



Nevada Department of Health and Human Services Office of Community Partnerships and Grants

SFY18-19 Request for Applications

The Revolving Account to Support Programs for the
Prevention and Treatment of Problem Gambling



Webinar Housekeeping

- Audio is set for “listen only.”
- Type questions into the “Chat” 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	\$789,000
■ Prevention	\$210,000
■ Workforce Development	\$53,000



Grant Period

- SFY 2018 – July 1, 2017 through June 30, 2018
- SFY 2019 – July 1, 2018 through June 30, 2019
- Second-year renewals dependent upon availability of funding and grantee performance in year one

Philosophy: Mission - Driven



The Nevada Department of Health and Human Services 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 is to strengthen families, promote healthy outcomes, and support individuals to achieve self-sufficiency by working with community agencies.

Funding Requests



TREATMENT

- Funding for treatment will be allocated based on a formula developed by the DHHS Office of Community Partnerships and Grants.

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.

Budget Narrative Overview

- Applicants must use the Budget Form included in the Application
- Do not override the formulas on the budget form
- Use job titles where appropriate, not employee names
- Provide narrative and cost breakdown in each category
- Cost allocate personnel using activity-based time sheet
- GSA rate for mileage changed to 53.5 cents per mile as of 1/1/2017
- Indirect costs include Facility and Administration costs

****Read Changes Carefully****

Budget Narrative (1)

Applicant Name:

DO NOT OVERRIDE FORMULAS IN LAST COLUMN!

BUDGET NARRATIVE-SFY18

(Form Revised January 6, 2017)

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 2080 hrs/year + 22% fringe x 25%)	\$71,052.80	0.25	17763.20
	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 salary balance paid by National Respite Foundation (75%0	\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
Personnel Total				\$ 126,472
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. Sub awards that are a component of a larger project or program may be included here	Five Contract Respite Care Providers (\$18 x 80 hours/month x 12 months)	\$1,440.00	12.00	\$ 17,280
	Mileage at state rate for care providers to travel to client homes	\$0.00	-	\$-
	Average 125 miles/ month x 5 providers x 53.5 cents/miles x 12 months	\$334.38	12.00	\$ 4,013
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
		\$0.00	-	\$-
Contractual/Consultant Total				\$ 21,293

Budget Summary (2)

PROPOSED BUDGET - SFY16 (Form Revised January 2015)

A.

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

FUNDING SOURCES	GMU/FHN	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!

Application Attachments

- IRS 501(c)(3) Letter of Determination (*if applicable*)
- Letters of Agreement/MOUs from collaborative partners (*if applicable*)
- Draft Agreements with sub-awardees (*if applicable*)
- Year-One Proposed Budget (*required*)
- Current List of Board of Directors/Governing Board including affiliations and terms of office (*required*)
- 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*) OR most recent year-end Financial Statements (*required*)
- Proof of Liability Insurance (*required*)
- Proof of Workers' Compensation Insurance (*required*)

Evaluation Process: OCPG Technical Review

Applications will be disqualified if they:

- 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 Process: OCPG Qualitative Review

Scoring based on Matrix in Appendix A of RFA

- Funding Request
- Services Proposed / Program Description
- Organization and Staff
- Populations to be Served (Treatment & Prevention Only)
- Outputs and Performance Standards (Treatment Only)
- Support of the NV Problem Gambling Services Strategic Plan (Treatment Only)

Evaluation Process: OCPG 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 Process: ACPG Committee

- Reviewers score applications independently
- Reviewers meet to discuss application scoring
- ACPG committee meets May 18, 2017
- DHHS staff present recommendations
- Staff and ACPG members without conflict of interest 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 ACPG
- 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.**

Key Deadlines



- Email questions to gmu@dhhs.nv.gov by 5 p.m. Monday, March 6th
- Complete Q&A posted to website by 5 p.m. Friday, March 10th
- Technical questions about online application accepted throughout process. Contact Gloria Sulhoff at gsulhoff@dhhs.nv.gov or (702) 486-3530
- DEADLINE FOR SUBMISSION IS 5 PM Friday, March 31st

Applicants are strongly advised not to wait until the deadline to ask submittal questions since the OCPG cannot guarantee immediate response and application portal will automatically close at 5:00 PM PST.