

Joe Lombardo
Governor

Richard Whitely, MS
Director



State of Nevada Department of Health and Human Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
Division of Public and Behavioral Health (DPBH)
Chronic Disease Prevention and Health Promotion (CDPHP)
Office of Food Security (OFS)
4150 Technology Way, Suite 210
Carson City, Nevada 89706
Telephone (775) 684-2205
<http://dhhs.nv.gov>

NOTICE OF FUNDING OPPORTUNITY (NOFO):
FOR
FUND FOR A HEALTHY NEVADA (FHN) HUNGER FUNDS
Release Date: January 17, 2025

Letter of Intent (LOI) to be Submitted: On or before January 31, 2025, 5:00 P.M. PST

Must be submitted to CDPHP.wellness@health.nv.gov with 'NOFO-FHN: Hunger Funds LOI' in subject line.

DEADLINE FOR APPLICATION SUBMISSION: February 20, 2025, 5:00 P.M. PST
Must be submitted to CDPHP.wellness@health.nv.gov with 'NOFO-FHN: Hunger Funds Submission' in subject line.

For additional information, please contact DHHS, OFS
CDPHP.wellness@health.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 Fund for a Healthy Nevada must submit a proposal in compliance with this NOFO, including any applicant currently receiving FHN funds. This NOFO may also be used for future state or federal subgrant awards should additional funds become available.

Funding Opportunity Award Type: Subgrant

Project Period: July 1, 2025 – June 30, 2026, and July 1, 2026 – June 30, 2027
Otherwise known as State Fiscal Year (SFY) 26 or Year 1 and SFY27 or Year 2.

Estimated Dollar Available: \$2,400,000 Annually

Reporting Periods: Quarterly

Award Restrictions: Ensure all proposals comply with the 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* Pacific Time (PST)
NOFO Released	January 17, 2025
Letter of Intent Due	January 31, 2025, 5:00 PM PST
Questions Due	February 6, 2025, 5:00 PM PST
Applications Due	February 20, 2025, 5:00 PM PST
Application Review and Scored by Evaluation Committee	February 24- March 14, 2025
Reporting Funding Results	April 2025
Grant Management Advisory Committee (GMAC) Recommendation	April 2025
Finalize Work Plans for Awards	May 5, 2025
Office of Food Security Disseminates Funding	August 1, 2025

*Subject to Change

FUNDING OPPORTUNITY INTRODUCTION

Background

The Funds for a Healthy Nevada (FHN) are a source of revenue funded through tobacco settlement monies received/recovered by the State of Nevada. The Nevada Department of Health and Human Service (DHHS) is responsible for administrating these funds to support health and social service activities that align with legislative priorities to address gaps identified in the needs assessments across the State of Nevada to promote public health and improve health services for children, seniors, and persons with disabilities. These funds are to supplement and not supplant existing funding.

Purpose

This NOFO is published by the DHHS Division of Public and Behavioral Health (DPBH), Office of Food Security (OFS). FHN funds support initiatives and programming aimed to reduce hunger throughout the State of Nevada. Culturally competent care and services are a DHHS core value. Meaning, all applicants are expected to gather and utilize information about individuals, families, communities, groups, and integrate this into their organizational practices, standards, skills, service approaches, techniques, and evidenced-based initiatives to best address each client's needs. This NOFO supports multiple goals of the Nevada's [2023 Food Security Strategic Plan](#).

- REACH Goal: Increase participation in state nutrition programs for those experiencing food insecurity and/or who are at increased/higher risk for food insecurity.
- BUILD Goal: Increase local and community capacity to provide food and reduce food insecurity. Resources and programs are available to populations that are experiencing food insecurity and/or who at increased/ higher risk for food insecurity.
 - This shall include food prescription programs that provide access to fresh fruits and vegetables to ensure the target populations are eating a balanced and healthy diets.
- FEED Goal: Nevada to have efficient logistics, distribution, transportation, and storage systems to address food insecurity. Nevada to have food recovery efforts to reduce food waste.
 - More specifically to develop strategic partnerships and/or design pilots to increase home-delivery programs and mobile grocery shopping programs that bring healthy, affordable and local food to populations that are at increased/higher risk for food insecurity, including pilots that allow individuals with SNAP/WIC benefits to participate.

