



State of Nevada
Department of Health and Human Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE, GRANTS MANAGEMENT UNIT
4126 Technology Way, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-4000 □ <http://dhhs.nv.gov>

NOTICE OF FUNDING OPPORTUNITY (NOFO):
FOR
FEDERALLY QUALIFIED HEALTH CENTER
INCUBATOR PROJECT

Release Date: January 26, 2021

Questions to be Submitted: On or before February 19, 2021, 3:00 p.m. PST
Must be submitted to gmu@dhhs.nv.gov
with **NOFO-FQHC** in the subject line of the email.

DEADLINE FOR APPLICATION SUBMISSION: MARCH 26, 2021

For additional information, please contact:

Grants Management Unit
Department of Health and Human Services
Director's Office
Email: gmu@dhhs.nv.gov

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF FUNDING OPPORTUNITY (NOFO) SUMMARY**

Notice of Funding Type: New Award

Any applicant who wants to be considered for funding under the Federally Qualified Health Center (FQHC) Incubator Project funds must submit a proposal in compliance with this NOFO. **This includes any applicant that is currently receiving FQHC Incubator Project funds.**

Funding Opportunity Award Type: Subgrant

Project Period: As part of the application process, a scope of work with timeline and budget must be submitted for each project period.

July 1, 2021 – June 30, 2022 and/or
July 1, 2022 – June 30, 2023.

Estimated Number of Awards: Up to 5 awards

Estimated Dollar Available: \$700,000 annually (each project period)

Reporting Periods: Monthly

Award Restrictions: Ensure all budget and scope proposals are in compliance with Nevada Department of Health and Human Services, Grant Instructions and Requirements (GIRS). All funding is subject to change, based on the availability of funds, federal awards, and the state’s needs. **By submitting a proposal or responding to this NOFO, there is no guarantee of funding or funding at the level requested.**

NOFO Timeline	
Task	Due Date/Time
Notice of Funding Opportunity Released	1/26/2021
Deadline for submission of written questions	2/19/2021, 3:00 PST
Written response to submitted questions will post	3/5/2021, 3:00 PST
Deadline for proposal/application submission	3/26/2021, 3:00 PST
Evaluation Period, on or before	4/16/2021
Funding Decisions, Applicants Notified on or before	4/30/2021
Subgrant Awards Issued	6/30/2021
Subgrant/Project Period – Year 1, no funding carryover	7/1/2021 – 6/30/2022
Subgrant/Project Period – Year 2, no funding carryover (Discretionary subject to Performance of Year 1)	7/1/2022 – 6/30/2023

I. FUNDING OPPORTUNITY INTRODUCTION

1. Background

The Nevada Department of Health and Human Service (DHHS) administers the Federally Qualified Health Center (FQHC) Incubator Project, which is intended to create or enhance existing FQHC programs and services. The DHHS, with approval from the 2017 Nevada Legislature, utilized allocations from the Fund for a Healthy Nevada (FHN) to initiate projects under a new FQHC Incubator Project. Since then, the FQHC Incubator Project has continued to focus on increasing access to health care among different target populations. To be eligible for funding, applicants must be an existing FQHC or FQHC look-alike within the State of Nevada.

FQHC's are community-based organizations that provide comprehensive primary care and preventative care, including health, oral, mental, and behavioral health services to persons of all ages, regardless of their ability to pay or health insurance status. They must qualify for funding under Section 330 of the Public Health Service Act (PHS). FQHC organizations primarily serve the most vulnerable Nevadans; more than two-thirds of FQHC patients are uninsured, underinsured or utilizing Medicaid, and more than 95- percent live below 200 percent of the Federal poverty level.

Given that FQHC's provide high quality health care in underserved areas, they qualify for enhanced reimbursement from Medicare and Medicaid. They must offer a sliding fee scale; provide comprehensive services; have an ongoing quality assurance program; and have a governing board of directors, the majority of whom must be patients of the FQHC. FQHC's are also a valuable tool for the State to leverage federal funding to increase health care access. Compared to states with similar population size, Nevada generally receives a small fraction of health center program dollars.

