State of Nevada
Department of Health and Human Services
Office of Community Partnerships and Grants
Fund for Health Nevada
Request for Application

Federal Fiscal Year 2019-2021 Award
## Organization Information

Confirm the program area that your proposal addresses.

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

### Organization Name

### Legal Name

### Also Known As

### Address
(Use the address provided to the State of Nevada Controller’s Office for your vendor registration. If you need to update your vendor registration address, go to this link)
http://controller.nv.gov/VendorServices/Electronic_Vendor_Registration.html

### City

### State

### Postal Code

### Contact Person

### Phone Number and Extension

### Fax
Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the grant as indicated by the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)_________________________ Phone ______________________

_________________________ Email ______________________

Signature ___________________________ Date ____________________

Organization Primary Contact

First Name

Last Name

Title
Project Primary Contact

First Name

Last Name

Title

E-mail

Office Phone / Extension

Mobile Phone

Signature (Required for Submission) Date

Executive Summary (Informational Only)

Describe your project in one or two sentences.

50-word limit
Provide an overview of the proposed program or project.

300-word limit

Checklist of Required Documents

- All fields are completed according to instructions.
- Application is signed pages 3.
- Letters of Agreement or Memorandums of Understanding.
- Scope of Work, Description of Services and Deliverables are complete.
- Year-One and Year-Two Budgets include:
  - Numbers are whole dollar amounts or zeros for each category.
  - Budget is mathematically correct.
  - Budget Summary and Budget Narrative match
- Board of Directors or Other Governing Board Roster, including member affiliations and terms of office
- Agency’s Strategic Plan
- Agency’s Sustainability Plan
- Most recent Single Audit and Management Letter (if agency receives more than $750,000 annually in federal funds) OR most recent year-end financial statements (if federal audit is not applicable.)
- Arial 11-point font with 1-inch margins retained.
- Page limits have not been exceeded.
- Proof of agency liability insurance.
- Proof of workers’ compensation insurance.
- Any other documents indicated in the funding section.
- Include signed copies of the following:
  - Assurances and Certification
  - Audit Request Information
  - Notification of Utilization of Current of Former State Employees
  - Confidentiality Addendum
- Include résumés and copies of licenses of key personnel (including sub-contractors)
Questions: Maximum 11 pages

General Questions (Up to 15 Points) Maximum 2 Pages

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

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

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

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

Additional Information (Informational Only)
Provide any additional information about your organization, services, staff or plans that you deem important to this application.
300-word limit

Attachments

| Title | File Name |