Challenges

The United States Department of Agriculture (USDA) defines food insecurity as households uncertain of having, or unable to acquire, enough food to meet the needs of household members due to insufficient resources for food. This is a significant concern because of the association with poor quality of life, physical and mental health. According to the United States Department of Agriculture, in 2023, Nevada ranked 35th for food security with 12.5% of the population being food insecure and 5% having very low food security. Feeding American reports that it would cost almost \$333,500,000 to eliminate food insecurity.

Eligible Entities

Eligible entities include public and private non-profit organizations and/or organizations that serve diverse, and minority populations in Nevada. Applicants must demonstrate adequate systems to properly administer the grant both financially and programmatically. Not all potential service areas will be provided funding. The Grants Management Unit (GMU) will bring the recommendations for funding to the Grants Management Advisory Committee (GMAC) for consideration and recommendation, which will then be sent to the DHHS Director. All recommendations help to ensure geographic distribution of funds and activities statewide.

FUNDING REQUIREMENTS/CONSIDERATIONS

Collaborative partnerships: Only applications from collaborative partnerships involving two or more community organizations that may include local farms and/or transportation systems will be considered. One lead agency within the collaboration will submit the application on behalf of the partnership. Partnerships must be formalized through a letter of agreement (LOA) signed by all partners, which must be included in the submission packet. The term letter of agreement in this NOFO is used to represent a formalized letter indicating support and collaboration from any partners impacting project success. As such, any submitted letters must at a minimum be signed on individual agency letterhead and reflect specific collaboration and support. Any letters meeting this criterion will be counted as meeting the criteria of this NOFO.

Comprehensive food security solutions: Proposed initiatives should address both short-term and long-term solutions to food insecurity, including offering immediate food assistance and linkage to additional social services and programs that support and encourage self-sufficiency. Proposed initiatives outside of traditional food distribution/pantry models, at

minimum, must be a practice-tested intervention (i.e. Interventions that have evidence derived from practice in the form of evaluation data or reports). Previous successes and/or evaluation/data reports should be included within the Project Narrative: Project Design and Implementation Section of the application.

Target populations: Initiatives must serve Nevadans of all ages. Applicants are encouraged to consider populations disproportionately impacted by food insecurity.

Nutrition education: Applications are encouraged to supplement proposed initiatives with evidence-based nutrition education opportunities for the populations served. ~~FHN funds will not be allocated to directly fund nutrition education, including printed and/or additional materials or personnel~~ However, applicants will be required to display Nevada Supplemental Nutrition Assistance Program – Education (SNAP-Ed and 5210 Program) materials, which will be provided by DPBH at no charge.

Evaluation and data collection: ~~All subrecipients will be required~~ to collect client demographic data, including race, gender, and age, to the best of their ability. All sub-recipients will be required to collect and report additional core data elements, which are outlined within the Project Narrative requirements.

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.

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 mental 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.

APPLICATION AND SUBMISSION INFORMATION

Technical Requirements

1. The Letter of Intent (LOI) must be submitted no later than Wednesday, January 31, 2025, by 5:00 PM (Pacific Standard Time) and the

completed application must be submitted no later than Monday, February 20, 2025, by 5:00 PM, Pacific Standard Time (PST). Both the LOI and application must be delivered via PDF format to CDPHP.wellness@health.nv.gov. The LOI template may be found in Appendix A and the applicant template provided in Appendix B.

- The OFS is not responsible for issues or delays in mail or e-mail service.
 - 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.
 - Any applications received after the deadline will be disqualified from review.
 - No acknowledgements will be made for any submittal that arrives after the deadline has passed.
 - A complete application will require all items listed in the Application Checklist.
2. Applicants are required to use 12-point, Times New Roman font, with 1.0" margins, double-spaced (unless specifically referenced as single spaced) and convert all items into one PDF document. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification.
 3. Do not submit unsolicited materials as part of your application. **Any unsolicited materials mailed, delivered, or e-mailed to OFS will not be accepted.** This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.

