



State of Nevada
Department of Health and Human Services
Office of Community Partnerships and Grants
Problem Gambling Prevention
Request for Application

State Fiscal Year 2020 & 2021 Award

REVOLVING ACCOUNT FOR THE PREVENTION AND TREATMENT OF PROBLEM GAMBLING

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

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Opportunity Summary: Section I

This Request for Applications (RFA) is for competitive proposals to be funded through the Revolving Account for the Prevention and Treatment of Problem Gambling for State Fiscal Years (SFY) 2020 and 2021. 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 grantees are not guaranteed funding in SFY2020 & SFY2021 and applicants who receive awards through this RFA are not guaranteed future funding.**

1.1 BACKGROUND

Nevada is viewed throughout the world as a leader in the casino and gaming sector with regard to regulation, technology, business strategies, and sophistication of its gaming companies. In the same manner, Nevada has sought to develop systems to reduce gambling-related harms by addressing problem gambling and developing strategies that encourage responsible gaming.

In 2005, the Nevada State Legislature passed Senate Bill 357 to create the Revolving Account for the Prevention and Treatment of Problem Gambling and also an Advisory Committee on Problem Gambling (ACPG) to advise the Department of Health and Human Services (DHHS) in its administration of this account. At the time this Request for Applications (RFA) was written, Nevada Revised Statute (NRS) 458A provided the program structure and NRS 463.320(e) authorized the revenue (\$2 per slot machine per quarter).

DHHS supported problem gambling prevention services in Nevada is aligned with the Nevada DHHS Problem Gambling Services Strategic Plan (the Strategic Plan), cooperatively developed in SFY 2019 by DHHS staff, a contracted technical expert, members of the ACPG, and problem gambling service grantees. The Strategic Plan includes goals followed by a brief description of ongoing activities and lists of enhancement activities intended to achieve the stated goal. The enhancement activities are listed according to two different scenarios, reflecting different budget realities. Under "Scenario 1", the enhancements assume a relatively flat budget from SFY2018 to SFY2021. Under "Scenario 2", enhancements are contingent on a program budget above SFY2019 levels. This Request for Applications (RFA) was developed assuming "Scenario 1", that is, at the time this RFA was written the projected DHHS Problem Gambling Services budget for SFY2020 and 2021 was projected below SFY2019 levels.

The Plan includes additional background on past problem gambling prevention activities in Nevada along with findings from a need's assessment of problem gambling services in Nevada conducted in 2019. The strategic plan serves as the foundation for this Request for Applications (RFA) and may be viewed online at: <http://dhhs.nv.gov/Programs/PGS/>

A more complete description of RFA objectives is included in the section "Purpose of Funding" below. Multiple grants may be funded through this RFA.

1.2 AVAILABLE FUNDING

Projected available funding for Problem Gambling Prevention Services in SFY20 is \$158,000 and in SFY21 is \$158,000. Additional monies may be placed in reserves and made available each fiscal year based on overall PGS program budget and emerging needs. These projections are subject to the availability of funds as well as all changes made by the 2019 Nevada Legislature during the state budgeting process. If changes occur, an amendment to this RFA will be published.

1.3 GRANT PERIOD

Awards made under this RFA are intended to span two State Fiscal Years – 2020 and 2021. This is a two year award beginning July 1, 2019 and end June 30, 2021. All awards are subject to funding availability and contingent on grantee performance over the two-year course of the grant.

1.4 PURPOSE OF FUNDING

The purpose of funding for this problem gambling prevention RFA is to support effective problem gambling prevention and health promotion programs to reduce the occurrence and impact of problem gambling on individuals, families, and communities. Proposed activities must be consistent with the Problem Gambling Services Strategic Plan: 2020-2021, including the Plan's Framework, Guiding Principles, and Logic Model (pp 12-15) and the Plan's Prevention & Health Promotion's goal and accompanying enhancement activities (pp 22-24). It is incumbent for applicant to ensure their organization's philosophy and practices fit within the Plan's Framework, Guiding Principles, and Logic Model.

