

State of Nevada

Department of Health and Human Services

OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS

**REQUEST FOR APPLICATIONS and INSTRUCTIONS
STATE FISCAL YEARS 2019 – 2021**

**Fund for a Healthy Nevada
Children's Trust Fund
Social Services Block Grant – Title XX**

NOTE: This document is available online at <http://dhhs.nv.gov/grants>

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FUNDING SOURCES AND PRIORITIES

Source and Purpose of Funds

This Request for Applications (RFA) is for competitive proposals to be funded through the sources listed below for State Fiscal Years (SFY) 2020 and 2021. Although these funding sources are distilled in a single RFA, each will retain specific regulatory requirements. This RFA is published and administered by the Office of Community Partnerships and Grants (OCPG) in the Director's Office of the Department of Health and Human Services (DHHS-DO).

This is a competitive process. Current subrecipients are not guaranteed funding in SFY 20-21 and applicants who receive awards through this RFA are not guaranteed future funding.

Funding Source	Nevada Revised Statute (NRS) or Federal Law	Funding Priority	Total Pending Amounts Available SFY 20-21
Fund for a Healthy Nevada (FHN) - Wellness	NRS 439.630(1)(g)	Hunger Relief	\$4,000,000 (\$2,000,000 per SFY)
Fund for a Healthy Nevada (FHN) - Disability Services	NRS 439.630(1)(h)	<ul style="list-style-type: none"> • Respite Care • Independent Living • Positive Behavior Support 	<ul style="list-style-type: none"> • \$1,280,000 (\$640,000 per SFY) • \$1,100,000 (\$550,000 per SFY) • \$640,000 (\$320,000 per SFY)
Children's Trust Fund (CTF) / Community-Based Child Abuse Prevention (CBCAP)	<ul style="list-style-type: none"> • NRS 432.131 • Title II Federal Child Abuse Prevention Treatment Act (CFDA 93.590) 	Prevention of Child Abuse and Neglect	\$1,563,884 (\$781,942 per SFY)
Social Services Block Grant (SSBG-TXX)	Title XX Federal Social Security Act (CFDA 93.667)	<ul style="list-style-type: none"> • Prevention of Child Abuse and Neglect • May also be used to supplement funding in funding priority areas listed above. 	\$2,158,716 (\$1,079,358 per SFY)

All of the proposed allocations listed above are subject to the availability of funds as well as 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. If changes occur, amendment(s) to this RFA will be published.

GRANT PERIOD

Awards made under this RFA are intended to span two State Fiscal Years (SFY) – 2020 and 2021. Year One awards begin July 1, 2019 and end June 30, 2020. Year Two awards begin July 1, 2020 and end June 30, 2021. All awards are subject to funding availability. Year Two awards are also contingent on subrecipient performance in Year One.

Mandatory Webinar

There will be mandatory webinar attendance for all applicants that will be applying for awards.

- **Tuesday, December 18, 2018, 2:00 – 4:00 PM**
- <https://attendee.gotowebinar.com/register/1408365938449735682>

PHILOSOPHY

1. The DHHS-DO OCPG is a **mission-driven grantor**. All proposals funded through this RFA must be aligned with the overall mission of the Department and the OCPG as well as any program-specific missions cited in this document.

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 Office of Community Partnerships and Grants (OCPG) is to help families and individuals in Nevada reach their highest level of self-sufficiency by supporting the community agencies that serve them through engagement, advocacy and resource development.

2. To further the missions of the Department and the OCPG, this RFA seeks partners whose programs are focused on **achieving positive outcomes**.

The over-arching objective of all work supported by the available funding is to improve the quality of life of the individuals and families served while influencing positive change in Nevada communities.

To reach this goal, collaborations with primary care providers, Federally Qualified Health Centers, other health centers/providers and community collaborations are required to address the clients holistically. A holistic approach recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring clients to ensure their needs are met. Social determinates include factors like socio-economic status, education, the physical environment, and access to services.

Underserved, low-income, and disparate populations are at a higher risk of developing health problems because of a greater exposure to health and social risks. Access to services for this population is strained and requires innovative approaches on behalf of agencies in order to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede clients from accessing services.

Agencies are encouraged to be creative to meet the needs of Nevada's families, reach the unreachable, and weave the philosophy of a holistic-centered approach into their proposals.

GUIDELINES FOR PRIORITY AREAS

I. FUND FOR A HEALTHY NEVADA – WELLNESS CATEGORY

FHN WELLNESS – Hunger (Services)

This application addresses multiple goals in the DHHS 2018 *Food Security in Nevada: Nevada's Plan for Action*.

- Align and enhance collaboration efforts of state and non-state agencies to strengthen statewide food security strategies.
- Maximize participation in each state/federal nutrition program available to the state.
- Maximize distribution of fresh foods to include fruits, vegetables, dairy and meats.
- Support client-centered strategies that increase access to nutrition programs and resources that address the determinants of hunger.
- Serve all Nevada counties by developing statewide delivery.

The application also addresses one of the five key principles of the DHHS Office of Food Security.

- Use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing emergency short-term assistance.

To view the entire action plan, go to:

http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/StrategicPlan_FoodSecurityinNV_020713.pdf

Projects awarded funds will:

- Provide individuals and families with a sufficient amount of food resources to meet their immediate needs defined as 1.2 pounds.
- Link individuals and families with income and other supportive services in order to provide a foundation for families to stabilize and move toward economic self-sufficiency.
- Create a more collaborative, organized, and innovative network of agencies in local communities working together on food security and family self-sufficiency.
- Provide outreach to people who need food assistance but lack access.
- Provide direct services to food insecure individuals and families.
- Provide education to ensure that participants understand how to prepare fresh foods, including cooking methods for food distributed.
- Collect data including identification of location, date, and time of food distribution to ensure all populations have access to services despite schedules.

Projects may also:

- Open new sites in unserved areas.
- Use of United States Department of Agriculture (USDA) match funding.

REQUIREMENTS for HUNGER	DETAILS
Basic Requirements of Proposals	<ul style="list-style-type: none"> ● Only applications from collaborative partnerships involving two or more community agencies will be considered. <ul style="list-style-type: none"> ○ Partners may include food pantries, local agencies that link families with major income and supportive services, and other organizations that will add value to the project. ○ Collaborative partnerships must provide both food assistance and linkage services. ○ Only one lead agency within the collaboration will submit the application on behalf of the partnership. ○ Fiscal details regarding sub-awards should be included in the proposed budget. ○ Partnerships must be formalized through Memorandums of Understanding (MOUs). The applicant will be required to submit Letters of Agreement and draft MOUs with the proposal. The signed MOUs must be in place before the award notice is issued. ● At least 50% of the requested funds must be used to purchase food. ● Up to 42% of the requested funds may be used for case management and personnel. ● Up to 8% of the funded amount may be reimbursed for indirect costs. The definition of indirect costs can be found in the budgeting instructions of this document. ● Applicants will be asked to provide information ensuring they will make cost-effective food purchases and distribute food that contributes to a balanced diet. ● Screening, referral, and follow-up must be conducted for the following food and supportive services programs. Referrals to additional services are encouraged. <ul style="list-style-type: none"> ○ Food: Supplemental Nutrition Assistance Program (SNAP), Woman, Infants and Children (WIC), National School Lunch Program, Senior congregate and home-delivered meal programs, commodity food programs ○ Supportive Services: Earned Income Tax Credit (EITC), Temporary Assistance for Needy Families (TANF), CCDF [child subsidy]), EAP, Silver State Health Insurance Exchange, Nevada Check-up, Medicaid, local employment assistance programs

REQUIREMENTS for HUNGER	DETAILS
	<ul style="list-style-type: none"> • Projects must be structured to serve all ages – birth to elder with additional scoring points for emphasis on Nevadans up to age 60. Provide details regarding how you plan to address this underserved population. • If opening a new pantry, applicants are required to document the unmet need and submit a timeline for opening the pantry by September 30, 2019.
Reporting and Other Requirements for Funded Proposals	<ul style="list-style-type: none"> • Subrecipients must submit monthly reports documenting progress toward goals, and track and report unduplicated basic client demographics. Report template will be provided by the OCPG. • Subrecipients must also track and report on other support leveraged for this project (including cash, in-kind, and volunteer support). • Subrecipients must submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (reimbursement for actual expenses paid). • All subrecipients providing direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required within the first 90 days. • Scope of work template provided, Appendix D • The following standardized outcomes are required: <ul style="list-style-type: none"> ○ Number of additional meals provided as a result of this project. (The USDA formula for converting pounds of food to meals is 1.2 pounds of food equals one meal.) ○ Number and percent of unduplicated people who reported they did not need to skip meals in the month following the food and referral assistance received from this project. ○ Number and percent of unduplicated people who were successfully linked with programs that address risk factors. ○ Increase in the average pounds of fresh produce provided to each individual or family. ○ Subrecipients are welcome to propose, track and report on additional outcomes by year. ○ Survey completion required by 15% of the unduplicated people count. See Appendix F.