Application Checklist

The Application Checklist is for the benefit of the applicants and is not required to be included in submission packet. The Application Checklist can be found in Appendix F.

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

Proposal Submission Requirements

To reach the evaluation phase of the proposal, a complete application must be submitted. Applications are considered complete when they include signatures, signed assurances, and the following:

Field Name	Points Allotted	Page Limit	Description
LOI	N/A	2	Must use Appendix A and retain Times New Roman font style with 12-point font.
A. Abstract	3	1	Single-spaced, 500 words, Times New Roman, 12-point font
B. Project Application	10	5	Must use Appendix B and retain Times New Roman font style with 12-point font and on-inch margins. Must include a maximum of 100-word description of the geographic area.
C. Project Narrative	65	12	Double-spaced, page-numbered with headings and subheadings, Times New Roman, 12-point font (tables may be single-spaced)
D. Scope of Work	15	6**	Single-spaced, Times New Roman, 12-point font*
E. Proposed Project Budget and Narrative	5	6**	Must use template provided in font style and point provided*
F. Project Manager(s) and Fiscal Member(s) Resume	2	4	Project manager and fiscal members with experience
Total	100	34	N/A

*Template will be provided once letter of intent is received.

** Collectively for SFY26 and SFY27

Description and requirements of each application component is outlined below:

A. Abstract (3 points possible)

A one-page abstract (not to exceed one-page) should serve as a brief description of the proposed project and must include the target area where the food will be distributed, services provided, project partners, total budget (including mobile distribution fees), description of how the funds will be used, and a plan for any mobile food distribution that includes distribution staffing, operational, and ongoing food

acquisition needs. 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-Appendix B)

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 pages.

- **Organization Type:** Check the type of organization that is requesting funds.
- **Geographic Area of Food Distribution:** Check the geographic area to be served with FHN funds with a brief description of that area (up to 100 words).
- **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 nine-digit zip code is required). The OFS will consider the application incomplete if the Federal Tax ID field or DUNS/EI field is incomplete.
- **Project Point of Contact (POC):** This field refers to the identified person at the applicant organization the OFS will contact for follow-up questions about the application. This is also the person the OFS will contact for questions about monthly reports, monthly financial claim forms, etc.
- **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.
- **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. Include an up-to-date resume and a copy of all required licenses for each person as an addendum to the application.
- **Program Experience:** Organizations are required to select one option that most closely describes the program activities being proposed in the application.

- **Third-Party Payers:** Some organizations bill third-party payers (e.g. insurance companies) for services. If the applicant does not bill any third-party payers, check the box No, and continue to field I. Otherwise, confirm by checking the Yes box, and for each third-party payer organization provide the specified financial information for the applicant's most recent, complete reporting period. Add rows to the table, if necessary.
- **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 services, check the box 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.
- **Certification by Authorized Official:** The administrator, director, or other officials ultimately responsible for this project/program must sign this document.

C. Project Narrative (65 points possible)

The applicant must provide a detailed Project Narrative that contains the content requirements provided below and those outlined on page four. Please include the title "Project Narrative" at the beginning of the Project Narrative. The narrative must not exceed a total of twelve pages double-spaced. Signed LOAs must be included within the submission packet and will not count towards page requirements for this section. Page numbers, headings, and subheadings are required.

Ensure the project narrative includes 'subheadings' for each of the sections below. Do not reference the evaluator to read another section, 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:

- **Organization Description (five points possible):** The Organization Description should include a brief history of your organization demonstrating not less than two years of operation, its structure, information about major accomplishments of the organization, relevant experience, and an explanation of how the description you provide makes your organization an appropriate grantee.
- **Project Design and Implementation (15 points possible):** The Project Design and Implementation must provide a detailed description of the program to be funded. This section must include the goal(s) of the projects as well as the objectives and

activities that will be completed to achieve the goal(s). Explain how the project will address the needs of the target population, and number of individuals expected to be assisted should your proposal be funded.

