Procedures for reporting fraud and waste.

#### Section 3020 for the SAM further states:

Agencies must have a procedure for responding to complaints from applicants who were not selected for award. At a minimum, these complaints should be investigated by someone of authority. The results of the investigation must be documented.

In accordance with the SAM manual requiring a procedure to deal with complaints from Applicants who were not selected for an award, the DWSS has developed and utilizes the following procedure for addressing complaints.

If an Applicant was not selected, they may request a meeting either in writing or verbally within ten (10) business days of receipt of the notice to ESSRFA@dwss.nv.gov. A follow up email will be sent within five (5) business days to schedule a meeting that is convenient to all involved parties. The following information will be shared and may be provided in writing upon request:

- Review of the scores utilizing the pre-established scoring outlined in the grant application.
- Strengths and weaknesses of the application based on the outlined goals and/or objectives of the grant.

The Applicant may choose to include outside parties not affiliated to their agency to participate in the meeting.

If the Applicant is not satisfied with the results of the Strengths and Weaknesses meeting, they may request in writing an additional review within three (3) business days of the meeting to ESSRFA@dwss.nv.gov and it will be reviewed within five (5) business days with a written response. This will be conducted by the DWSS Administrator, or by a designee not included in the selection process who has authority to overturn a decision made.

The DWSS will provide any additional suggestions for other opportunities, if available, as well as provide any known resources to assist the applicant in pursuing their goals as outlined in the applications.

# **APPENDIX C: INVOICING**

Please use the following invoice template when billing DWSS for your services.



## APPENDIX D FEDERAL LAWS AND AUTHORITIES

The information in this section does not need to be returned with the vendor's proposal. Following is a list of Federal Laws and Authorities with which the awarded vendor shall be required to comply.

#### **ENVIRONMENTAL:**

- 1. Archeological and Historic Preservation Act of 1974, PL 93-291
- 2. Clean Air Act, 42 U.S.C. 7506(c)
- 3. Endangered Species Act 16 U.S.C. 1531, ET seq.
- 4. Executive Order 11593, Protection and Enhancement of the Cultural Environment.
- 5. Executive Order 11988, Floodplain Management
- 6. Executive Order 11990, Protection of Wetlands
- 7. Farmland Protection Policy Act, 7 U.S.C. 4201 ET seq.
- 8. Fish and Wildlife Coordination Act, PL 85-624, as amended
- 9. National Historic Preservation Act of 1966, PL 89-665, as amended
- 10. Safe Drinking Water Act, Section 1424(e), PL 92-523, as amended

#### **ECONOMIC:**

- 1. Demonstration Cities and Metropolitan Development Act of 1966, PL 89-754, as amended
- 2. Section 306 of the Clean Air Act and Section 508 of the Clean Water Act, including Executive Order 11738, Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans

#### SOCIAL LEGISLATION

- 1. Age Discrimination Act, PL 94-135
- 2. Civil Rights Act of 1964, PL 88-352
- 3. Section 13 of PL 92-500; Prohibition against sex discrimination under the Federal Water Pollution Control Act
- 4. Executive Order 11246, Equal Employment Opportunity
- 5. Executive Orders 11625 and 12138, Women's and Minority Business Enterprise
- 6. Rehabilitation Act of 1973, PL 93, 112

#### **MISCELLANEOUS AUTHORITY:**

- 1. Uniform Relocation and Real Property Acquisition Policies Act of 1970, PL 91-646
- 2. Executive Order 12549 Debarment and Suspension