In addition, the patient-centered medical home (PCMH) is a model of care that puts patients at the forefront of care. PCMH's build better relationships between patients and their clinical care teams. Research shows that PCMH's improve quality and the patient experience and increase staff satisfaction—while reducing health care costs.¹

The FQHC Incubator Project provides the DHHS with the opportunity to support FQHC projects and workforce development needs that cannot be funded through traditional funding sources. Growing Nevada's health care workforce, increasing access to health care, and supporting the growth of PCMH's at FQHC's will lead to the improved health and wellbeing of individuals and families who live in Nevada.

Funded projects may include activities such as training new providers, adopting new service delivery methods, or expanding existing services that will ideally lead to the establishment of programs that better meet the needs of current and future patients. The goals of these limited-term projects are focused on expanding or enhancing the core

¹ <https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/>

strengths of an organization to support sustainability and concentrated on building a solid foundation that the FQHC can build upon after these funds have ended.

2. Purpose

This Notice of Funding Opportunity (NOFO) is published by the DHHS Director's Office, Grants Management Unit (GMU) and is focused strictly on the Federally Qualified Health Center (FQHC) Incubator Project. The purpose of the Incubator Project is to support the sustainability of FQHCs in Nevada to ensure all Nevadans have access to quality health care, including behavioral health services.

This grant will serve as a one-time funding source to enhance a current FQHC/FQHC Look-Alike's ability to serve individuals and families in a Medically Underserved Area (MUA). The intent of this NOFO is to provide 'seed money' for sustainability.

Examples of funded subawards could include: securing a new location, purchasing new equipment (such as telehealth carts), upgrading equipment, retrofitting a mobile clinic van, establishing a virtual health care program, increasing workforce development, developing a new service, training programs to support professional and team development and/or hiring new licensed or credentialed provider(s) to expand services.

Goals for this NOFO are outlined below:

- ❖ Increase the number of individuals in Medically Underserved Areas (MUA's) who have access to Patient-Centered Medical Homes (PCMH).
- ❖ Increase the utilization of preventive health care services to at-risk populations, including performing annual check-ups and assessing behavioral health needs.
- ❖ Increase the number of providers who are providing licensed professional health and behavioral health care services in MUA's.

All proposed projects must align with the following objectives:

- ❖ Provide cost effective services that are accessible, available, and culturally responsive to the needs of individuals, families, and their communities;
- ❖ Foster a service delivery system responsive to the individual and that are culturally and linguistically appropriate for the communities served;
- ❖ Provide a comprehensive and integrated system of services to promote self-sufficiency; and
- ❖ Conduct a systematic evaluation of program activities to ensure the effectiveness of the FQHC Incubator Project funds.

Culturally competent care and services are a DHHS core value; all applicants are expected to gather and utilize knowledge, information, and data about individuals, families, communities, and groups and integrate that information into

organizational practices, standards, skills, service approaches, techniques, and evidenced-based initiatives to best address each client's needs.

3. Eligible Entities

Existing Federally Qualified Health Centers (FQHC's) and FQHC Look-Alikes, as defined by the Health Resources & Services Administration (HRSA), headquartered in Nevada are eligible to apply for this funding. The GMU must be assured that applicants have adequate systems in place to properly administer the grant both financially and programmatically, as well as achieve the goals of this NOFO.

Applications will be evaluated by a formal committee, which will include a technical review. The evaluation committee will submit the funding recommendations to the DHHS Director, who will make the final funding decisions. Funding decisions may be awarded utilizing a formula of scoring and will strive to ensure geographic distribution of funds and activities statewide. Not all applications will be funded.

This NOFO does not constitute a contract, agreement or obligation to fund. No authorizations or encumbrances shall be authorized until such time that a fixed-amount *Notice of Subaward* is complete and signed by both the DHHS and Provider. The agreement is subject and contingent upon the successful negotiation of final terms of the subgrant, to include any conditions of award.