- **Community Organizations and Partnerships (15 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 Letter of Agreements (LOA) with established partners and relationships that will be important to carrying out the activities proposed.
- **Health Equity Barriers (10 points possible):** The organization must address the barriers to food insecurity among people experiencing disparity within their community. Define who the underserved community is and include ways to increase access and resources aimed toward them. Describe how your recommendations will address and incorporate the needs of racial and ethnic disparities within your community. The activities described must be included in the Scope of Work.
- **Capabilities and Competencies (15 points possible):** 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 the organization's background, qualifications, and experiences with the implementation of projects similar in scope and complexity to the proposed project. Provide at least three examples of the applicant's success
- **Data Collection and Evaluation (5 points possible):** Describe the process for collecting data and measuring project performance. Identify what data will be collected, who will collect and analyze data/performance measurement, and how the information will be used to guide and evaluate the proposed project's impact.

All sub-recipients will be required to collect and report, at minimum, the following core data elements:

FHN Overall Data

- **Quarterly:** Total number of program referrals and total number of successful referrals that link clients to additional nutrition and/or social programs that support self-sufficiency.

- Quarterly: Total number and percentages of surveys completed by individual's being served by FHN funds to determine the meals skipped.
- Quarterly: Zip codes where food is being distributed using FHN funds.
- Quarterly and Annually: Total number of individuals served (duplicated and unduplicated) by FHN funds along with data broken down by race, ethnicity, gender, and age.
- Quarterly and Annually: Total number of pounds distributed with FHN funds, and the number of pounds distributed by the agency overall.
- Annual: Total number of programs displaying SNAP-ED and 5210 Program materials.
- Quarterly summary of any efforts in registering and updating the agencies profile on [Nevada 211](#).

FHN Mobile Distribution Data

Should a mobile distribution program exist, the data must include

- Annually: Total number of mobile programs
- Quarterly and Annually: Total number of individuals served (duplicated and unduplicated) by FHN funds along with data broken down by race, ethnicity, gender, and age.
- Quarterly and Annually: Total number of meals provided as a result of mobile distribution (per the United States Department of Agriculture [USDA] 1.2 pounds of food for every meal) with FHN funds.
- Quarterly and Annually: Total number of pounds distributed with FHN funds.

Optional Data

- Quarterly and Annually: Total # of unduplicated individuals served broken down by sexual orientation and gender identity data.

If selected, the subrecipient may be required to report on additional data indicators, specific to the proposed initiative.

D. Scope of Work (15 points possible)

A Scope of Work (SOW) template will be provided once the LOI is received. Complete and submit a SOW not exceeding six (6) pages collectively for SFY26-SFY27. The page limit requirement will be considered in the scoring criteria. The SOW must include a baseline narrative (prior year info), expected outcomes for SFY26-SFY27, goal(s),

responsible person(s), objectives, and activities. The SOW must also include expected outputs, timelines for completion, target population, obtainable evaluation measures, and an evaluation tool used to measure the program progress (quarterly reports, Oasis, etc.). For the application process, the SOW can combine SFY26 and SFY27 for the two-year grant period. Responses must be concise and fit within the required page limit.

If awarded, one SOW must be submitted to OFS for SFY26 and one SOW for SFY27, even if the SOWs are the same for each year.

E. Budget and Budget Narrative (5 points possible)

Applicants must use the Budget Template (excel) provided after the LOI is received by DHHS. Upon submission the budget cannot exceed six (6) pages collectively for SFY26-SFY27. All proposals must include a detailed project budget for SFY26 (Year 1) and SFY27 (Year 2). If the budget is the same for both years it is acceptable for the title to reflect "Year 1 SFY26 (July 1, 2025-June 30, 2026) and Year 2 SFY27 (July 1, 2026-June 30, 2027), but the budgets can vary. Budget shall be complete, cost-effective, and allowable (e.g., reasonable, allocable, and necessary for program activities). 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 two-year grant period.