To expand the number, scope, coordination, and sustainability of Problem Gambling Prevention efforts, this RFA is intended to solicit proposals that will build from existing efforts and infrastructures in order to meet some or all the following objectives (bulleted statements) through implementation of some of the enhancement activities (sub-bulleted items) below:

- Increase the capacity of prevention efforts to address problem gambling.
 - Assist DHHS in exploring opportunities to add funding to the DHHS administered problem gambling service system in order to increase the financial investment in problem gambling prevention efforts.
 - Assist DHHS explore the possibility of requiring state funded addiction prevention programs to integrate the topic of gambling addiction into their materials and efforts and, if achieved, assist addiction prevention programs with said integration.
 - Focus the use of limited prevention funding to prepare the system for a more robust prevention effort when more funds materialize.
- Expand upon current problem gambling prevention efforts.
 - Identify state-level changes that have the potential to lead to positive impacts on the problem gambling prevention system.
 - Increase the number of collaborative projects and partnerships with organizations where addressing problem gambling is consistent with meeting their mission.
 - Expand upon past efforts to coordinate statewide activities during Problem Gambling Awareness Month.
 - Develop a website as a resource for entities interested in or actively providing problem gambling prevention messaging or other forms of problem gambling awareness activities and assist other DHHS Problem Gambling Service grantees develop websites with accurate and relevant information and links.
 - Support a Speakers Bureau of persons in recovery and actively seek out speaking engagements to increase problem gambling awareness.
- Collaborate with governmental entities, community service organizations, and other stakeholders to help create a system of partnerships to increase efficiency and efforts to address problem gambling.
 - Support and participate in workgroups tasked with further developing problem gambling prevention services.
 - Work with stakeholders within the criminal justice system to expand use of NRS 458A.200-260: “Civil Commitment of Problem Gamblers Convicted of Crime”.

Proposed projects that fall outside the above list of enhancement activities will be considered if the project fits within one of the broader stated problem gambling prevention system objectives (bulleted items). Proposals may contain one project, an umbrella project with several related initiatives, or several problem gambling preventions initiatives/projects that are separate or discrete from one another yet managed through a single entity. Award selection preference will be provided to proposals that offer statewide services and/or offer positive impact potential to Nevadans residing throughout the state.

1.5 REIMBURSEMENT METHOD

Reimbursement to grantees for problem gambling prevention services will be based on monthly or quarterly reimbursement of actual expenditures incurred. Expenses must be included on the approved budget, allocable to the grant, and allowable under all applicable statutes, regulations, and policies and procedures including, but not limited to, the Grant Instructions and Requirements (GIRS) issued by the DHHS OCPG.

1.6 REPORTING AND OTHER REQUIREMENTS

All applicants whose proposals are funded will be required to report as described in the Strategic Plan and may also be required to submit to the DHHS OCPG quarterly progress reports based on approved outcome measures no later than 30 days following the end of each quarter.

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.

1.7 ELIGIBILITY

All nonprofit and public agencies (including state, local and tribal governmental agencies, universities and community colleges) and for-profit agencies can apply if interested in providing services that address one or more of the funding priorities described in this RFA.

1.8 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.

1.9 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: Section II

2.1 MANDATORY ORIENTATION

To clarify the application process for this RFA, applicants must either:

1. Attend the Orientation Session on Wednesday, January 9, 2019, from 1:30 – 3:30 pm which will be conducted via webinar. Individuals and/or organizations interested in this RFA opportunity are to contact Cathy Council at council@dhhs.nv.gov by 3:00 pm on Tuesday, January 8, 2018 so that the link to the webinar can be provided.

OR

2. View the complete Orientation Session webinar recording by Monday, January 14, 2019, 5:00 PM. Within 24 hours following the live Orientation Session, a link to the webinar recording will be available on the OCPG website <http://dhhs.nv.gov/Grants/>

Verification of the mandatory orientation attendance is based on webinar registration and log-in, so applicants must be sure that at least one representative of their organization is logged into either the live Orientation webinar session or Orientation webinar recording.