REQUIREMENTS for HUNGER	DETAILS
	<ul style="list-style-type: none"> • Applicants who receive awards will be required to participate in quarterly meetings to maximize project impact. Subrecipients will share information and strategize on a number of issues including, but not limited to: <ul style="list-style-type: none"> ○ Best practices for managing a food pantry (e.g., conducting intake, purchasing food, amount of food distributed, quality of food offered); ○ Maximizing the amount of food provided to minimize the need for individuals and families to utilize multiple pantries to meet their needs; ○ Best practices for tracking client activity; and ○ DHHS 2018 <i>Food Security in Nevada: Nevada’s Plan for Action</i>. A link to this is provided in the resources section of this document.

**FUND FOR A HEALTHY NEVADA – WELLNESS CATEGORY –
Hunger Services Questions**

Maximum of 11 pages total submission – Pages received beyond this limit will not be considered

General Questions: (up to 15 points) maximum 2 pages, attachments do not count against page of requested documents do not count toward page restrictions. (numbers 2, 3, 6a, 6b)

1. How does your agency mission align with the proposed program and funding?
2. Provide an attached copy of your strategic plan, including a sustainability plan.
3. Provide an attached copy of a current agency organizational chart that includes the key staff implementing and operating the proposed program.
4. What is your agency capacity to serve clients related to the funding you are applying for?
5. Provide your operating hours and planned closures.
6. Provide the details of your governing board.
 - a. Attach a copy of the board by laws.
 - b. Attach a copy of the board policies.
 - c. List of board members, vacancies and term years.
7. Describe the activities of key employees that will be managing the operation of the proposed program.
8. Describe the qualification of the staff that will provide the service for which the grant is funding.
9. Describe how this funding aligns with the agency mission and goals.

10. Describe the program evaluation process. Satisfaction surveys are required to be utilized by the agency for the proposed project. The evaluation should include the following;
 - a. Evaluation of the process
 - b. Dissatisfaction evaluation
 - c. Sample Size
 - d. Self-reporting increase in confidence with the independent living skills. Indicate the quality of life at 30/60/90 days.

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

1. Name the key organizations you work with to provide optimum service to clients and describe the relationships (e.g., networking, formal or informal partnerships, shared resources, integrated procedures, mutual referrals, state or non-state agencies). Collaborations and partnerships should have meaning, and address populations served and food agencies.
2. If there are existing local pantries and agencies that provide services for food insecure Nevadans, how are you going to collaborate with these entities to ensure there is no duplication of services.

Service Delivery: (up to 20 points) maximum of 3 pages

1. Provide details of your plan to provide fresh fruits, vegetables, meat and dairy to rural Nevada.
2. Where are you meeting your underserved populations? How to you ensure work scheduled are taken into.
3. Describe utilizations of cooking methods and nutrition education for food distributed.
4. All Nevada Counties will be services with these funds. Which counties will your agency serve?
5. Identify strategies for increased participation for the eligible populations.
6. Describe your ability to deliver services clients up to age 59.
7. Describe your agency's process to address cultural differences.
8. Describe your efforts with individuals and families to minimize the use of multiple pantries to meet daily nutrition needs.

Cost Effectiveness and Leveraging of Funds: (up to 25 points) maximum of 2 pages

1. Are you using USDA match?
2. If you are leveraging other funds, how will that increase program capacity?
3. Describe you plans to make cost effective purchases.
4. What other resources do you utilize for your program from other partners or from matching grants?

Outcomes: (up to 25 points) maximum of 2 pages

1. Data regarding identification location, date, time how to address the working population.

2. Describe your case management and how you address outcomes.
3. Provide statistical data that has identified the services and clients proposed to serve.
4. What are your existing client database capabilities? Please describe the data that you capture and the outcomes.
5. Describe the technology or software that you have in place to increase the productivity and outcomes of the program.

II. FUND FOR A HEALTHY NEVADA – DISABILITY SERVICES CATEGORY

Per NRS 439.630(1)(h), all grants funded in this category must be targeted to persons with disabilities.

- A. In order to determine whether a proposal specifically targets the intended population, applicants will be asked to provide the citation from federal, state or local law that their organization uses to determine disability. If no law is referenced, applicants must provide the disability criteria contained in their organizational policy. In either case, the DHHS OCPG may request copies of policies, client enrollment forms and other documents that support the applicant's response.
- B. **The proposal should address low-income and disparate populations to the extent practicable.** Applicants will need to describe how the proposed project will identify, target and verify low-income and disparate populations.
- C. The U.S. Department of Health and Human Services, Administration on Community Living has adopted a strategic plan covering the timespan 2013 through 2018. Among the goals for older adults and persons with disabilities are: Individual Self-Determination and Control (Goal 3) and Long-Term Service and Supports (Goal 4). It is the intent of the DHHS-DO OCPG to align FHN Disability Services programs with these goals. The plan is available for review at: http://www.acl.gov/About_ACL/StrategicPlan/docs/ACL_Strategic_Plan.pdf
- D. In its 2014 Integration Plan, the Nevada Aging and Disability Services Division established a goal to “adopt and implement a universal, person-centered framework.” It is the intent of the DHHS-DO OCPG to align FHN Disability Services programs with this goal. As defined in the Integration Plan, person-centered practice is “treatment and care that places the person at the center of their own care and considers first and foremost the needs of the person receiving the care. It is also known as person-centered care, patient-centered care and client-centered care. Person-centered practice is treating persons/patients/clients as they want to be treated.” This definition was adapted from a guide published by the Department of Health and Human Services in Victoria, Australia. Links to the Integration Plan and the guide are provided below.

ADSD Integration Plan: [http://adsd.nv.gov/About/Reports/StatePlan/StatePlan2016-2020/Person-Centered Practice \(Guide\):](http://adsd.nv.gov/About/Reports/StatePlan/StatePlan2016-2020/Person-Centered_Practice_(Guide):)
<http://www.health.vic.gov.au/older/toolkit/02PersonCentredPractice/docs/Guide%20to%20Implementing%20Person%20centred%20practice.pdf>

APPLICATION IIA – Respite Care

Respite Care is intended to alleviate stress by providing temporary relief for the primary caregiver of a person or persons with disabilities of any age (including children in out-of-home placement).

REQUIREMENTS for RESPITE	DETAILS
Basic Requirements of Proposals	<ul style="list-style-type: none"> • Proposals must provide short-term care within the home and/or outside the home (i.e., center-based). • Applicants should indicate current collaborations, particularly in the areas of healthcare and social services referrals. • Applicants must address how services are made accessible to those who have little or no transportation and describe how the proposed program will reach those with limited access. Applicants should indicate how their agency can assist with the respite service delivery gap for clients 18-59. Additional scoring points will be given to those that can help serve this gap.
Reporting and Other Requirements for Funded Proposals	<ul style="list-style-type: none"> • Subrecipients must submit monthly reports documenting progress toward goals, and track and report unduplicated basic client demographics, subrecipients are required to utilize and track the pre and post survey with all clients served with this funding. (Please see Appendix E for draft. Final version of Survey will be distributed by July 1, 2019) • Subrecipients must submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (reimbursement for actual expenses paid). • All subrecipients that provide direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required within the first 90 days. • Scope of work template provided, Appendix D • The following standardized outcomes are required; subrecipients are welcome to propose, track and report on additional outcomes. <ul style="list-style-type: none"> ○ Improvement in family stress levels. ○ Improved relationships among caregivers, care recipients and other family members. ○ Improvement of caregiver’s physical and emotional wellbeing. ○ Reference Appendix E for survey. • Subrecipients will be required to track unmet needs and report on

REQUIREMENTS for RESPITE	DETAILS
	<p>waiting lists.</p> <ul style="list-style-type: none"> • Subrecipients will be expected to participate in quarterly meetings to maximize project impact. Subrecipients will share information and strategize on a number of issues including, but not limited to: <ul style="list-style-type: none"> ○ Development of a reasonable model for case management by respite providers; ○ Alignment with national service delivery standards and outcomes, with use of evidenced-informed practices; and ○ Providing equitable access to respite statewide through coordinated practices. • Applicants are required to participate within the Statewide Respite Coalition.

**FUND FOR A HEALTHY NEVADA – DISABILITY SERVICES CATEGORY –
Respite Care Questions**

Maximum of 11 pages total submission – Pages received beyond this limit will not be considered

General Questions: (up to 15 points) maximum 2 pages, attachments do not count against page of requested documents do not count toward page restrictions. (numbers 2, 3, 6a, 6b)

1. How does your agency mission align with the proposed program and funding?
2. Provide an attached copy of your strategic plan, including a sustainability plan.
3. Provide an attached copy of a current agency organizational chart that includes the key staff implementing and operating the proposed program.
4. What is your agency capacity to serve clients related to the funding you are applying for?
5. Provide your operating hours and planned closures.
6. Provide the details of your governing board.
 - a. Attach a copy of the board by laws.
 - b. Attach a copy of the board policies.
 - c. List of board members, vacancies and term years.
7. Describe the activities of key employees that will be managing the operation of the proposed program.
8. Describe the program evaluation process. Satisfaction surveys are required to be utilized by the agency for the proposed project. The evaluation should include the following;
 - a. Evaluation of the process
 - b. Dissatisfaction evaluation
 - c. Sample Size
 - d. Self-reporting increase in confidence with the independent living skills. Indicate the quality of life at 30/60/90 days.

