



Nevada Department of Health and Human Services Grants Management Unit

SFY16-17 Request for Applications

For audio, dial 1-888-204-5984 and passcode 2799329

Audio will be set to “listen only.”



Webinar Housekeeping

- For audio, dial 1-888-204-5984 and passcode 2799329
- Audio is set for “listen only.”
- Type questions into the “Question” box on the control panel
- If staff does not have sufficient time to answer all questions during the webinar, send them via email to gmu@dhhs.nv.gov

Available Funding *(Subject to Change)*



■ Treatment	\$910,612
(Program Enhancement within Treatment)	\$13,149
■ Prevention	\$200,337
■ Workforce Development	\$49,836



Grant Period

- SFY 2016 – July 1, 2015 through June 30, 2016
- SFY 2017 – July 1, 2016 through June 30, 2017
- Second-year renewals dependent upon availability of funding and grantee performance



Application Highlights

- Online process – links to be released only to webinar attendees by 5 p.m. Friday, February 27th
- Valid email and tax ID required to access system
- Required questions are marked with asterisk and require entry of at least “Not Applicable”
- Response boxes count words for you and allow spell check

Application Appendices



Treatment

- Appendix A – Scoring Matrix
- Appendix B – Funding Formula for Current Grantees
- Appendix C – Grant Conditions and Assurances
- Appendix D – Grant Instructions and Requirements
- Appendix E – Nevada Problem Gambling Treatment Strategic Plan

Prevention

- Appendix A – Scoring Matrix
- Appendix B – Grant Conditions and Assurances
- Appendix C – Grant Instructions and Requirements
- Appendix D – Problem Gambling Prevention Guiding Principles
- Appendix E – Budget Template

Workforce Development

- Appendix A – Scoring Matrix
- Appendix B – Grant Conditions and Assurances
- Appendix C – Grant Instructions and Requirements
- Appendix D – Nevada Problem Gambling Treatment Strategic Plan
- Appendix E – Budget Template

Application Attachments



- Year One Budget (required for Prevention & Workforce Development)
- Commitment Letters from partner agencies (if applicable)
- Memorandums of Understanding with partner agencies (if applicable)
- Agreements with sub-awardees (if applicable)
- Current List of Board of Directors or Other Governing Board (if applicable) including affiliations and terms of office
- Auditor's Letter and Schedule of Findings and Questioned Costs from most recent Federal Audit (if agency receives more than \$ 750,000 annually in federal funds)
- Most recent Financial Status Report or Financial Statement (if Federal Audit not applicable)

Application Budget - 1

Applicant Name: Ima Sample's Respite Care and Meal Program

DO NOT OVERRIDE FORMULAS IN LAST COLUMN

BUDGET NARRATIVE-SFY15

(Revised February 2013)

Form 1

NOTE: Only include amounts to be funded through this grant in the Extension column.

Expense Category	Description of item and relation to project.	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Personnel	List Direct Costs Only			
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.	Program Director (\$28 hr x 2,080 hours/year + 22% fringe x 25%) (per GM)	\$71,052.80	0.25	\$ 17,763
	Intake Specialist (\$20 x 40 hours/week + 15% fringe x 52 weeks)	\$920.00	52.00	\$ 47,840
	Case Manager (\$31 x 32 hours/week + 18% fringe x 52 weeks)	\$1,170.56	52.00	\$ 60,869
		\$0.00	-	\$ -
		\$0.00	-	\$ -
	Program Director is also regional coordinator of National Respite Foundation, which pays 75% of salary (\$53,290)	\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
			Personnel Total	
Contractual/Consultant	List Direct Costs Only			
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc. for each site.	Five contract respite care providers (\$18 x 80 hours/month x 12 months)	\$1,440.00	12.00	\$ 17,280
	Mileage for contract respite care providers to travel to client homes	\$0.00	-	\$ -
	Average 125 miles/month x 5 providers x 56 cents/mile x 12 months	\$350.00	12.00	\$ 4,200
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
			Contractual/Consultant Total	

Application Budget - 2

Proposed Budget – SFY 16 (Form Revised January 2015)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
PENDING OR SECURED										
ENTER TOTAL REQUEST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EXPENSE CATEGORY

Personnel	\$									\$
Contractual/Consultant	\$									\$
Staff Travel/Per Diem	\$									\$
Equipment	\$									\$
Supplies	\$									\$
Occupancy	\$									\$
Communications	\$									\$
Public Information	\$									\$
Other Expenses	\$									\$
Indirect	\$									\$

TOTAL EXPENSE	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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These boxes should equal 0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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Total Indirect Cost	\$
Indirect % of Budget	#DIV/0!

Total Agency Budget	\$
Percent of Agency Budget	#DIV/0!



Funding Requests

TREATMENT

- Funding for treatment will be allocated based on a formula developed by the DHHS Grants Management Unit along with the Problem Gambling contracted technical expert (Appendix B in the Treatment RFA)

PREVENTION AND WORKFORCE DEVELOPMENT

- Develop a budget that will reasonably support your proposed project
- Funding should correlate to service projections so that, if a lower award is offered, you can easily scale back the projections
- Any reductions will be based on an equitable formula linked to scores

Key Deadlines



- Email questions to gmu@dhhs.nv.gov by 5 p.m. Friday, March 6th
- Complete Q&A posted to website by 5 p.m. Tuesday, March 10th
- Technical questions about online application accepted throughout process. Contact Laurie Olson at lolson@dhhs.nv.gov or (775) 684-4020.
- DEADLINE FOR SUBMISSION IS 5 P.M. Friday, March 27th

DON'T WAIT UNTIL THE LAST MINUTE!



After the PowerPoint presentation, we will give you a sneak peek at the online application.

Evaluation: GMU Technical Review



Applications will be disqualified if they:

- Are received after the stated deadline
- Do not match the identified funding priority
- Do not address one or more key requirements of the identified funding priority

Applications may be disqualified if they:

- Are missing fundamental elements

Evaluation: GMU Qualitative Review

Scoring based on Matrix in Appendix A of RFA

- Funding Request
- Services Proposed / Program Description
- Target Populations (Prevention Only)
- Organization and Staff
- Support of the NV Problem Gambling Treatment Strategic Plan (Treatment & Workforce Development)

Evaluation: GMU Qualitative Review



No scores are associated with the following application sections

- Applicant Information
- Executive Summary
- Outputs and Performance Standards
- Population to be Served (Treatment)
- Additional Information



Evaluation: GMU Qualitative Review

- Strengths and weaknesses identified
- Recommendations for changes to Scope of Work or Special Conditions
- Minimum passing score
- Applicants notified individually of pass/fail
- Applications that pass will move forward for further evaluation by selected reviewers

Evaluation: ACPG Committee

- Full committee meets May 21st
- DHHS staff present recommendations
- Members and staff may discuss applications
- No interaction among evaluators and applicants
- Requests must stand on their own merit
- Recommendations go to DHHS Director for final decisions

Final Decisions

- Consideration of the recommendations of the APCG
- Reasonable distribution of the recommended grant awards among north, south and rural parts of the state
- Availability of funding

**Funding decisions made by the DHHS Director are final.
There is no appeals process.**