



State of Nevada

Department of Health and Human Services

Office of Community Partnerships and Grants

Fund for Health Nevada

Request for Application

Federal Fiscal Year 2019-2021 Award

Organization Information

Confirm the program area that your proposal addresses.

Request Amount

Enter the total amount of funding requested in this proposal (no decimals, round numbers only).

Organization Name

Legal Name

Also Known As

Address (Use the address provided to the State of Nevada Controller's Office for your vendor registration. If you need to update your vendor registration address, go to this link)

http://controller.nv.gov/VendorServices/Electronic_Vendor_Registration.html

City

State

Postal Code

Contact Person

Phone Number and Extension

Fax

E-mail Address

Website Address

Tax ID

Vendor Number

Dun and Bradstreet Number

Organization Type

(e.g., state agency, university, private non-profit organization)

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 the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)_____	Phone _____
_____	_____
Title	Email
_____	_____
Signature	Date
_____	_____

Organization Primary Contact

First Name

Last Name

Title

E-mail

Office Phone / Extension

Mobile Phone

Signature (Required for Submission) Date

Project Primary Contact

First Name

Last Name

Title

E-mail

Office Phone / Extension

Mobile Phone

Signature (Required for Submission) Date

Executive Summary (Informational Only)

Describe your project in one or two sentences.

50-word limit

Provide an overview of the proposed program or project.

300-word limit

Checklist of Required Documents

- All fields are completed according to instructions.
- Application is signed pages 3.
- Letters of Agreement or Memorandums of Understanding.
- Scope of Work, Description of Services and Deliverables are complete.
- Year-One and Year-Two Budgets include:
 - Numbers are whole dollar amounts or zeros for each category.
 - Budget is mathematically correct.
 - Budget Summary and Budget Narrative match
- Board of Directors or Other Governing Board Roster, including member affiliations and terms of office
- Agency's Strategic Plan
- Agency's Sustainability Plan
- 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.)
- Arial 11-point font with 1-inch margins retained.
- Page limits have not been exceeded.
- Proof of agency liability insurance.
- Proof of workers' compensation insurance.
- Any other documents indicated in the funding section.
- Include signed copies of the following:
 - Assurances and Certification
 - Audit Request Information
 - Notification of Utilization of Current of Former State Employees
 - Confidentiality Addendum
- Include résumés and copies of licenses of key personnel (including sub-contractors)

Questions: Maximum 11 pages

General Questions (Up to 15 Points) Maximum 2 Pages

Collaborative Partnerships: (up to 15 points) Maximum 2 pages

Service Delivery: (up to 20 points) Maximum 3 pages

Cost Effectiveness and Leveraging of Funds: (Up to 25 Points) Maximum of 2 pages

Outcomes: (Up to 25 Points) Maximum of 2 Pages

Additional Information (Informational Only)

Provide any additional information about your organization, services, staff or plans that you deem important to this application.

300-word limit

Attachments

Title	File Name
-------	-----------