Service Delivery (Up to 20 Points) Maximum 3 pages

1. If there are other providers of this service in your community, list them and describe the need for multiple providers. Cite specific needs, assessments and waitlists where available.
2. Provide the citation from federal, state or local law that your organization uses to determine disability. If no specific law is used, provide the disability criteria contained in your organizational policy. (Note that the DHHS-DO GMU may request copies of policies, client enrollment forms and other documents that support your response.)
3. Describe your organization's method of service delivery. If applicable, address the following – evidence-based or evidence-informed practices; national, state or local standards; staff or program certifications by an authoritative entity.
4. How does your organization approach care planning? As part of the response, explain how the parent or primary caregiver is involved in the direct care of the client and how person-centered planning fits into your approach.
5. If respite is provided through vouchers, how does our organization help clients identify an appropriate respite provider? What steps do you take if an appropriate provider cannot readily be found?
6. If respite is provided through vouchers, how does your organization ensure that quality care is provided to clients?
7. If center-based respite is provided, how does your organization ensure that staff and volunteers are prepared to provide quality care and respond safely in emergencies? Describe the reassessment process for longer-term clients and how this helps your staff and volunteers address the changing needs of these clients.
8. If the proposed project will provide respite care to children, respond to the following. Describe the strategies that your organization will utilize to (1) provide for public education/awareness of child abuse and neglect prevention and (2) incorporate the Protective Factors into the program and activities.(See page 33 information about Protective Factors)
9. If your organization will subaward any portion of the funds to a third party to provide services, answer the following questions.
 - (a) How will this arrangement add value to the project?
 - (b) How will funds be subawarded (e.g., subgrant, subcontract, competitive mini-grants)?
 - (c) How will your organization ensure that subawardees comply with all laws, regulations, GIRS, etc. (Attach agreement with subawardee.)

Collaborative Partnerships (Up to 15 points) Maximum 2 pages

1. Name the key organizations you work with to provide optimum service to clients and describe the relationships (e.g., networking, formal or informal partnerships, shared resources, integrated procedures, mutual referrals). Indicate whether your organization participates in any local, state, regional or national respite associations or coalitions. Include names of the associations or coalitions.

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

1. If respite is provided through vouchers, explain the program structure as it relates to costs. Include the value of the voucher available to each child or adult who needs care and/or to the family unit. Describe any limitations on the voucher (e.g., minimum or maximum number of hours available or required hourly wage). Explain the reasoning behind the structure.
2. If respite is center-based, explain the program structure as it relates to costs. Include the cost of each hour of care and the number of hours available to each child or adult who utilizes the center or, if applicable, the number of hours available to the family unit. Explain the reasoning behind the structure.
3. State the total funding requested through this proposal. Then list the total dollar amounts of any other funding sources that will contribute to the project. Categorize these funding sources by type (federal, state, local and private) and list the specific sources. Indicate whether any of these funds are dependent upon an award through this RFA. In other words, indicate whether this grant would be used as a match or a way to leverage other funds.
4. Describe any volunteer or in-kind services included in this project. Include the source and estimate the annual value of these services.

Outcomes (Up to 25 points) Maximum 2 pages

1. Provide the following projections for each year of the grant period (SFY20 and SFY21).
 - (a) The number of unduplicated individuals (children or adults) to be served.
 - (b) The number of unduplicated families that will be served.
 - (c) The number of immediate family members who will benefit from the respite care.
 - (d) The number of families that will be assessed or surveyed before and again after services are rendered and when this will occur (e.g., at 3 months, 6 months, etc.).
 - (e) The number of families assessed or surveyed who report a reduction in family stress levels as a result of your services.
 - (f) Use the projections in (d) and (e) to calculate the percent of positive results.
 - (g) Number of clients being served within the age range of 18-59 years old.
2. Provide the following projections for each year of the grant period (SFY20 and SFY21).
 - (a) The number of families that will be assessed or surveyed before and again after services are rendered and when this will occur (e.g., at 3 months, 6 months, etc.)

- (b) The number of these families who report that the services helped them avoid a crisis and maintain a stable household.
- (c) Use the projections in (a) and (b) to calculate the percent of positive results.

3. Provide the following projections for each year of the grant period (SFY20 and SFY21).

- (a) Project the number of unduplicated families who will complete client satisfaction surveys and indicate when the survey will be conducted (e.g., at the time of service, 3 months after service, etc.).
- (b) Project the number of respondents who report that they are satisfied or very satisfied with services provided by this project.
- (c) Use the projections in (a) and (b) to calculate the percent of satisfied or very satisfied clients.

APPLICATION IIB – Positive Behavior Support

Positive Behavior Support (PBS) is an empirically validated, function-based approach to developing and employing a plan of support for individuals whose disability is accompanied by problem behavior. PBS focuses on proactive and educative strategies to (1) expand an individual’s behavior repertoire and (2) redesign environments. These strategies are intended to enhance a person’s lifestyle and minimize problem behavior.

REQUIREMENTS for PBS	DETAILS
Basic Requirements of Proposals	<ul style="list-style-type: none"> • Proposals submitted under this funding priority must include the following elements. <ul style="list-style-type: none"> ○ The assembly and participation of a team that has agreed to support the individual. ○ Person-centered planning regarding improving lifestyle ambitions of the family or participant with a description of goals for improved lifestyle. ○ Functional assessment to identify possible relevant antecedent and maintaining stimuli, and all major environments in which the behavior occurs. ○ Direct observation relevant to confirmation of hypotheses regarding the function of the problem behavior. ○ The development of a multi-component plan. ○ A targeted effort to serve low-income and disparate populations. ○ Statewide services including rural, frontier counties. • Applicants are required indicate current collaborations, particularly in the areas of healthcare and social services referrals.

REQUIREMENTS for PBS	DETAILS
	<ul style="list-style-type: none"> • Applicants must address how client transportation needs are assessed and managed. • Applicants must address how services are made accessible to those who have little or no transportation and describe how the proposed program will reach those with limited access. • Applicants may include programs specific to addressing complex developmental and behavioral health needs of children.
Reporting and Other Requirements for Funded Proposals	<ul style="list-style-type: none"> • Subrecipients must submit monthly reports documenting progress toward goals, and track and report unduplicated basic client demographics. • Subrecipients must submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (reimbursement for actual expenses paid). • All Subrecipients that provide direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required within the first 90 days. • Scope of work template provided, Appendix D • The following standardized outcomes are required; <ul style="list-style-type: none"> ○ Improvement in behavior exhibited by target individuals. ○ An increase in the number of individuals with behavioral challenges who are able to live in community-based settings (or remain in school if a student). ○ Improved performance in school of those enrolled, and reported improved behavior in community-based settings. ○ A decrease in stress reported by those who provide support to the behaviorally challenged individual. ○ Subrecipients are welcome to propose, track and report on additional outcomes. • Subrecipients will also be required to track unmet needs and report on waiting lists. • Subrecipients will be required to participate in quarterly meetings with subrecipients in the Independent Living program category to maximize project impact.

**FUND FOR A HEALTHY NEVADA – DISABILITY CATEGORY –
Positive Behavioral Support Questions**

Maximum of 11 pages total submission – Pages received beyond this limit will not be considered

General Questions: (up to 15 points) maximum 2 pages, attachments do not count against page of requested documents do not count toward page restrictions. (numbers 2, 3, 6a, 6b)

1. How does your agency mission align with the proposed program and funding?
2. Provide an attached copy of your strategic plan, including a sustainability plan.
3. Provide an attached copy of a current agency organizational chart that includes the key staff implementing and operating the proposed program.
4. What is your agency capacity to serve clients related to the funding you are applying for?
5. Provide your operating hours and planned closures.
6. Provide the details of your governing board.
 - a. Attach a copy of the board by laws.
 - b. Attach a copy of the board policies.
 - c. List of board members, vacancies and term years.
7. Describe the activities of key employees that will be managing the operation of the proposed program.
8. Describe the program evaluation process. Satisfaction surveys are required to be utilized by the agency for the proposed project. The evaluation should include the following;
 - a. Evaluation of the process
 - b. Dissatisfaction evaluation
 - c. Sample Size
 - d. Self-reporting increase in confidence with the independent living skills. Indicate the quality of life at 30/60/90 days.