4. Program Income

Under Section 2 CFR §200.80, program income is defined as gross income earned by an organization that is directly generated by a supported activity or earned as result of the federal or state award during a specific period of performance. For programs receiving FHN funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. Program income must be identified by monthly progress reporting.

5. Licenses and Certifications

The applicant, employees, and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications, and/or licensures applicable for defined health and behavioral health direct services for children/youth and/or adults. Prior to award issuance, if selected, DHHS reserves the right to request that agencies provide documentation of all licenses and certifications.

II. APPLICATION AND SUBMISSION INFORMATION

1. Technical Requirements

- A. Completed applications must be submitted via email to the DHHS-DO-GMU no later than **Friday, March 26, 2021, by 3:00 PM (Pacific Standard Time).**

B. Proposal(s) must be delivered via email in PDF format to: gmu@dhhs.nv.gov. If you do not receive an acknowledgement of application receipt within 48 business hours, please send an email with **Notification Status** in the subject line.

The DHHS is not responsible for issues or delays in mail or e-mail service.

Any applications received after the deadline will be disqualified from review. Therefore, the DHHS encourages organizations to submit their applications well before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.

C. A complete application will require all items listed in the Application Checklist.

D. Formatting: Applicants are required to use **12-point Times New Roman or Arial Font, with 1.0" margins, double-spaced (unless specifically referenced as single spaced) and convert all items into one PDF document format. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification from review.**

E. Do not submit unsolicited materials as part of your application. Any unsolicited materials mailed, delivered, or e-mailed to DHHS will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.

F. Complete the Application Checklist prior to submitting. The Application Checklist is for the benefit of the applicants and **is not** required to be included in submission packet.

Once the application is submitted, no corrections or adjustments may be made. DHHS will consider corrections or adjustments prior to the issuance of a subgrant, should both the DHHS and the applicant agree on such changes or adjustments.

2. Proposal Submission Requirements

Proposals wishing to be furthered to the evaluation phase must submit a complete application. Applications are considered complete when they include signatures, signed assurances, and the following:

- a. Abstract
- b. Project Narrative
- c. Project Application
- d. Scope of Work
- e. Budget Narrative
- f. Project Manager Resume

A description, and requirements, of each application component can be found below:

A. Project Abstract (5 points possible)

A one-page abstract (not to exceed 1-page) should serve as a succinct description of the proposed project and must include the target area, services provided, project partners, the total budget, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and the legislature. Write a clear, accurate, and concise abstract without reference to other parts of the application. Personal identifying information should be excluded from the abstract. Abstract must be single spaced, and not exceed 500 words.

B. Project Application Form (10 points possible)

All applicants must complete the Project Application Form (included in this NOFO). Each letter corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application. *Not to exceed five (5) pages.*

- A. Organization Type.** Check the type of organization that is requesting funds.
- B. Geographic Area of Service.** Check only one type of geographic area and provide a brief description of that area (up to 100 words).
- C. Applicant Organization.** Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the 9-digit zip code is required). DHHS will consider the application incomplete if the Federal Tax ID field and DUNS/EI field is incomplete.
- D. Project Point of Contact (POC).** This field refers to the identified person at the applicant organization that DHHS will contact for follow-up questions about the application. This is also the person DHHS will contact for questions about quarterly reports, monthly financial claim forms, etc.
- E. Fiscal Officer.** Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone other than the Project Point of Contact.
- F. Key Personnel.** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide identified services. List all such personnel in the provided table, adding additional rows as necessary.
- G. Program Experience.** Organizations are required to select one option that most closely describes the program activities being proposed in the application.
- H. Current Funding.** Some organizations receive funding (e.g. Federal grant dollars, foundation grants, donations, etc.) for similar services. If the applicant

does not receive funding from another source for proposed project, check the **No** box, and continue to field J. Otherwise, confirm by checking the **Yes** box and for each funding source, provide the name, type of funding, project period end date, and whole dollar amount. Add rows to the table, if necessary.

- I. **Certification by Authorized Official:** The administrator, director, or other official ultimately responsible for this project/program must sign this document.