2.2 APPLICATION QUESTIONS AND ANSWERS

Substantive questions about the application may be made during the January 9th, 2019, Orientation Session or submitted via e-mail to GMU@dhhs.nv.gov through **Wednesday, January 16, 2019**, and will be posted to the OCPG website <http://dhhs.nv.gov/Grants/> with responses, by Wednesday, January 23, 2019. The Q&A will remain on the website through the end of the application period. **After January 16, 2019, no substantive questions about the application will be answered.**

Technical questions about the application submittal process may be directed 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.

2.3 EVALUATION AND AWARD PROCESS

Proposals received by the published deadline of **5 PM Friday, February 15, 2019** will be reviewed in a three-step process.

1. Staff from the DHHS OCPG will review applications to ensure that minimum standards are met. Applications **may** be disqualified if they:
 - Are missing any fundamental elements (unanswered questions, required attachments);
 - Do not meet the intent of the RFA; or
 - Are submitted by an entity that is financially unstable as evidenced by information gleaned from the fiscal management checklist and required fiscal documents.
2. Applications that meet minimum standards will be forwarded to a review team composed of DHHS OCPG staff and business associates. Reviewers will score each application, using the Scoring Matrix in [Appendix A](#) of this document, and develop preliminary funding recommendations for consideration by the Advisory Council on Problem Gambling (ACPG). Award recommendations will be based on a combination of reviewer scores, geographic distribution of applicants, and geographic distribution of proposed services including service type and populations served. Preference will be provided to proposals with statewide impact if statewide service coverage is not achieved through funding multiple applicants.
3. In a public meeting scheduled for **Thursday, April 18, 2019** ACPG members without a conflict of interest will discuss results of the reviews, funding recommendations prepared by the review team, and the performance of current or past grantees. ACPG members with a conflict of interest (i.e., members who have applied for funding or have an affiliation with an applicant agency) will be excused from Step 3 of the process. After the committee discussion, the ACPG will recommend applicants for funding to the DHHS Director. No specific grant award amounts will be recommended. At this time, the ACPG may also recommend changes in an applicant's service plan to address concerns brought forward during the reviews.

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

- Consideration of the recommendations of the ACPG
- DHHS review team scores and comments
- Reasonable geographic distribution of available funds within the Revolving Account for the Prevention and Treatment of Problem Gambling
- Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding

- Availability of funding

Applicants not selected for an award may submit a complaint according to details found in Appendix E. **For applicants who are selected for an award, funding decisions made by the DHHS Director are final. There is no appeals process.**

Applicants will be notified of their status after the Director's decisions have been made. DHHS OCPG staff will conduct negotiations with the applicants recommended for funding. During these negotiations, any specific issues identified by the ACPG, the OCPG, or the DHHS Director will be addressed. These issues may include, but are not limited to:

- Revisions to the Scope of Work
- Revisions to outcomes
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements, more frequent reviews)

Not all applicants who submit a qualifying proposal or are contacted for final negotiations will necessarily receive an award. All questions and concerns must be resolved before a grant will be awarded. Upon successful conclusion of negotiations, DHHS OCPG staff will complete and distribute to grantees the Notice of Grant Award (NOGA), General Conditions and Grant Assurances, and Grant Instructions and Requirements (GIRS).

DHHS is not responsible for any costs incurred in the preparation of the application. All applications become the property of DHHS. DHHS, in coordination with the ACPG, reserves the right to accept or reject any or all applications. Projects awarded funding are those deemed to be in the best interest of the people of the State of Nevada.

ALL FUNDING IS CONTINGENT UPON AVAILABILITY OF FUNDS.

2.4 AWARD OVERVIEW TIMELINE

	Applications for Problem Gambling Programs
Friday, January 4, 2019	Publish Request for Applications (RFA)
Wednesday, January 9, 2019 1:30 – 3:30 pm	Orientation held via webinar. <u>Attendance is mandatory.</u> <i>See Section 2.1 of this RFA for details</i>
Wednesday, January 16, 2019 5:00 pm	Deadline for submission of substantive questions about RFA
Wednesday, January 23, 2019	DHHS posts final Q & A for RFA on website
Friday, February 15, 2019 5:00 pm	Deadline for submission of applications
Monday, March 4, 2019	Applications are forwarded to reviewers
Friday, March 22, 2019	Reviewers return results of evaluations to DHHS
Monday, April 8, 2019	DHHS staff provides ACPG with results of reviews and recommendations
Thursday, April 18, 2019	ACPG Meeting - Committee discussion, award recommendations
Tuesday, April 30, 2019	DHHS Director makes final funding decisions
May 1, 2019 through June 12, 2019	DHHS staff conducts final negotiations with funded agencies and issues grant awards
Monday, July 1, 2019	Effective date for funds awarded to agencies

2.5 NOTIFICATION AND AWARD PROCESS

Applicants will be notified of their status with a Letter of Intent after decisions have been made in May 2019.