Service Delivery (Up to 15 points) Maximum 3 pages

1. If there are other providers of this service in your community, list them and describe the need for multiple providers. Cite specific needs, assessments and waitlists where available.
2. Provide the citation from federal, state or local law that your organization uses to determine disability. If no specific law is used, provide the disability criteria contained in your organizational policy. (Note that the DHHS-DO GMU may request copies of policies, client enrollment forms and other documents that support your response.)
3. Describe your method of service delivery. If applicable, address the following – evidence-based or evidence-informed practices; national, state or local standards; staff or program certifications by an authoritative entity.
4. Describe how you will provide PBS services in non-school settings.
5. If your organization will provide in-school services, what proportion of the funding will be used for this purpose?

6. Summarize your organization's success in providing PBS services in rural/frontier counties. What is your organization's plan to reach unserved rural/frontier counties in the next grant period?
7. How does your organization approach case planning? As part of the response, explain how the parent or primary caregiver is involved in the direct care of the client and how person-centered planning fits into your approach. (See Page 12 of the RFA for information about person-centered planning.)
8. If your organization will subaward any portion of the funds to a third party to provide services, answer the following questions. (a) How will this arrangement add value to the project? (b) How will funds be subawarded (e.g., subgrant, subcontract, competitive mini-grants)? (c) How will your organization ensure that subawardees comply with all laws, regulations, GIRS, etc. (Attach agreement with subawardee.)

Collaborative Partnerships (Up to 20 points) Maximum 2 pages

1. Name the key organizations you work with to provide optimum services to clients and describe the relationships (e.g., networking, formal or informal partnerships, shared resources, integrated procedures, mutual referrals).

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

1. The following responses will be used to help determine the cost-effectiveness of your proposal.
 - (a) Define a unit of service as it relates to your project (e.g., one hour of instruction).
 - (b) For each year of the grant cycle (SFY20 and SFY21), project the number of units of service you will provide.
 - (c) The number of unduplicated clients your project will serve.
 - (d) The average number of units of service per client per year.
2. State the total funding requested through this proposal. Then list the total dollar amounts of any other funding sources that will contribute to the project. Categorize these funding sources by type (federal, state, local and private) and list the specific sources. Indicate whether any of these funds are dependent upon an award through this RFA. In other words, indicate whether this grant would be used as a match or a way to leverage other funds.
3. Describe any volunteer or in-kind services included in this project. Include the source and estimate the annual value of these services.

Outputs and Outcomes (Up to 25 points) Maximum 2 pages

1. Required for Direct Service Programs – If your project consists of direct service to focus individuals, provide the following projections for each year of the grant period (SFY20 and SFY21).

- (a) The number of unduplicated focus individuals to be served.
 - (b) The number of unduplicated focus individuals who will be assessed or surveyed before and again after services are rendered.
 - (c) The number of these individuals who will show behavior improvement at program completion.
 - (d) Use the preceding two projections to calculate the percent with positive results.
 - (e) Provide information about your reporting intervals.
2. Required for Training Proposals – If your project consists of training caregivers or professionals who work with focus individuals, provide the following projections for each year of the grant period (SFY19 and SFY20).
- (a) The number of unduplicated people to be trained.
 - (b) The number of unduplicated people who will be surveyed or assessed to determine the impact of the training on their personal or professional relationship with the focus individual.
 - (c) The number of these people who will report positive outcomes.
 - (c) Use the preceding two projections to calculate the percent of positive outcomes.
3. Required for all projects. Provide the following projections for each year of the grant period (SFY20 and SFY21).
- (a) Project the number of individuals who will complete client satisfaction surveys and indicate when the survey will be conducted (e.g., at the time of service, 3 months after service, etc).
 - (b) Project the number of respondents who report that they are satisfied or very satisfied with services provided by this project.
 - (c) Use the projections in (a) and (b) to calculate the percent of satisfied or very satisfied clients.
4. Required for Direct Service Programs. Provide the following data and projections.
- (a) Provide the number of rural/frontier counties and the number of unduplicated focus individuals in those counties that your organization served in SFY18.
 - (b) Provide the number of rural/frontier counties and the number of unduplicated focus individuals in those counties that your organization projects it will serve in SFY20 and in SFY21. (Provide separate projections for each year of the grant period.)
 - (c) Use the numbers in (a) and (c) to project the percent increase in the number of rural/frontier counties to be served and the number of unduplicated focus individuals in those counties. (Provide separate projections for each year of the grant period.)

APPLICATION IIC – Independent Living

Independent Living (IL) proposals should focus on the provision of direct services to individuals with disabilities. Online applications are available for adaptive resources, life skills training, transportation and transitional housing.

Basic Requirements for Proposals are described below for each service-specific subcategory of Independent Living Services.

- All proposals must address how services are made accessible to those who have little or no transportation and describe how the proposed program will reach those with limited access.

A. ADAPTIVE RESOURCES with CASE MANAGEMENT

Adaptive Resources may include adaptive housing and/or assistive technology. Adaptive housing services should include appropriate accommodations to and modifications of any space used to serve, or to be occupied by, individuals with significant disabilities. Assistive technology should include equipment or systems to assist people with disabilities to increase, maintain or improve functional capacity. If a policy exists for reuse or recycling of equipment, this information should be included in the narrative section of the application.

B. LIFE SKILLS TRAINING with CASE MANAGEMENT

Life Skills programs teach persons with disabilities skills that help them live as independently as possible in the community. Proposals may cover one or more of a broad range of needs including, but not necessarily limited to:

- Job training and preparation;
- Understanding and compensating for a new disability (e.g., adjusting to blindness or low vision);
- Developing skills in areas such as personal care, coping, financial management, social skills, household management, and utilizing public transportation; and
- Education about community resources and activities.
- Intermittent Support Services for children with complex development and behavioral needs.

C. TRANSITIONAL HOUSING with CASE MANAGEMENT

Transitional Housing projects must provide comprehensive housing and supportive assistance to persons with disabilities and their families in order to transition them to stable housing and self-sufficiency. Programs should link with other service providers to select appropriate clients, identify appropriate transitional housing for clients, and facilitate transition to ensure continuous housing for the client.

D. TRANSPORTATION SERVICES

Transportation services assist individuals with disabilities in getting to medical appointments, work, shopping centers, etc.

REQUIREMENTS for IL	DETAILS
Reporting and Other	<ul style="list-style-type: none"> • Subrecipients must submit monthly reports documenting progress toward goals, and track and report unduplicated basic client

REQUIREMENTS for IL	DETAILS
Requirements for Funded Proposals	<p>demographics.</p> <ul style="list-style-type: none"> ● Subrecipients must submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (e.g., reimbursement for actual expenses paid). ● All subrecipients that provide direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required within the first 90 days of FY20. ● Scope of work template provided, Appendix D ● The following standardized outcomes are required; <ul style="list-style-type: none"> ○ An increase in self-confidence and ability to function without assistance. ○ An increase in long-term stability. ○ Improvement in at least one ancillary need (e.g., food security). ○ Is the client able to continue in a permanent home and or community setting ○ Has the client been educated on various community resources and been linked to services ● Subrecipients are welcome to propose, track and report on additional outcomes. If vocational rehabilitation services are provided, the subrecipient must track the percentage of participants gaining and maintaining competitive employment at three to six months following program completion. ● Subrecipients may also be required to track unmet needs and report on waiting lists. ● Applicants who receive awards are required to participate in quarterly meetings to maximize project impact. Subrecipients will share information and strategize on a number of issues including, but not limited to: <ul style="list-style-type: none"> ○ Prioritization of the services and best practices for ensuring that client needs are met; ○ Best practices in the delivery of services to persons with disabilities; ○ Required to have a case management system/model for service providers with limited client interaction; and ○ Best practices for tracking client activity.

**FUND FOR A HEALTHY NEVADA – DISABILITY CATEGORY –
Independent Living Questions**

Maximum of 11 pages total submission – Pages received beyond this limit will not be considered

General Questions: (up to 15 points) maximum 2 pages, attachments do not count against page of requested documents do not count toward page restrictions. (numbers 2, 3, 6a, 6b)

1. How does your agency mission align with the proposed program and funding?
2. Provide an attached copy of your strategic plan, including a sustainability plan.
3. Provide an attached copy of a current agency organizational chart that includes the key staff implementing and operating the proposed program.
4. What is your agency capacity to serve clients related to the funding you are applying for?
5. Provide your operating hours and planned closures.
6. Provide the details of your governing board.
 - a. Attach a copy of the board by laws.
 - b. Attach a copy of the board policies.
 - c. List of board members, vacancies and term years.
7. Describe the activities of key employees that will be managing the operation of the proposed program.
8. Describe the program evaluation process. Satisfaction surveys are required to be utilized by the agency for the proposed project. The evaluation should include the following;
 - a. Evaluation of the process
 - b. Dissatisfaction evaluation
 - c. Sample Size
 - d. Self-reporting increase in confidence with the independent living skills. Indicate the quality of life at 30/60/90 days.