C. **Project Narrative**

The applicant must provide a Project Narrative that articulates in detail the content requirements provided below and the specific criteria described Section I and II. Please include the title “Project Narrative” at the beginning of the Project Narrative. The narrative must not exceed a total of **ten pages** double-spaced. **Page numbers, headings and subheadings are required.**

Ensure that the project narrative includes ‘subheadings’ for each of the sections below. Do not reference the evaluator to read another section, as no points will be awarded in this instance. Complete each section providing detailed information for the items being requested in that section. The Project Narrative must include the following information under each subheading:

1. The Organization Description (5 points possible)

The Organization Description should include a brief history of organization demonstrating not less than two (2) years of operations. The organization need not have been an FQHC for two years but must have been providing health-related services for at least two years. In addition, this section should include information about relevant experiences and major accomplishments of the organization; current services provided; number of unduplicated patients currently being served; an explanation of how organization is capable of accomplishing the NOFO's goals; and description of potential barriers of project implementation and ways these barriers will be mitigated. In addition, indicate if organization is a certified Patient Centered Medical Home (PCMH), and if not, describe status in becoming a PCMH.

2. Project Design and Implementation (20 points possible)

The Project Design and Implementation must provide a detailed description of the project to be funded. This section must include the goal(s) of the project as well as the objectives and activities that will be completed to achieve the goal(s). Make sure to differentiate between current capacity and services and what new services or activities are being requested. Describe how the project will support your ability to serve your community. If adding new providers, describe the number of new, unduplicated patients who will receive existing services and/or the number of current patients who will receive new services should your proposal be funded.

3. Community Organizations and Partnerships (10 points possible)

The Community Organizations and Partnerships must provide detailed descriptions of the community organizations currently providing similar services in the geographic service area your proposal depicts. Provide details describing

existing partnerships and coordination to reduce duplication of service. Describe formal collaborations and/or existing Memorandums of Understanding with established partners and relationships that will be important to carrying out the activities proposed. Do not include organizations where there is an informal relationship (i.e., letter of commitment). Do not just list organizations but explain how the identified collaboration will support this project.

4. Capabilities and Competencies (10 points possible)

Provide at least three (3) examples of the applicant's success. Describe the capabilities of the applicant, the subrecipients, and/or contractors to successfully implement the project. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project. Describe organization's background, qualifications, and experiences with the implementation of projects similar in scope and complexity to the proposed project.

5. Plan for Collecting the Data (10 points possible)

Describe the process for collecting client level data, including but not limited to the Electronic Health System, and measuring project performance. Identify who will collect the data, who is responsible for performance measurement, and how the information will be used to guide and evaluate the success of the program activities.

D. Scope of Work (15 points possible)

Submit the below form to provide a description of the services proposed that includes goals, implementation timeline with key dates, activities, and deliverables (**maximum of five pages**) **Single Spaced**. This section should be written in complete sentences. The activities/strategies should also identify a quantitative performance metric.

Two examples are below:

- Training a workforce: there will be 10 trainings, with not less than 85% of all staff to receive the training for a total of 40 trainings to be completed.
- Adding a new employee: there will be one additional licensed mental health counselor intern who provides mobile crisis support and will serve not less than 20 individual per month for the term of the project, with the expectation that this position will be sustainable through billing after the completion of the incubator project, with a monthly caseload of 35.

Goal 1: Describe the primary goal the program wishes to accomplish with this subaward.

Objective	Activities Strategies	Due Date	Documentation Needed
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.

Objective	Activities Strategies	Due Date	Documentation Needed
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.

*** For each goal/objective, include implementation activities, and due dates. There may be more than one Activity and Due Date per objective.**

E. Budget (15 points possible)

Provide a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for program activities). **All proposals must include a detailed project budget for each of the project periods.** The budget should be an accurate representation of the funds necessary to carry out the proposed *Scope of Work* and achieve the projected outcomes over the grant period. If the project is not fully funded, the DHHS 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 spreadsheet) provided for this NOFO. 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.**

The budget cannot contain services that can be billed to public or private health insurance, including Medicaid, Medicare, or third-party liability parties.