DHHS staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the DHHS, ACPG, or review panel. All related issues must be resolved before a grant will be awarded. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews).

Upon successful conclusion of negotiations, DHHS staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA documents and Grant Instructions and Requirements (GIRs) will be distributed to the subrecipient upon approval of the subaward.

2.6 UPON APPROVAL OF AWARD

A. Monthly Financial Status and Request for Funds Report filing

DHHS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 15th of the following month.

B. Performance Report

Applicants who receive an award must collaborate with DHHS in completing the “Scope of Work” form (see Appendix B) and reporting quarterly on progress in meeting the deliverables as described on this form. Additionally, other performance reports may be requested as instructed by DHHS. Quarterly progress reports will be due by the 15th of the month following the end of the reporting quarter.

C. Recipient Monitoring

Successful applicants must participate in recipient monitoring. Recipient monitoring is intended to provide ongoing technical support to recipients and gather information reportable by DHHS to the ACPG and state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The recipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. For non-governmental agencies, at least one (1) board member must also be available during the exit discussion. The recipient monitoring reports or action items will be sent to your agency within 30 working days following the conclusion of the recipient monitoring.

D. Compliance with Changes to Federal and State Laws

As federal and state laws change and affect either the DHHS process or the requirements of recipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

E. Nevada 2-1-1 and the Nevada Problem Gambling Helpline

All successful applicants will be required to add or update their agency's profile on Nevada's 2-1-1 website located at www.nevada211.org within 60 days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs.

Application: Section III

3.1 APPLICATION INSTRUCTIONS

- A. Completed application are due no later than **Friday, February 15, 2019, by 5:00 PM.** Application must be submitted online by emailing all required documents in a single email to gmu@dhhs.nv.gov In the subject line of the email place the RFA title, "Problem Gambling Prevention RFA Response from [name of applicant]".

If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal of the application then more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., "Part 1 of 3").

If you do not receive an acknowledgement of application receipt with 72 hours, please contact Kim Garcia via e-mail at kigarcia@dhhs.nv.gov or via telephone at (775) 684-4057.

- B. A complete application will require the following list of items to be included in the proposal.

Convert all items into PDF document format:

- Application Form / Description of Applicant Organization
- Service Description / Proposal Narrative (*15-page maximum, 1.0" margins, 11-pt Arial font*)
- Completed Scope of Work Form located in Appendix C
- Proof of agency liability insurance
- Proof of workers' compensation insurance
- 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.)
- Copy of key personnel up-to-date résumé
- As applicable, copy of agency's IRS 501(c)(3) Letter of Determination
- As applicable, Letters of Agreement or Memorandums of Understanding
- As applicable, Draft Agreements with Sub-awardees
- As applicable, Board of Directors or Other Governing Board Roster, including member affiliations and terms of office
- As applicable, copy of agency licenses and certifications

- C. 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.
- D. Complete the Application Checklist located in Appendix B prior to scanning/submitting. The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.
- E. Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.

3.2 APPLICATION FORM

Note: A completed Application Form is mandatory. If the Application Form is not completed in full the application may be rejected or for minor deficiencies may receive a 5-point reduction in the scoring total.

Instructions: Complete each item. Add extra rows if more space is needed to provide complete response.