If awarded, another Budget Template (excel) with a budget summary otherwise known as the "workbook" will be provided and must be resubmitted to OFS bifurcating SFY26 and SFY27 on two tabs. One Tab shall be labeled "SFY26" and the other labeled "SFY27."

If the project is not fully funded, DHHS will work with the applicant to modify the budget, the Scope of Work, and the projected outcomes.

A. Budget Funding Limitations: All sub-recipients must allocate at least 50% of FHN fund for the procurement of food to support a healthy diet. Up to 40% of the requested funds are allowed for case management and personnel. Up to 10% of FHN funds are allowed to be reimbursed for indirect costs.

1. Personnel: Employees who provide direct services are included 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 workspace, and 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. Only those staff whose time can be traced directly back to the grant project should be included in this budget category, which includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs.

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 \$0.67), 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/travel/plan-book/per-diem-rates>.
3. **Operating:** List and justify tangible and expendable property necessary to carry out the proposed program. This can include mobile distribution fees.
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 and 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 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. Identify these costs in the narrative section, but do not enter any dollar values. If agencies have a federally approved indirect cost rate, that rate must be used. All other agencies may use the Modified Total Direct Cost Base and Exclusions, currently at 10%.

F. Project Manager Resume (2 points possible)

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

SELECTION AND REVIEW PROCESS

The DHHS has selected to use the competitive NOFO process where each application must request funding within programmatic funding constraints within the designated timeframes and meet all minimum requirements. In addition, the application must be responsive to the scope of solicitation and the evaluator tool. The DHHS/OFS staff will perform a technical review of each proposal to ensure minimum standards are met. Upon approval, applicants will be notified of their award status. The State of Nevada, DPBH OFS staff will conduct negotiations with the applicants recommended for funding to address any specific issues identified by the Evaluation Committee. Scopes of Work and/or indicators will then be adapted from finalized work plans. Adjustment of the budget and activities may be required at that time.

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 the availability of funds. Upon successful conclusion of negotiations, the 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.

Disclaimer: The 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.

Evaluation: Applications meeting minimum standards will be forwarded to a review team selected by the DHHS OFS. The review team will be comprised of a panel of three scorers. The Nevada OFS and GMAC will each provide a subject matter expert. The third reviewer will be provided by a nutrition program expert within the DHHS Nutrition Unit. Reviewers will score each application, using the Evaluator Tool. In accordance with prevailing grant evaluation procedures, a discussion between applicants and reviewers will not be allowed during the scoring process. Proposals must stand on their own merit.

Notification and Negotiation Process: The Evaluation Committee will recommend successful applicants to the GMAC, who in turn recommend applicants to the DHHS Director's Office. Final decisions will be made by the DHHS Director based on the following factors:

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

Disqualifications:

- Are missing fundamental elements (i.e. abstract, application, narrative, scope of work, or budget).
- Do not meet the intent of the NOFO.
- Are submitted by an entity that is financially unstable as evidenced by information gleaned from the submitted fiscal documents.
- Missing Federal Tax ID field or DUNS/EI and unchecked boxes in the application.

AWARD INFORMATION

Monthly Financial Status and Request for Reimbursement Reports: The sub-recipient agrees to abide by and remain in compliance with the DHHS [Grants Instructions and Requirements](#). The 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 and 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. Due to State Fiscal Year closing deadlines, all expenses through June of the current fiscal year will need to be submitted by July 9th.

Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for state officers and employees. It is the policy of the Board of Examiners to restrict contractors/ subrecipients to the same rates and procedures authorized for State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration (GSA), with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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.

Subrecipient Monitoring: Successful applicants must participate in sub-recipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to sub-recipients 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 sub-recipient'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 sub-recipient within 30 working days following the conclusion of the monitoring.

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.

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).