1. **Personnel:** Employees who provide direct services are provided here. The Personnel section is for staff that are responsible, who work as part of the applicant organization, for whom the applicant organization provides a furnished work-space, tools, and the organization determines the means and the method of service delivery. Contractors include those staff who provide products or services independently and provide their own workspace, tools, means, and methods for completion and are listed in the Contractor category.

For example:

Intake Specialist | \$20/hour X 40 hours/week X 52 weeks = \$ 41,600

Fringe = \$41,600 X 15% (e.g. health insurance, FICA, workmen's comp) = \$ 6,240

Personnel Total = \$ 47,840

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*).

2. **Travel:**

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 56 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>. In the current COVID-19 environment, travel expenditures should be minimal.

3. **Operating:**

List and justify tangible and expendable property necessary to carry-out the proposed program.

4. **Equipment:**

Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.

5. **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

agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these agreements in accordance with all requirements identified for grants administered under the DHHS.

6. Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as client transportation, conference registrations, stipends, scholarships, etc.

7. 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: rent, utilities, stipends, depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration staff, human resources, accounting, payroll, legal, and data processing expenses that cannot be traced directly back to the grant project. If agencies have a federally approved indirect cost rate, that rate must be used. All other agencies may use the Omnibus rate currently at 10%. All budgets are subject to the exclusions identified in the Modified Total Direct Cost Base (MTDC).

F. Resume of Key Program Staff Member:

Provide the resume of the key staff member with the licensure or expertise in providing evidence-based services. This resume should not be more than two (2) pages long and should represent experience related to the proposed project. The DHHS receives the right to request additional resumes based on the proposed project (and also included in the Project Information Form).

III. SELECTION PROCESS

DHHS has selected to use the competitive Notice of Funding Opportunity (NOFO) process.

- The application must request funding within programmatic funding constraints.
- The application must be responsive to the scope of the solicitation and the evaluator tool.
- The application must include all items designated as basic minimum requirements.

1. NOFO Review Process

Proposals received by the deadline will be reviewed as follows:

A. Technical Review

DHHS staff will perform a technical review of each proposal to ensure that minimum standards are met. Proposals may be disqualified if they:

- a. Are missing fundamental elements (i.e., abstract, application, narrative, scope of work, or budget);
- b. Do not meet the intent of the NOFO; or
- c. Are submitted by an entity that is financially unstable as evidenced by information gleaned from the submitted fiscal documents.

Application Requirements

<i>Field Name</i>	<i>Scoring Points or TR*</i>	<i>Page Limit</i>	
A. Abstract	5	1	Single spaced, 500 words, Arial or Times New Roman 12 Point Font
B. Project Application	10	5	Must use attached form
C. Narrative	55	10	Double-spaced, page numbered with headings and subheadings, defined in section II.1 of NOFO. Arial or Times New Roman 12 Point Font (Tables may be single spaced). No form provided.
D. Scope of Work	15	5	Must use included format, Times New Roman or Arial 12 Point Font, single spaced
E. Proposed Project Budget and Narrative	15	NA	Must use attached form
F. Resume of Project Manager	TR	2	Project Manager with experience
Total	100		
Provisions of Grant Award is signed	TR	N/A	Sign and attach
Internal Controls Certification	TR	N/A	Sign and attach
*Technical Requirement			

B. Evaluation

Applications that meet minimum standards will be forwarded to a review team selected by the DHHS. Reviewers will score each application, using the Evaluator Tool. In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the scoring process. Proposals must stand on their own merit.