A. Organization Type For-Profit 501(c)(3) Nonprofit

B. Geographic Area of Service (Check applicable boxes & provide brief narrative of service area)

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City & State		Zip (9-digit)
Federal Tax ID #		
DUNS #		

D. Program Point of Contact

Name		
Title		
Phone		
Email		
Same mailing address as section B? <input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information		
Address		
City		Zip (9-digit)

E. Fiscal Officer

Name & Title	
Phone & Email	

F. Subcontracting of Services

Does your organization subcontract its services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subcontractor	
Mailing Address	
Physical Address	
City	Zip (9-digit)
Federal Tax ID #	(xx-xxxxxxx)

G. Key Personnel

Name	Title	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

J. Current Funding

Funding	Type	Project Period End Date	Amount Awarded (\$)

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

Name (type/print)

Phone

Title

Email

Signature

Date

3.3 PROPOSAL NARRATIVE

Instructions: Content defined in this section must be submitted by each applicant. The applicant is limited to a total of 15 pages. Pages must be formatted to use 1.0" margins and 11-point Arial font. The page limits exclude the Application Form (3.2) and attachments required under section 3.1.

I: Executive Summary (0 points)

- (a) What is your organization's primary mission statement?
- (b) What is the name of the program these grant funds will support?
- (c) Briefly provide an overview of the project being proposed.

Proposals may contain one project, an umbrella project with several related initiatives, or several problem gambling preventions initiatives/projects that are separate or discrete from one another yet managed through a single entity.

II: Services Proposed (40 points)

The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.

- (a) Provide the program names or project titles for which funds are being requested; then briefly describe each proposed initiative. For each initiative proposed:
 - Explain why you chose the program/initiative. What is your project justification?
 - What is your service delivery plan? Provide a justification for the proposed methods including any empirical support.
- (b) Describe your evaluation methods including:
 - Program/initiative outputs and outcomes.
 - Process for tracking program activities, and how evaluation is built into the project strategy.
- (c) Describe how the proposed program/initiative fits with the DHHS Problem Gambling Services Strategic Plan. If applicable, describe how the proposed project(s) may ultimately produce statewide impacts.

(d) If funded, who will your organization be collaborating with? List the following.

- Organization name.
- Level of collaboration (referral, planning, shared resources, integrated procedures, etc.).
- Whether collaboration is already in place or is proposed.
- The type of agreements that are in place with existing partners. (Note that MOUs outlining responsibilities of each agency are required for partnerships that produce outcomes relative to your stated goals.)
- If funded, would a portion of the award be sub-granted to another agency?

(e) Complete Appendix C, Scope of Work, and attach to the application.

Note, successful applicants will have the opportunity to revise the proposed Scope of Work if (a) there are discrepancies between funding requested and funding awarded or (b) at the request of DHHS or (c) at the request of the grantee with DHHS approval

III: Populations Served (20 points)

(a) Describe the geographical area served. If Statewide, what actions will be implemented to ensure rural/frontier participation/access?

(b) Describe any populations the proposed projects will be targeting and address the following:

- Explain why you chose to place focused effort on this population including any research or other evidence that supports your decision.
- Explain how the project will identify, target and verify the special populations indicated?
- What measures will the project take to insure methods and materials have relevance to the targeted group and are culturally and linguistically appropriate.

IV: Organization and Staff (20 points)

(a) Provide an overview of your organization. How long have you been in business? How has the organization grown through the years? Is there a business plan in place? Does your organization have experience in the field of problem gambling? Does your organization have experience in the field of prevention or public awareness services?

(b) Describe how your organization's philosophy fits within the current Problem Gambling Services Strategic Plan's Framework, and Guiding Principles (pp 12-14).

(c) Briefly describe the experience and roles of staff proposed to work on this project. Explain how project staff; (i) possess the necessary skill set, (ii) are trained, supported, encouraged, and motivated, (iii) have good supervision and a cohesive and collaborative team, and (iv) are culturally sensitive / appropriate to target population.

V: Funding Request (20 points)

Does the proposed project line item budget differ between SFY2020 and SFY2021? No ___ Yes ___

If yes, submit the below information for each fiscal year (SFY2020 & SFY2021).

(a) Proposed Project Budget

Category	Amount Requested (\$)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
Indirect	
Total Funding Requested (\$)	

(b) Proposed Budget Narrative. For each budget category, provide a budget justification.