Service Delivery (Up to 20 points) Maximum 3 pages

1. If there are other providers of this service in your community, list them and describe the need for multiple providers. Cite specific needs, assessments and waitlists where available.
2. Provide the citation from federal, state or local law that your organization uses to determine disability. If no specific law is used, provide the disability criteria contained in your organizational policy. (Note that the DHHS-DO GMU may request copies of policies, client enrollment forms and other documents that support your response.)
3. Describe the proposed program by responding to the following questions.
 - (a) How do clients typically find your program (e.g., formal or informal referrals, walk-ins)?
 - (b) How do you assess whether an individual (or family) is eligible for the program?
 - (c) How are services delivered to eligible individuals (or families)?

- (d) Identify any evidence-based or evidence-informed practices the program utilizes.
- (e) Identify any national, state or local standards the program follows.
- (f) Identify any certifications the program or its staff has received from an authoritative entity.

1. When you assess or survey clients regarding the positive impact the program has had on their lives, what questions do you ask? How long after services are provided do you conduct the follow-up assessments or surveys, and how are the contacts made (e.g., mail, telephone, in person)?
2. Name the key organizations you work with to provide optimum services to clients and describe the relationships (e.g., networking, formal or informal partnerships, shared resources, integrated procedures, mutual referrals).
3. If your organization will subaward any portion of the funds to a third party to provide services, answer the following questions.
 - (a) How will this arrangement add value to the project?
 - (b) How will funds be subawarded (e.g., subgrant, subcontract, competitive mini-grants)?
 - (c) How will your organization ensure that subawardees comply with all laws, regulations, GIRS, etc. (Attach agreement with subawardee.)

Collaborative Partnerships (Up to 15 points) Maximum 2 pages

1. Name the key organizations you work with to provide optimum services to clients and describe the relationships (e.g., networking, formal or informal partnerships, shared resources, integrated procedures, mutual referrals).

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

1. The following responses will be used to help determine the cost-effectiveness of your proposal.
 - (a) Define a unit of service at is relates to your project (e.g., one ride, one hour of instruction).
 - (b) For each year of the grant cycle (SFY20 and SFY21), project the number of units of service you will provide.
 - (c) The number of unduplicated clients your project will serve.
 - (d) The average number of units of service per client per year.

2. State the total funding requested through this proposal. Then list the total dollar amounts of any other funding sources that will contribute to the project. Categorize these funding sources by type (federal, state, local and private) and list the specific sources. Indicate whether any of these funds are dependent upon an award through this RFA. In other words, indicate whether this grant would be used as a match or a way to leverage other funds.
3. Describe any volunteer or in-kind services included in this project. Include the source and estimate the annual value of these services.
4. If your proposal is for adaptive resources, describe your policy for reuse or recycling of equipment.

Outcomes (Up to 25 Points) Maximum 2 pages

1. Required for All – Provide the following projections for each year of the grant period (SFY20 and SFY21). Note that transitional housing programs should measure self-sufficiency in terms of long-term placement.
 - (a) The number of unduplicated people to be served.
 - (b) The number of unduplicated people who will be assessed or surveyed before and again after services are rendered (e.g., at 3 months, 6 months etc.).
 - (c) The number of people assessed or surveyed whose self-sufficiency has increased as a result of your services.
 - (d) Use the preceding two projections to calculate the percent with positive results.
2. Required for All -- Provide the following projections for each year of the grant period (SFY20 and SFY21).
 - (a) Project the number of unduplicated people who will complete client satisfaction surveys and indicate when the survey will be conducted (e.g., at the time of service, 3 months after service, etc.
 - (b) Project the number of respondents who report that they are satisfied or very satisfied with services provided by this project.
 - (c) Use the projections in (a) and (b) to calculate the percent of satisfied or very satisfied clients.
4. Required for Adaptive Resources – Based on your projections in Output/Outcome 1, project the number of clients who will continue resource utilization at 3 and 6 months.
5. Required for Transitional Housing Proposals – Project the decrease in wait time for housing and describe the tools you will use to measure this.

6. Required for Vocational/Rehabilitation Proposals under Life Skills – Based on your projections in Output/Outcome 1, project the number of clients who will maintain competitive employment at 3 and 6 months following program completion.
7. Optional for Transportation and Life Skill (non-Voc Rehab) Applicants – Propose another outcome that measures the benefit of this service to the individual.

III. CHILDREN’S TRUST FUND – PREVENTION OF CHILD ABUSE AND NEGLECT (PCAN)

APPLICATION IIIA – Parent Education and Training

Parent Education and Training consists of classes or support groups for parents of children age birth through 17. Participants are taught child development milestones and appropriate child discipline approaches in order to prevent child abuse and neglect. Programs must use a curriculum or approach that is evidence-based or evidence-informed.

Applicants that are awarded funding for Parent Education and Training must comply with the following:

- Agree to participate in a 2-year capacity-building, phased-in parenting education model. (Refer to Appendix C: Service Matrix for PCAN Parenting Education and Training.)
- Participate in a state-wide family strengthening and prevention initiative whose main goal is to create a coordinated network of parenting education agencies and professionals;
- Track unduplicated children, adults, and families and individuals with disabilities;
- Track demographic information including but not limited to age, race/ethnicity, and socioeconomic status.
- Track established outcomes which will be developed in a group setting.
- Promote the development of parenting skills.

APPLICATION IIIB – Crisis Intervention

Crisis Intervention programs must document a critical need related to tertiary prevention of child abuse and neglect and document how this service will be linked to other services to avoid duplication. Contact must be made within 72 hours of crisis and the intervention must be a time-limited service.

Applicants that are awarded funding for Crisis Intervention must track:

- The level of long-term support and stabilization resulting from the intervention service.
- Improvement in the parents’ perception of the child(ren)’s behavior and their perception of their competency as a parent.
- Achievement of care plan goals.

- No further or new referrals to and/or involvement with Child Protective Services at 3 and 6 months.
- Track demographic information including but not limited to age, race/ethnicity, and socioeconomic status.
- Home Visiting Programs (Child Welfare involved families are not eligible for this funding.) Please see online resource for more information

APPLICATION IIIC – Child Self-Protection Training

Child Self-Protection Training teaches students to recognize potential abusive situations and provides them with the skills necessary to protect themselves from abusive situations they may encounter with strangers as well as known and trusted people.

Applicants that are awarded funding for Child Self-Protection Training must track:

- The number of unduplicated children, adults, and families, and individuals with disabilities.
- That at least 80% of students that have participated in child self-protection workshops report an increase in knowledge and skill of self-protection.

REQUIREMENTS for PCAN	DETAILS
Basic Requirements for All Proposals	<ul style="list-style-type: none"> • Proposals submitted under this funding priority must include the following elements: <ul style="list-style-type: none"> ○ Support meaningful integration of parents in the continuous development, implementation, and evaluation of prevention programs; ○ Utilize evidence-based or evidence-informed curriculums and programs; ○ Participate in child abuse prevention activities throughout Child Abuse Prevention Month in April 2020 and April 2021; ○ Include evaluation tools such as pre/post-tests, retrospective assessments, client satisfaction surveys, etc. to measure outcomes set by the subrecipient. ○ Subrecipients must demonstrate the ability to offer access to agency services by providing, whenever possible, transportation accessibility, and culturally and linguistically competent services. ○ Subrecipients are encouraged to participate in PCAN NV trainings.

REQUIREMENTS for PCAN	DETAILS
Reporting and Other Requirements for Funded Proposals	<ul style="list-style-type: none"> ● All subrecipients funded in this priority area must meet the following requirements. <ul style="list-style-type: none"> ○ Subrecipients are required to attend quarterly subrecipient meetings with the main focus of networking and streamlining fiscal, programmatic and best practices information and resources. ○ Submit monthly reports documenting progress towards meeting of proposed outcomes, and track and report on basic client demographics. ○ Submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (reimbursement for actual expenses paid). ● All subrecipients that provide direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission will be required within the first 90 days of SFY 20. ● Scope of work template provided, Appendix D

CHILDREN’S TRUST FUND

Prevention of Child Abuse and Neglect Questions

Maximum of 11 pages for total submission – Pages received beyond this limit will not be considered

General Questions: (up to 15 points) maximum 2 pages, attachments do not count against page of requested documents do not count toward page restrictions. (numbers 2, 3, 6a, 6b)

1. How does your agency mission align with the proposed program and funding?
2. Provide an attached copy of your strategic plan, including a sustainability plan.
3. Provide an attached copy of a current agency organizational chart that includes the key staff implementing and operating the proposed program.
4. What is your agency capacity to serve clients related to the funding you are applying for?
5. Provide your operating hours and planned closures.
6. Provide the details of your governing board.
 - a. Attach a copy of the board by laws.
 - b. Attach a copy of the board policies.
 - c. List of board members, vacancies and term years.
7. Describe the activities of key employees that will be managing the operation of the proposed program.
8. Describe the program evaluation process. Satisfaction surveys are required to be utilized by the agency for the proposed project. The evaluation should include the following;
 - a. Evaluation of the process
 - b. Dissatisfaction evaluation
 - c. Sample Size

- d. Self-reporting increase in confidence with the independent living skills. Indicate the quality of life at 30/60/90 days.