Technical Review (application may not be sent on for Evaluator Review if it does not pass the technical review):

Criterion	Technical Requirement	Does applicant (application number below) meet each technical requirement? (Y/N)			
		1	2	3	4
et one (1) of the below priority technical requirements may result in a failed (non-responsive) application and be					
Organization Type	Applicant organization has indicated if is an FQHC or FQHC look-alike.	y	y	y	y
Applicant Organization	Applicant has provided its Federal Tax ID.	y	y	y	y
Geo and Target Area Identified	Applicant has completed both sections	y	y	y	y
Current Funding	Applicant has answered this section	y	y	y	y
Application	All other sections of the application form have been completed.	y	y	y	y
Certification by Authorized Official	Certification is signed.	y	y	y	y
Priority Technical Review Score		Pass	Pass	Pass	Pass
et two (2) or more of the below technical requirements may result in a failed (non-responsive) application and be					
		1	2	3	4
Application Submission	Applicant organization submitted application as a single PDF.	y	y	y	y
Application Submission	Applicant organization submitted application no later than 3:00 p.m. on Friday, March 26, 2021, 3pm PST	y	y	y	y
Abstract	Attached, does not exceed 500 words, single-spaced.	y	y	y	y
Narrative	Attached, Does not exceed 10 pages, double-spaced	y	y	y	y
Narrative	Includes subheadings: Organization, Project Design and Implementation, Community Org and Partnerships, Capabilities and Data Collection	y	y	y	y
Scope of Work	Attached, Does not exceed 5 pages	y	y	y	y
Scope of Work/Budget	Attached, does not contain services billable to public and private insurance.	y	y	y	y
Budget	Mathematically Correct	y	y	y	y
Budget	Both project periods attached	y	y	y	y
Resume	Resume attached, does not exceed two pages	y	y	y	y
Attachment	Assurances and Provisions, signed and attached	y	y	y	y
Submission	Arial or Times New Roman 12 point font and one inch margins retained	y	y	y	y
Overall Technical Review Score		Pass	Pass	Pass	Pass

Evaluator Review / Scoring

Evaluators will be asked to score each section of the proposal and application; points will be assigned using the following rubric:

Excellent responses will receive 100% of available points

Strong responses will receive 80% of available points

Average responses will receive 60% of available points

Basic responses will receive 40% of available points

Weak responses will receive 20% of available points

The following is an example of the tool evaluators will be using, and what they will be looking for to score proposal sections:

Section : Application & Abstract		applicant (application number below) an			
Abstract		1	2	3	4
1	<i>Applicant must have submitted an abstract that is under 500 words that must include: 1) succinct program description; 2) target area; 3) service description; 4) project partners; and 5) budget total & use</i>				
Application					
2	<i>To what extent does the applicant agency identify the previous level of experience with grant funding and processes? Has the organization been providing services for 2+ years?</i>				
3	<i>To be considered excellent, candidate must demonstrate a clear and complete sustainability plan for continuing program after end of FQHC Incubator Funds.</i>				
0					
Section : Application & Abstract Score					

Section : Narrative		How well does the applicant (application number below) answer the question?			
		1	2	3	4
Organization Description					
4	Applicant must include all elements: 1) brief history of the organization; 2) two years of experience; 3) relevant experience and major accomplishments; 4) current services provided; 5) number of unduplicated patients currently serving; 6) capability of accomplishing NOFA's goals; 7) plans for mitigating barriers; and 8) patient-centered medical home status				
Project Design & Implementation					
5	How well does the applicant describe the description of their program and how it meets the NOFO requirements, includes the target population and geographic area served, and how the proposed services meet the need?				
6	How well does the applicant tie project deliverables to objectives to include 1) how many individuals will be targeted; 2) the target population or subpopulation; 3) service areas; 4) how they will meet the deliverables; 5) capacity of organization (i.e. number of staff/clients, etc.)				
Community Organizations and Partnerships					
7	Must demonstrate community coordination. For a score of excellent, partnership must include 2 or more community partners providing referrals or services related to the population being served and benefit the project.				
8	Applicant must accurately describe similar services being provided in program delivery area. How well does applicant describe services as absent (or minimal) in proposed area.				
Capabilities and Competencies					
9	How well does the application describe the capabilities of the applicant, subrecipients, and/or contractors to implement the project. For a score of excellent, applicant should describe roles, experiences, and tenure of key employees.				
10	How well does the application describe the three (3) examples of success. For an excellent score this description must be complete, describing circumstance and level of success				
Plan for Collecting Data					
11	How well does the applicant describe the process for collecting data? For a score of excellent, applicant should describe who is collecting the data, the system to collect data, whether or not the agency has a electronic health record system, and how that data will be used?				
12	How well does the applicant describe the project performance measures; who will be responsible for project performance; and how that information will be used to evaluate the project impact. Note: Data Collection is not project measurement.				
Scope of Work					
13	The Scope of Work must identify a goal that is consistent with the narrative; identify the objective with states how the goal will be accomplished; identifies at least one if not more specific activities to achieve that goal; the timeframe to submit; and the documentation required to provide that detail. Data collection activities are not goals or objectives, but could be included in strategies. The documentation is specific to what is going to be provided to prove that the metric was met (i.e. provide services for 20 women, the documentation would need to provide unduplicated number of women, demographics, services provided)				
Section : Narrative Score					