(i) Personnel: For personnel costs complete the table below and insert a new row for each position funded under the proposed grant award: list staff, positions, percent of time to be spend on the project, rate of pay, fringe rate, and total cost to this grant. Use the table below:

Name of employee	Position	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
1a.						
1b. Insert details to describe position duties as it relates to the funding:						
2a.						
2b. Insert details to describe position duties as it relates to the funding:						
Total Amount Requested for Personnel						\$

(ii) Travel/Training. Provide total requested, item details, and line item justification.

(iii) Operating. Provide total requested, item details, and line item justification.

(iv) Equipment. Provide total requested, item details, and line item justification.

(v) Contractual/Consultant. Provide total requested, item details, and line item justification.

(vi) Other. Provide total requested, item details, and line item justification.

(vii) Indirect. Provide total requested, item details, and line item justification.

APPENDIX A: PROBLEM GAMBLING PREVENTION SERVICES SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFA objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully provide services in accordance with the Problem Gambling Prevention Guidelines.
- E. Proposals with an average score lower than 60 may be excluded from further consideration.

Points will be assigned for each item listed as follows:

- 80% - 100% of Maximum Points:** Applicant’s proposal or capability is superior and exceeds expectations for this criterion.
- 60% - 79% of Maximum Points:** Applicant’s proposal or capability is satisfactory and meets expectations for this criterion.
- 40% - 59% of Maximum Points:** Applicant’s proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- 0 – 39% of Maximum Points:** Applicant’s proposal or capability is not acceptable or applicable for this criterion.

The maximum points to be awarded for each proposal section are as follows:

Proposal Component	Potential Maximum Score
I. Executive Summary	Not Scored
II. Services Proposed/ Program Description	40
III. Population to be Served	20
IV. Organization and Program Staff	20
V. Funding Request	20
Total	100

**A completed Application Form (Section 3.2) is mandatory. If the Application Form is not completed in full the application may be rejected or for minor deficiencies may receive a 5-point reduction in the scoring total.*

APPENDIX B: APPLICATION CHECKLIST

Complete this checklist prior to scanning/submitting.

Section I: Application Form

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions.
- Certification is signed.

Section II: Narrative

- Section 3.3-I: Executive Summary*
- Section 3.3-II: Services Proposed/ Program Description*
- Section 3.3-III: Population to be Served*
- Section 3.3-IV: Organization and Program Staff*
- Section 3.3-V: Funding Request*
- Page limits have not been exceeded.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

Application Submission

Include copies of the following:

- Completed Scope of Work Form (Appendix C)
- Proof of agency liability insurance
- Proof of workers' compensation insurance
- 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.)
- As applicable, copy of agency's IRS 501(c)(3) Letter of Determination
- As applicable, Letters of Agreement or Memorandums of Understanding
- As applicable, Draft Agreements with Sub-awardees
- As applicable, Board of Directors or Other Governing Board Roster, including member affiliations and terms of office
- As applicable, copy of agency licenses and certifications
- A PDF will be emailed to GMU@DHHS.NV.GOV with all required documentation no later than February 15, 2019 by 5pm.

APPENDIX C: SCOPE OF WORK FORM

Scope of Work Year One

Description of Services, Scope of Work and Deliverables

*Provide a brief summary of the project or its intent here. This section should be written in complete sentences.

Goal 1:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>
1.	1.	6/30/20
2.	2.	6/30/20

Goal 2:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>
1.	1.	6/30/20
2.	2.	6/30/20

Goal 3:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>
1.	1.	6/30/20
2.	2.	6/30/20

Please revise this form to best fit the proposed services by revising due date or by adding or subtracting from the number of goals, objectives, activities, etc.

Scope of Work Year Two

Description of Services, Scope of Work and Deliverables

*Provide a brief summary of the project or its intent here. This section should be written in complete sentences.

Goal 1:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>
1.	1.	6/30/21
2.	2.	6/30/21

Goal 2:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>
1.	1.	6/30/21
2.	2.	6/30/21

Goal 3:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>
1.	1.	6/30/21
2.	2.	6/30/21

Please revise this form to best fit the proposed services by revising due date or by adding or subtracting from the number of goals, objectives, activities, etc.

APPENDIX D: 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.