Service Delivery (Up to 20 points) Maximum 3 pages

1. Describe the need for the proposed service. Explain the issue and why funding is necessary to address it. Use verifiable data wherever possible, cite waitlists if applicable and link the problem to the solution.
2. If there are other providers of this service in your community, list them and describe the need for multiple providers. Cite specific needs and assessments where available.
3. For Parent Training Proposals – Describe your method of service delivery and the parent training program/curriculum that will be used. Include citations (preferably an online link) for the evidence-based/evidence-informed program that you have chosen. (For Parent Training Proposals- If fund for SFY18-SFY19, explain your struggles on implementing parent training)
4. Describe the strategies that your organization will utilize to incorporate the Protective Factors into the program and activities.
5. Discuss how your relationships with other community organizations help you to provide optimum service to clients. Name the key organizations you work with and describe the relationships (e.g., networking, formal or informal partnerships, shared resources, integrated procedures, mutual referrals).
6. If your organization will subaward any portion of the funds to a third party to provide services, answer the following questions. (a) How will this arrangement add value to the project? (b) How will funds be subawarded (e.g., subgrant, subcontract, competitive mini-grants)? (c) How will your organization ensure that subawardees comply with all laws, regulations, GIRS, etc. (Attach agreement with subawardee.
7. For Crisis Intervention Proposals – Describe your method of service delivery, including how the services respond to a critical need related to tertiary prevention of child abuse and neglect. Include any citations (preferably an online link) for evidence-based/evidence-informed practices. For Home Visiting Programs describe your method of service delivery and how you identify your clients.
8. For Child Self-Protection Proposals – Describe your method of service delivery and the skill-based curriculum that will be used. Include any citations (preferably an online link) for evidence-based/evidence-informed curriculum.

Collaborative Partnerships (Up to 15 points) Maximum 2 page

1. Name the key organizations you work with to provide optimum services to clients and describe the relationships (e.g., networking, formal or informal partnerships, shared resources, integrated procedures, mutual referrals).

Cost Effectiveness and Leveraging of Funds (up to 25 points) Maximum 2 pages

1. The following responses will be used to help determine the cost-effectiveness of your proposal.
(a) Define a unit of service as it relates to your project (e.g., one ride, one hour of instruction).
(b) For each year of the grant cycle (SFY20 and SFY21), project the number of units of service you will provide. (c) The number of unduplicated clients your project will serve. (d) The average number of units of service per client per year.
2. State the total funding requested through this proposal. Then list the total dollar amounts of any other funding sources that will contribute to the project. Categorize these funding sources by type (federal, state, local and private) and list the specific sources. Indicate whether any of these funds are dependent upon an award through this RFA. In other words, indicate whether this grant would be used as a match or a way to leverage other funds.
3. Describe any volunteer or in-kind services included in this project. Include the source and estimate the annual value of these services.

Outputs/Outcomes (Up to 25 points) Maximum 2 pages

1. Required for Parent Training Proposals – Provide the following projections for each year of the grant period (SFY20 and SFY21).

(a) The number of unduplicated parents to be trained.

(b) The number of unduplicated parents that will be surveyed before and again after training is provided.

(c) The number of those surveyed who report a change in their perception of their child(ren)'s behavior and their perception of their competency in parenting.

(d) Use the projections in (b) and (c) to calculate the percent of positive results.
2. Required for Parent Training Proposals – Describe how you will collect and report information on the level of satisfaction among the parents who receive your training. Include projections for the following.

(a) The number of parents to be surveyed or otherwise assessed.

(b) The number who report that they are satisfied or very satisfied.

(c) Use these projections to calculate the percent of positive results.

3. Required for Crisis Intervention Proposals – Project the unduplicated number of families to be served in each year of the grant period (SFY20 and SFY21) and write an outcome that measures a benefit of the crisis intervention (e.g., improved well-being of the child, improved family functioning). Describe how you will track and measure this outcome (e.g., pre/post surveys or retrospective surveys).
4. Required for Crisis Intervention Proposals – Provide the following projections for each year of the grant period (SFY20 and SFY21).
 - (a) The number of unduplicated families to be served.
 - (b) The number of unduplicated children who will be assessed to evaluate the level of long-term support and stabilization resulting from your services.
 - (c) The number of those assessed with a positive result.
 - (d) Use the projections in (b) and (c) to calculate the percent of positive results.
5. Required for Child Self-Protection Proposals – Provide the following projections for each year of the grant period (SFY20 and SFY21).
 - (a) The number of unduplicated children projected to be trained.
 - (b) A description of how you will document an increase in the knowledge and acquired skills of the children trained.
 - (c) The projected number of children trained who will demonstrate an increase in knowledge and skills.
 - (d) Use your projections in (a) and (c) to calculate the percent of positive results.

Online Resources

- Information about the Protective Factors:
[http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Forms/The Six Protective Factors.pdf](http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Forms/The_Six_Protective_Factors.pdf)
- Information about the Protective Factors Survey and access to the Survey:
<http://friendsnrc.org/protective-factors-survey>.
- Information about evidence-based and evidenced-informed programs and practices:
<http://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap>
- List of evidence-based and evidenced-informed Parent Education programs:
<http://www.cebc4cw.org/>
- The definition of a child with a disability: <http://friendsnrc.org/cbcap>.
- Information about PCA Nevada: <http://preventchildabusenevada.org/>.
- DHHS Governor's Food Security Council 2018 *Food Security in Nevada: Nevada's Plan for Action*:
http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/StrategicPlan_FoodSecurityinNV_020713.pdf
- Information about Nevada Home Visiting:
[http://dpbh.nv.gov/Programs/MIECHV/Nevada Home Visiting \(MIECHV\) - Home/](http://dpbh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_(MIECHV)_-Home/)
- Information about Evidence-Based Home Visiting Grants:
<https://www.friendsnrc.org/activities-that-support-prevention/home-visiting/ebhv-archive>

ELIGIBILITY AND APPLICATION PROCESS

ELIGIBILITY

All nonprofit and public agencies (including state, local and tribal governmental agencies, universities and community colleges) 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 under more than one funding priority, the applicant must complete and submit a separate application for each proposal. 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 **must** attend the Orientation Session, which will be conducted via webinar.

The OCPG 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 OCPG staff member who will track RSVPs.

APPLICATION QUESTIONS AND ANSWERS

Substantive questions about the application may be submitted via e-mail to GMU@dhhs.nv.gov through Friday, December 21, 2018, and will be posted to the OCPG website <http://dhhs.nv.gov/Grants/> with responses, by Friday, December 28, 2018. The Q&A will remain on the website through the end of the application period. **After December 21, 2018, no substantive questions about the application will be answered.**

Technical questions about navigating the online application may be directed to the OCPG staff via e-mail at GMU@dhhs.nv.gov or via telephone at (775) 684-3470 throughout the application period.

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

EVALUATION PROCESS

Proposals received by the published deadline of **5 p.m. Friday, January 18, 2019**, will be processed as follows.

STEP 1: TECHNICAL REVIEW

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

- Proposals **will** 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 **will** be disqualified if they are missing fundamental elements (i.e., unanswered questions, budget, required attachments).

STEP 2: OCPG STAFF EVALUATION

- A. Each proposal that passes the technical review will be evaluated for content and scored by at least two OCPG staff members using the Scoring Matrix in [Appendix A](#) (for FHN-Wellness (Hunger) or [Appendix B](#) (for FHN-Disability Services and CTF PCAN).
- B. During the review process, staff 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. The results of this step will be treated as “pass/fail” only. Each applicant will receive individual notification of their status via email.

STEP 3: GRANTS MANAGEMENT ADVISORY COMMITTEE (GMAC) SUBCOMMITTEE EVALUATION

- A. Requests will be distributed to members of the appropriate GMAC Subcommittee.
 - Wellness (Hunger Services)
 - Disability Services (Respite Care, Positive Behavior Support and Independent Living)

- Prevention of Child Abuse and Neglect (Parent Training, Crisis Intervention and Child Self-Protection)
- B. Subcommittee members will independently read and score the requests in accordance with the corresponding Scoring Matrix.
- C. OCPG staff will:
- Compile the results of the subcommittee members; independent reviews, and
 - Prepare a report for the subcommittees that will include suggested approaches to the development of award recommendations.
- D. In public meetings to be scheduled between February 11 - 18, 2019, GMAC Subcommittee members will discuss the requests among themselves and with OCPG staff. Adjustments to individual subcommittee scores may be made at that time. **In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed. Requests must stand on their own merit.** Therefore, while applicants are welcome to attend subcommittee meetings, they are not required to do so.
- E. GMAC Subcommittees will vote on award recommendations to be presented to the full GMAC. Members with conflicts of interest will abstain from votes that directly affect an applicant with whom they are affiliated.