Section : Budget		applicant (application number below) answer			
Budget Narrative		1	2	3	4
14	How well does the proposed budget support the proposed goals and objectives?				
15	How thorough and reasonable is the proposed budget (i.e., balance of categorical spending, reasonable expenditures, etc.)?				
16	Given the project period, rate your confidence in the applicant's ability to provide the projected number of services with the budget amounts requested.				
Section : Budget Score					
Total Possible Score: 100		Applicants' Total Scores (application number below)			
		1	2	3	4

C. Funding Recommendations

Project proposals with the highest ranking shall be prioritized for funding; however, this will not be the only method for selection. Recommendations may also consider underserved populations and geographic areas.

D. Final Review – Director

The DHHS staff will submit funding recommendations to the DHHS Director, who will make the final funding decisions. Final decisions made by the DHHS Director will be based on the following factors:

- a. Scores on the scoring matrix;
- b. Geographic distribution to help ensure statewide service and activities;
- c. Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
- d. Availability of funding.

2. Notification Process

Applicants will be notified of their status via email in April 2021. DHHS staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the evaluators. These issues may include, but are not limited to:

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

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. **All funding**

is contingent upon availability of funds. Upon successful conclusion of negotiations, DHHS staff will complete a written subgrant agreement in the form of a Notice of Subaward (NOSA). The NOSA and any supporting documents will be distributed to the subrecipient upon approval of the Subaward.

3. Disclaimer

DHHS reserves the right to accept or reject any or all applications. This NOFO does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel solicitation if it is in its best interest.

4. Upon Approval of Award

A. Monthly Financial Status and Request for Reimbursement Reports

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. Failure to provide timely reimbursement reports may result in corrective action.

B. Performance Reporting

Applicants who receive an award must collaborate with the DHHS in reporting quarterly on progress in meeting goals. Additional performance reports may be requested as instructed by the DHHS. Quarterly progress reports will be due by the 15th of the month following the end of the reporting quarter.

C. Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DHHS to the state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. The subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the 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. Applicant Risk

Pursuant to the Part 200 Uniform Requirements, before award decisions are made, DHHS also reviews information related to the degree of risk posed by the applicant. Among other things to help assess whether an applicant that has one or more prior federal awards and has a satisfactory record with respect to performance, integrity, and business ethics, DHHS checks whether the applicant is listed as excluded from receiving a federal award. In addition, if DHHS anticipates that an award will exceed \$250,000 in federal funds, DHHS also must review and consider any information about the applicant that appears in the nonpublic segment of the integrity and performance system accessible through the Federal Awardee Performance and Integrity Information System (FAPIIS).

VI. APPLICATION FORM

A. Organization Type

FQHC FQHC-Look Alike

B. Geographic Area of Service

Town/City	
County	
Region	

C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID #	(xx-xxxxxxx)	
DUNS No.		