Appendix A: Letter of Intent Form

Submit to the Office of Food Security (OFS) via email at CDPHP.wellness@health.nv.gov or mail to: Division of Public and Behavioral Health (DPBH), Attn: Lori Taylor, 4150 Technology Way, Suite 210, Carson City, Nevada 89706

To: State of Nevada, DPBH OFS

Legal Name of Organization/Applicant: _____

Administrative Office Address/Suite/Building: _____

City, State, Zip: _____

Primary Contact Person/Title: _____

E-mail: _____

Phone: _____

Dear State of Nevada, OFS:

Please accept this letter as notification that the Organization/Applicant named above is interested in applying for Funds for a Healthy Nevada (FHN) – Hunger Funds from the State of Nevada, DPBH OFS for a period of performance from July 1, 2025, through June 30, 2027 (SFY26-SFY27).

The Organization/Applicant named above understands that signing this letter of interest does not formally or informally bind nor promise that the organization or applicant will submit an application for FHN Hunger Funds.

The Organization/Applicant named above understands by submitting this letter of interest, the OFS will add the primary contact person to a communication list and agrees to receive future emails and phone calls related to Nevada OFS and to this funding opportunity unless the Organization/Applicant named above requests to be removed from the communication list.

Additional notes from Organization/Applicant (optional):

What counties do you intend to distribute food with FHN Funds if an application is submitted?

Carson City

Douglas

Eureka

Lincoln

Nye

Washoe

Churchill

Clark Area:

Elko

Esmeralda

Humboldt

Lander

Lyon

Mineral

Pershing

Storey

Appendix B: Application Form

Applicants may submit more than one application. Checking more than one Organization Type or Program Experience will result in disqualification.

A. Organization Type (only select one).

- Public Agency 501(c)(3) Nonprofit

B. Geographic Area of Food Distribution with FHN Funds

- | | | |
|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Churchill | <input type="checkbox"/> Humboldt |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Clark Area:
_____ | <input type="checkbox"/> Lander |
| <input type="checkbox"/> Eureka | _____ | <input type="checkbox"/> Lyon |
| <input type="checkbox"/> Lincoln | _____ | <input type="checkbox"/> Mineral |
| <input type="checkbox"/> Nye | <input type="checkbox"/> Elko | <input type="checkbox"/> Pershing |
| <input type="checkbox"/> Washoe | <input type="checkbox"/> Esmeralda | <input type="checkbox"/> Storey |

Area Description (up to 100 words)

C. Applicant Organization

Name:	
Mailing Address:	
Physical Address:	
City:	
State:	Nevada
Zip code (9-digit zip required):	
Federal Tax ID #:	(XX-XXXXXXX)
DUNS No.:	

D. Program Point of Contact

- Same as Section C (Skip to Section E)

Name:	
Title:	
Phone:	
Email:	

Address:	
City:	
State:	Nevada
Zip code (9-digit zip required):	

E. Fiscal Officer

Same as Section C (Skip to Section F)

Name:	
Title:	
Phone:	
Email:	
Address:	
City:	
State:	Nevada
Zip code (9-digit zip required):	

F. Key Personnel (add rows if required)

Name	Title	Licensed
Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscal Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

G. Program Experience (only select one). Select the box that most accurately describes the activities being proposed.

- Organization is 3+ years, proposed program is new
- Existing program 2-5 years old
- Existing program 6-9 years old
- Existing program 10+ years old

Sustainability Plan (Starting July 1, 2027)

H. Third-Party Payers of Services

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for family planning services? No Yes, specified below

Third-Party Payers	Period	Billables Received (\$)	Percentage of Operating Income (%)
Best Health Insurance (Example)	2017 Year to Date (YTD)	\$130,000	10%

I. Current Funding (federal, state, and private funding). Add rows if 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 Previous Amount Awarded (\$)

J. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the Fund for a Healthy Nevada 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:

APENDIX C
DHHS DPBH TECHNICAL REVIEW
Missing criteria will disqualify

Partner Name:

