

VI. Application Form

Program (Applicants may not check more than one program). Applicants may submit more than one application. Checking more than one program will result in disqualification. Applicants must select at least one.

- A1 – Independent Living Services
- A2 – Respite Services
- A3 – Positive Behavior Support (PBS)

A. Organization Type

- Public Agency 501(c)(3) Nonprofit

B. Geographic Area of Service

<input type="checkbox"/> Town/City	
<input type="checkbox"/> County	
<input type="checkbox"/> Region	

C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID #	(xx-xxxxxxx)	
DUNS No.		

D. Program Point of Contact

Name	
Title	
Phone	
Email	
Same mailing address as section B? <input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information	
Address	

City		NV
Zip (9-digit zip required)		

E. Fiscal Officer

Name		
Title		
Phone		
Email		
Same mailing address as section B? <input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information		
Address		
City		NV
Zip (9-digit zip required)		

F. Key Personnel (Add Rows if Required)

Name	Title	Licensed?
Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscal Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

G. Experience (Must Select One). Select the box that most accurately describes the activities being proposed.

- Organization is 3+ years, proposed program is new
- Existing Program 2-5 years old
- Existing Program 6-9 years old
- Existing Program 10+ years

Describe sustainability plan for services after 6/30/2023

H. Third-Party Payers of Services

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for family planning services? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> No			
Third-Party Payers	Period	Billables Received (\$)	Percentage of Operating Income (%)
<i>Best Health Insurance (example)</i>	<i>2017 YTD</i>	<i>130,000</i>	<i>10</i>

I. Current Funding (federal, state, and private funding). Add rows as required. Describe all funding received for services and/or similar programs. If no additional funding is received, enter NOT APPLICABLE in this section.

Funding	Type	Project Period End Date	Current or Previous Amount Awarded (\$)

J. 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 Fund for a Healthy Nevada 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 assurances.

Name (type/print):

Title

Signature

Phone

Email

Date

GENERAL PROVISIONS AND ASSURANCES

This section is applicable to all subrecipients who receive funding from the DHHS under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. NRS 218G - Legislative Audits
3. NRS 458 - Abuse of Alcohol & Drugs
4. NRS 616 A through D Industrial Insurance
5. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
6. GSA - General Services Administration for guidelines for travel
7. Grant Instructions and Requirements
8. State Licensure and certification
 - a. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
9. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
10. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of subrecipient, its officers, employees, and agents.
11. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
12. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
13. The subrecipient will report within 24 hours the occurrence of an incident, following DHHS policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
14. If the subrecipient is serving minors, background checks must be completed every 3 years on all staff, volunteers, and consultants occupying clinical and supportive roles.
15. Application to Nevada 211. As of October 1, 2017, the subrecipient will be required to submit an application to register with the Nevada 211 system.
16. The subrecipient agrees to fully cooperate with all DHHS sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
17. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
18. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS may reallocate funds to other programs to ensure that gaps in service are addressed.

19. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by DHHS staff or specified sub-contractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the DHHS will provide a written notice identifying the reduction of funds and the necessary steps.
20. "The subrecipients will NOT expend FHN funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over \$1,000 without approval from the DHHS. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS. g. To provide treatment services in penal or correctional institutions of the State.
21. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Compliance with Notice of Funding Opportunity

Applicant agrees to the following requirements of compliance with submission of an application.

- A) If the applicant has not met performance measures of previous DHHS subgrants, DHHS reserves the right to not make additional awards.
- B) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
- C) DHHS reserves the right during the make funding recommendations and subgrant awards in a manner that ensure geographic coverage for services throughout Nevada.
- D) DHHS will not evaluate proposals that do not meet technical requirements of the NOFO.
- E) Applicant budgets must include a minimum of 80% funds used for direct services to the client; not more than 10% may be used for indirect costs; and not more than 10% may be used for program activity data collection and fiscal reporting.

Agreed to:

Signature: _____

Date: [Click here to enter a date.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Applicant Checklist

For own use (do not submit with application).

Section A: Abstract (One page)

- Abstract is compliant with formatting (single spaced, under 500 words)
- Does not exceed one page

Section B: Application Form (Does not exceed five (5) pages). No modifications.

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

Section C: Narrative (Does not exceed ten (10) pages)

- Separate Headings for *Organization, Project Design and Implementation; Community Organizations and Partnerships; Capabilities; and Data Collection.*
- Does not exceed 10 pages, double-spaced.
- Arial or Times New Roman 12-point font has been retained.
- One-inch margins have been retained.

Section D: Scope of Work (Does not exceed five (5) pages)

- All sections are complete and matches the narrative.
- Single-spaced, Arial or Times New Roman 12-point font has been retained

Section E: Budget (Existing Form – No modifications)

- Proposed Project Budget* is complete on the required form
- Proposed Project Budget* is mathematically correct.
- Proposed Project Budget* match numbers in the *Budget Narrative*.
- Justifications for *Budget Narrative* match the projected number of services identified in Narrative
- One-inch margins have been retained.

Section F: Resume (Does not exceed two (2) pages)

- Resume of Project Manager

Attachments (Existing Forms – No modifications). Not in page count.

- Provisions and Assurances of Grant Award is signed

Application Submission

- A single PDF will be emailed no later than 3:00 p.m. on **Monday, January 16, 2023.**