D. Program Point of Contact

Name		
Title		
Phone		
Email		
Same mailing address as section B? Yes No, use below address information		
Address		
City		NV

Zip (9-digit zip required)	
----------------------------	--

E. Fiscal Officer

Name		
Title		
Phone		
Email		
Same mailing address as section B? Yes No, use below address information		
Address		
City		NV
Zip (9-digit zip required)		

F. Key Personnel (Add Rows if Required)

Name	Title	Licensed?
Project Manager		Yes No
Fiscal Manager		Yes No
		Yes No
		Yes No

G. Experience (Must Select One). Select the box that most accurately describes the activities being proposed.

- Organization is 2+ years, proposed program is new
- Existing Program 2-5 years old
- Existing Program 6-9 years old
- Existing Program 10+ years

Describe sustainability plan for proposed project after 6/30/2023

H. Current Funding (federal, state, and private funding). Add rows as required. Describe all funding received for services and/or similar programs. If no additional funding is received, enter NOT APPLICABLE in this section.

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

I. 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 Federally Qualified Health Center (FQHC) Incubator Project 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 assurances.

Name (type/print):

Phone

Title

Email

Signature

Date

GENERAL PROVISIONS AND ASSURANCES

This section is applicable to all subrecipients who receive funding from the DHHS under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. NRS 218G - Legislative Audits
3. NRS 458 - Abuse of Alcohol & Drugs
4. NRS 616 A through D Industrial Insurance
5. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
6. GSA - General Services Administration for guidelines for travel
7. Grant Instructions and Requirements
8. State Licensure and certification
 - a. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
9. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
10. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of subrecipient, its officers, employees, and agents.
11. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
12. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
13. The subrecipient will report within 24 hours the occurrence of an incident, following DHHS policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
14. If the subrecipient is serving minors, background checks must be completed every 3 years on all staff, volunteers, and consultants occupying clinical and supportive roles.
15. Application to Nevada 211. As of October 1, 2017, the subrecipient will be required to submit an application to register with the Nevada 211 system.
16. The subrecipient agrees to fully cooperate with all DHHS sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
17. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
18. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS may reallocate funds to other programs to ensure that gaps in service are addressed.

19. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by DHHS staff or specified sub-contractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the DHHS will provide a written notice identifying the reduction of funds and the necessary steps.
20. "The subrecipients will NOT expend FHN funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over \$1,000 without approval from the DHHS. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS. g. To provide treatment services in penal or correctional institutions of the State.
21. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Compliance with Notice of Funding Opportunity

Applicant agrees to the following requirements of compliance with submission of an application.

1. If the applicant has not met performance measures of previous DHHS subgrants, DHHS reserves the right to not make additional awards.
2. Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
3. DHHS reserves the right during the make funding recommendations and subgrant awards in a manner that ensure geographic coverage for services throughout Nevada.
4. DHHS will not evaluate proposals that do not meet technical requirements of the NOFO.

Agreed to:

Signature: _____

Date: [Click here to enter a date.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Budget Form



FQHC NOFO -
Budget - 1-14-21.xls

Applicant Checklist

For own use (do not submit with application).

Section A: Abstract (One page)

- Abstract is compliant with formatting (single spaced, under 500 words)
- Does not exceed one page

Section B: Application Form (Does not exceed five (5) pages). No modifications.

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

Section C: Narrative (Does not exceed ten (10) pages)

- Separate Headings for *Organization, Project Design and Implementation; Community Organizations and Partnerships; Capabilities; and Data Collection.*
- Does not exceed 10 pages, double-spaced.
- Arial or Times New Roman 12-point font has been retained.
- One-inch margins have been retained.

Section D: Scope of Work (Does not exceed five (5) pages)

- All sections are complete and matches the narrative.
- Single-spaced, Arial or Times New Roman 12-point font has been retained

Section E: Budget (Existing Form – No modifications)

- *Proposed Project Budget* is complete on the required form
- *Proposed Project Budget* is mathematically correct.
- *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Justifications for *Budget Narrative* match the projected number of services identified in Narrative

Section F: Resume (Does not exceed two (2) pages)

- Resume of Project Manager

Attachments (Existing Forms – No modifications). Not in page count.

- Provisions and Assurances of Grant Award is signed

Application Submission

- A single PDF will be emailed no later than 3:00 p.m. on **Friday, March 26, 2021.**