STEP 4: FULL GMAC RECOMMENDATIONS

- A. In a public meeting scheduled for **March 7, 2019**, the full GMAC will hear recommendations from the GMAC Subcommittees.
- B. Members of the full GMAC may discuss the recommendations among themselves and with OCPG staff. **In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed. Requests must stand on their own merit.** Therefore, while applicants are welcome to attend the full GMAC meeting, they are not required to do so.
- C. The full GMAC will vote on final recommendations for consideration by the DHHS Director. Members with conflicts of interest will abstain from votes that directly affect an applicant with whom they are affiliated.

STEP 5: FINAL DECISIONS

Final funding decisions will be made by the DHHS Director based on the following factors.

- Consideration of the recommendations of the full GMAC;
- 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 decision made by the DHHS Director are final.
- OCPG Grants Procedures – Complaints from Applicants Not Selected, Appendix G

NOTIFICATION AND AWARD PROCESS

- A. OCPG staff will notify all applicants of the final outcome after the Director's decisions have been made.
- B. OCPG staff will conduct negotiations with the applicants recommended for funding. During these negotiations, any specific issues identified by the GMAC, the OCPG or DHHS Director 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, DHHS OCPG 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: DHHS is not responsible for any costs incurred in the preparation of the application and applications become the property of DHHS. DHHS, in coordination with the GMAC, reserves the right to accept or reject any or all applications.

SFY20-21 RFA TIMELINE

Date	Activity
Monday, December 10, 2018	RFA is published.
Thursday, December 13, 2018	GMAC Committee Meeting
Tuesday, December 18, 2018, 2:00-4:00 PM	Applicant orientation scheduled. **Attendance is mandatory for all applicants** Information about how to submit application will be explained to attendees.
Friday, December 21, 2018	Deadline for applicants to submit substantive questions about application to OCPG.
Friday, December 28, 2018	OCPG posts final Questions and Answers to website.
Friday, January 18, 2019 5:00 PM	Applications are due by 5 p.m.
Monday, January 21, 2019 - Friday, February 1, 2019	OCPG staff completes internal processing of applications and forwards review packets to GMAC Subcommittee members.
Monday, February 11, 2019 – Friday, February 18, 2019	GMAC Subcommittee members’ complete reviews and return materials to OCPG.
Monday, February 25, 2019	OCPG distributes results of Subcommittee meetings to full GMAC, applicants and stakeholders.
Thursday, March 7, 2019	Full GMAC meets to hear reports from Subcommittees and adopt final recommendations for submission to the DHHS Director.
Monday, April 1, 2019	DHHS Director completes review of GMAC recommendations and finalizes awards.
April 1 -June 30, 2019	OCPG staff finalizes budgets, outcomes and issues Notices of Grant Award.

APPLICATION INSTRUCTIONS

Applicants MUST attend the following orientation session, which will be conducted via online webinar. The OCPG 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 GMU@dhhs.nv.gov no later than 3 p.m. the day before the orientation to ensure that connection information is communicated in advance.

Orientation Sessions Dates and Times

- Tuesday, December 18, 2018, 2:00 – 4:00 PM
- <https://attendee.gotowebinar.com/register/1408365938449735682>

I. 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. For example, the Independent Living application includes four program areas – adaptive resources, life skills training, transitional housing, and transportation. If an applicant wishes to apply for funds to support an adaptive resources project **and** a transportation project, two applications must be submitted. The rule also applies to the three program areas within the Prevention of Child Abuse and Neglect application – parent training, crisis intervention, and child self-protection training.
- 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 marked with an asterisk, which indicates that an answer is required. If a required question does not apply to a particular organization or proposal, the applicant must at least respond “Not applicable, or N/A.” Do not leave a required field blank.
- D. 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.

- Copy of agency's IRS 501(c)(3) Letter of Determination
 - Letters of Agreement or Memorandums of Understanding
 - Year-One Budget and Year-Two Budget
 - 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.)
 - Proof of agency liability insurance
 - Proof of workers' compensation insurance
- F. There is no option to attach unsolicited materials to the online application. Any unsolicited materials mailed, delivered or e-mailed to the OCPG will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- G. Technical questions regarding submission may be directed to OCPG staff via e-mail at GMU@dhhs.nv.gov or by phone at (775) 684-3470.
- H. Once the full application is submitted, no corrections or adjustments may be made prior to the negotiation period.

BUDGET INSTRUCTIONS

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

Applicants **must** 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 narrative budget (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. **Do not 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 respite program might determine that, overall, it costs \$50 to provide one hour of respite to one client. If the intent were to provide 500 respite 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, etc. 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 criterion 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 – $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

Intake Specialist – $(\$20/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840$

If applying for Hunger services include your USDA match on the summary page.

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 53.5 cents), should be used **unless** 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 <https://www.gsa.gov/portal/category/26429>.

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.
- **Occupancy:**
Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. 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.
- **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 OCPG. 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, 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 8% of the total funds being requested; however, if you wish to request less 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 (“OCPG”) 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 for this project (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 including the proposed project. Cell J-27 directly below, labeled “Percent of Total Budget,” will automatically calculate the percentage that the funding requested from the OCPG 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 these grants 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 OCPG

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”.

APPENDIX A: SCORING MATRIX – HUNGER SERVICES

Following is a guide for evaluators to help them determine the appropriate score for each section.

1. General Questions (Up to 25 Points)

Elements to be evaluated: (1) Qualifications of staff providing the provide proposed service (2) Strength of governing board (3) Strategic Plan and Sustainability Plan 5) Project alignment with agency mission and goals.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
- 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
- 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
- All 4 elements strong – Score between 21 and 25 points

2. COLLABORATIVE PARTNERSHIPS (Up to 20 Points)

Elements to be evaluated: (1) Strength of collaboration with providers (2) Collaboration’s collective impact on community (3) Strategies to maximize food availability/quality (4) Letter of Agreement/MOUs in place.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 2 or 3 elements strong, others unsatisfactory – Score between 6 and 10 points
- 2 or 3 elements strong, others satisfactory – Score between 11 and 15 points
- All 4 elements strong – Score between 16 and 20 points

3. SERVICE DELIVERY (Up to 25 Points)

Elements to be evaluated: (1) Cultural competency/linguistically tailored (2) Service delivery model to incorporate fresh food (3) Access to services addressed (4) Holistic approach to addressing client needs.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
- 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
- 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
- All 4 elements strong – Score between 21 and 25 points

4. COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 15 Points)

Elements to be evaluated: (1) Plans to make cost-effective purchases. (2) Percentage of funds spent on food (minimum requirement 50%). (3) Other resources (from partners and/or from matching grant).

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

5. OUTCOMES (Up to 15 Points)

Elements to be evaluated: (1) Achievability of outcomes. (2) Impact of services to client. (3) Past performance meeting goals

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

APPENDIX B: SCORING MATRIX
FHN Disability Services and CTF Prevention of Child Abuse and Neglect

Following is a guide for evaluators to help them determine the appropriate score for each section.

1. GENERAL QUESTIONS (Up to 25 Points)

Elements to be evaluated: (1) Qualifications of staff providing the proposed service (2) Strength of governing board (3) Strategic Plan and Sustainability Plan (5) Project alignment with agency mission and goals.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
- 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
- 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
- All 4 elements strong – Score between 21 and 25 points

2. COLLABORATIVE PARTNERSHIPS (Up to 20 Points)

Elements to be evaluated: (1) Collaboration with health care providers (FQHC's) (2) Collaboration's collective impact on community (3) Roles of collaboration's partners (4) Letter of Agreement/MOU in place.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 2 or 3 elements strong, others unsatisfactory – Score between 6 and 10 points
- 2 or 3 elements strong, others satisfactory – Score between 11 and 15 points
- All 4 elements strong – Score between 16 and 20 points

3. SERVICE DELIVERY (Up to 25 Points)

Elements to be evaluated: (1) Culture competency/linguistically tailored (2) Service delivery (3) Access to services addressed (4) Evidence-based or evidence-informed service delivery.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
- 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
- 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
- All 4 elements strong – Score between 21 and 25 points

4. COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 15 Points)

Elements to be evaluated: (1) Overall cost-effectiveness of project. (2) Appropriate use of funds (3) Use of other resources.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

5. OUTCOMES (Up to 15 Points)

Elements to be evaluated: (1) Achievability of outcomes. (2) Impact of services to client. (3) Past performance meeting goals

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

APPENDIX C: SERVICE MATRIX FOR PCAN PARENTING EDUCATION AND TRAINING PROGRAMS

<p>Focus Areas</p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">PHASE I (July 1, 2019-Dec. 31, 2019)</p> <p style="text-align: center;"><i>Program Research and Development</i></p> <p><u>Goal:</u> To establish a state-wide coordinated network of parenting education programs that employ standardized processes to reach shared upon outcomes.</p>	<p style="text-align: center;">PHASE II (Jan. 1, 2020-Dec. 31, 2020)</p> <p style="text-align: center;"><i>Program Implementation</i></p> <p><u>Goal:</u> To understand program implementation as three-pronged: (1) delivery of services; (2) process of continuous quality improvement; (3) and ongoing data collection.</p>	<p style="text-align: center;">PHASE III (Jan. 1, 2020-June 30, 2020)</p> <p style="text-align: center;"><i>Program Evaluation</i></p> <p><u>Goal:</u> To assess the effectiveness of parenting education programs in meeting outcomes established in Phase I.</p>
<p>Organizational/ Professional Development</p>	<ul style="list-style-type: none"> ▪ Prevention and/or parenting education specifically gets included in the overall strategic plans of the agencies. ▪ Agencies identify a prevention team within their agency to participate in a state-wide family strengthening and prevention initiative. Members of the initiative will meet quarterly and will be tasked with the review of assessments, drafting of shared outcomes, and the development of targeted outreach plans. ▪ Commitment to the capacity building of professionals in the prevention field, including parents. Agencies will attend the Parent Leaders Ambassadors Training offered by FRIENDS National Resource Center the first quarter of SFY 18. (No cost to grantees). 	<ul style="list-style-type: none"> ▪ Agencies’ prevention teams participate in ongoing quarterly initiative meetings. ▪ Grantees will participate in no less than two webinars having to do with program implementation in general and or specific elements. 	<ul style="list-style-type: none"> ▪ Grantees, through their prevention teams, will engage in a process review. (Training on this topic will be offered in Phase II.).

<p>Curriculums and Programs</p>	<ul style="list-style-type: none"> ▪ Grantees will assess and/or identify an evidence-based or evidence-informed parenting education curriculum. (Assessment tools will be shared with grantees.) ▪ Grantees will develop a targeted outreach plan for their parenting education programs. ▪ Grantees will develop shared outcomes through a state-wide coordinated and standardized process. ▪ Grantees will adopt data gathering mechanisms and establish a data gathering timeline. 	<ul style="list-style-type: none"> ▪ Grantees will schedule parent education classes. ▪ Implement data gathering mechanisms and revisit timelines; ▪ Continue the outreach action steps outlined in the Targeted Outreach Plan; ▪ Collect data based on outcomes identified in Phase I. 	<ul style="list-style-type: none"> ▪ Agencies continue offering parent education classes; ▪ Agencies aggregate data and evaluate outcomes; ▪ Agencies submit final reports.
<p>Partnership-Building</p>	<ul style="list-style-type: none"> ▪ Assess and/or identify key partners within the prevention/ parenting education field. ▪ Attend a webinar on the collective impact of partnership-building efforts. ▪ Agencies engage their local communities and parents in a needs assessment process. ▪ Network, share information and resources and engage with fellow members of the statewide initiative. 	<ul style="list-style-type: none"> ▪ Continue to document partnerships through MOUs and Letters of Intent. ▪ Identify emerging partners. ▪ Grantees will offer in-services to community agencies and other potential partners on their respective parenting education programs. 	<ul style="list-style-type: none"> ▪ Conversations with partners around program improvement areas, leveraging and partnership sustainability. (A webinar will be offered on the topic at the beginning of Phase III).

APPENDIX D: SCOPE OF WORK

Description of Services, Scope of Work and Deliverables

*In some instances, it may be helpful / useful to provide a brief summary 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>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
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.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
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 documentation as best as possible.

APPENDIX E: RESPITE PRE/POST SURVEY

Respite Pre-Survey

Being a caregiver for someone can be incredibly challenging on many levels. Between managing prescriptions, budgeting, scheduling appointments and the countless responsibilities in-between, caregiving can quickly become overwhelming and stressful. Don't forget to take care of yourself; so you can take care of others. Find time to relax, do something you enjoy, sleep or find other ways to reduce stress.

1. Since becoming a caregiver, what are your concerns? (check all that apply)

- Becoming exhausted physically or emotionally
- Struggling with balancing time for yourself, friends, and/or family
- Becoming overwhelmed with information overload
- Financial difficulties

2. Do you have concerns about receiving respite services? (check all that apply)

- Quality of care that is given
- Availability of the respite caregiver
- Care recipient reluctant to accept outside help
- Uncomfortable with having someone we don't know in the home
- Amount of respite available

3. In case of an emergency, do you have a caregiver that can fill in for you?

- Yes No Please explain:

Health, Safety, & Well-being

4. Rate your current health status?

- Excellent Very Good Good Fair Poor

5. How would you rate your current relationship with your care recipient?

- Excellent Very Good Good Fair Poor

6. How would you rate your current relationship with others (i.e. partner/spouse/other family members) since becoming a caregiver?

- Excellent Very Good Good Fair Poor

7. How do you survive with stress related to caregiving? Please explain:

8. Do you have enough time to spend doing activities you enjoy (e.g. going to religious services, socializing with others, going out for a meal, reading, gardening, etc.)?

- Strongly Agree Agree Disagree Strongly Disagree

9. What would you likely do with your respite break from caregiving? Please explain:

10. How many hours per week of respite would benefit you?

2 hours or less 2 -4 hours 5 – 9 hours 10 or more hour

Respite Post -Survey

1. Since becoming a caregiver AND receiving Respite, what are your concerns? (check all that apply)

- Becoming exhausted physically or emotionally
- Struggling with balancing time for yourself, friends and/or family
- Becoming overwhelmed with information overload
- Financial difficulties

2. Since receiving Respite, what concerns do you have? (check all that apply)

- Quality of care that is given
- Availability of the respite caregiver
- Care recipient reluctant to accept outside help
- Uncomfortable with having someone we don't know in the home
- Amount of respite available

3. In case of an emergency, do you have a caregiver that can fill in for you?

Yes No Please Explain:

Health, Safety, & Well-being

4. Rate your current health status after receiving Respite services?

Excellent Very Good Good Fair Poor

5. Now, that you have used Respite, how would you rate your current relationship with your care recipient?

Excellent Very Good Good Fair Poor

6. Now that you have Respite RX, how would you rate your current relationship with others (i.e. partner/spouse/other family members) since becoming a caregiver?

Excellent Very Good Good Fair Poor

7. How do you survive with stress related to caregiving? Please explain:

8. Do you have enough time to spend doing activities you enjoy (e.g. going to religious services, socializing with others, going out for a meal, reading, gardening, etc.)?

Strongly Agree Agree Disagree Strongly Disagree

9. How did you spend your time during your Respite break(s)? Please explain

10. How much Respite did you receive from this service? (hours per week, one lump sum of X hours, etc)

11. Additional comments about the Respite services you would like to share?

APPENDIX F:

**Department of Health and Human Services
Office of Community Partnerships and Grants
Funds for Health Nevada – Hunger Services Survey**



We are interested in understanding how visiting this food pantry has assisted you in making healthy choices for you your family. Please take a few minutes to answer the following questions. Thank you!

Client Name: _____ Age: _____ Today's Date: _____

- 1. How many people are in your household?

- 2. Since visiting this pantry, have you been able to avoid skipping meals?
 Yes No
- 3. Each time you visit this pantry, how many additional meals does it provide?
 1-2 meals
 3-4 meals
 5-6 meals
 7 meals or more
- 4. How many servings of fruit do you eat each day?
 1 serving or less
 2 servings
 3 servings
 4 servings or more
- 5. Has visiting this pantry helped you to consume more fruit?
 Yes No
- 6. How many servings of vegetables do you eat each day?
 1 serving or less
 2 servings
 3 servings
 4 servings or more
- 7. Has visiting this pantry helped you to consume more vegetables?
 Yes No
- 8. How many days per week do you eat breakfast?
 Never
 1-2 days per week
 3-4 days per week
 Every day
- 9. How many times per week do you and your family eat take out or fast food?
 Never
 1-2 times per week
 3-4 times per week
 5 times per week or more
- 10. How much water do you drink each day, on average?
 I don't drink water
 1 glass
 2 glasses
 3 glasses or more
- 11. How much soda do you drink each day, on average?
 I don't drink soda
 1 per day
 2 per day
 3 per day or more
- 12. Do you have children living in the household?
 Yes No
 - a. How many times a week do your children eat breakfast?
 Never
 1-2 days per week
 3-4 days per week
 Every day
 - b. How many servings of fruit does your child eat each day?
 1 serving or less
 2 servings
 3 servings
 4 servings or more
 - c. How many servings of vegetables does your child eat each day?
 1 serving or less
 2 servings
 3 servings
 4 servings or more

APPENDIX G:

OCPG – GRANT PROCEDURES

Complaints from applicants not selected:

The Office of Community Partnership and Grants (OCPG) is responsible for the development, release, review, and accountability of Grants. Due to various Grant funding sources, there are various regulation and authorities in which OCPG must abide by, both federal and state.

The OCPG 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 OCPG 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 award, the OCPG 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 gmu@dhhs.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 gmu@dhhs.vnv.gov and it will be reviewed within five (5) business days with a written response. This will be conducted by the Director of DHHS or designee, not included in the selection and has authority to overturn a decision made.

The OCPG 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.