Criterion and Technical Requirements Missing one criterion will disqualify		Technical Requirement?	
Organization Type	Applicant Organization has checked only one box to indicate it is either a local government agency or 501 (c)(3) non-profit.	Yes	No
Applicant Organization	Applicant has provided Federal Tax ID	Yes	No
Geographical and Target Area Identified	Applicant has completed both sections.	Yes	No
3rd Party Payers	Applicant has answered section.	Yes	No
Current Funding	Applicant has answered section.	Yes	No
Application	All sections of the application form have been completed, including checkboxes.	Yes	No
Certification by Authorized Official	Certification is signed.	Yes	No
Priority Technical Review Score		PASS	DQ

Criterion and Technical Requirements Missing two criteria will disqualify		Technical Requirement?	
Application Submission Style	Applicant organization submitted the application as a single PDF	Yes	No
Application Submission Due Date	Applicant organization submitted application before 02/20 at 5:00 p.m.	Yes	No
Abstract Attached	Single spaced and does not exceed 500 words.	Yes	No
Narrative Attached	Is double-spaced and does not exceed 12 pages.	Yes	No
Narrative Complete	Organization, Project Design and Implementation, Health Equity Barriers, Community Organizations and Partnerships, Capabilities and Data Collection	Yes	No
Scope of Work Attached	Does not exceed five pages.	Yes	No

Scope of Work/Budget	Does not contain Medicaid billable activities.	Yes	No
Budget Numbers	Is mathematically correct.	Yes	No
Budget Percentages	50% food procurement; 40% case management/personnel; 10% indirect	Yes	No
Budget Attached	Both project periods are attached	Yes	No
Resume	Attached and does not exceed four pages.	Yes	No
Assurances and Provisions	Signed and attached.	Yes	No
Submission Format	Times New Roman, 12-point font, and one-inch margins retained.	Yes	No
Priority Technical Review Score		PASS	DQ

APPENDIX D DHHS DPBH EVALUATION REVIEW/SCORING TOOL

Partner Name:

ABSTRACT (3 points possible)

1. How well does the program describe the proposed project which includes the target area, services provided, project partners, total budget, and a description of how the funds will be used? The abstract is less than 500 words.

Explanation of Score	
Score	X/3

APPLICATION (10 points possible)

2. To what extent does the applicant identify their previous level of experience with grant funding process? An applicant must have at least two years of previous grant funding. To be considered excellent, the candidate must demonstrate less than 50% dependence on the Fund for a Healthy Nevada, with clear and complete plan for replacing funds after end of performance period.

Explanation of Score	
Score	X/10

ORGANIZATION DESCRIPTION (5 points possible)

3. Is there a brief history of the organization demonstrating not less than two years of operation, its structure, information about major accomplishments of the organization, relevant experience, and an explanation of how the description provided makes the organization an appropriate grantee?

Explanation of Score	
Score	X/5

PROJECT DESIGN AND IMPLEMENTATION (15 points possible)

4. How well does the applicant describe their program and how it meets the NOFO requirements, including the target population, geographic area served, and how the proposed services meet their needs?

Explanation of Score	
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Score	X/7.5
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5. 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 the organization (i.e. number of staff/clients, etc.)?

Explanation of Score	
Score	X/7.5

COMMUNITY ORGANIZATION AND PARTNERSHIPS (15 points possible)

6. How well does the applicant demonstrate community coordination? For a score of excellent, the partnership must include 2 or more community partners providing referrals or services related to the population being served and benefiting the project.

Explanation of Score	
Score	X/7.5

7. Applicant must accurately describe similar services being provided in the program delivery area. How well does the applicant describe services as absent (or minimal) in the proposed area?

Explanation of Score	
Score	X/7.5

HEALTH EQUITY BARRIERS (10 points possible)

8. How well does the organization address the barriers to food insecurity among people experiencing disparity within their community? Did the agency define who the underserved community is and include ways to increase access and resources aimed toward them?

Explanation of Score	
Score	X/5

9. How well did the agency describe the recommendations that will address and incorporate the needs of racial and ethnic disparities within their community? Did the activities include the Scope of Work?

Explanation of Score	
Score	X/5

CAPABILITIES AND COMPETENCIES (15 points possible)

10. How well does the application describe the capabilities of the applicant, sub-recipients, and/or contractors to implement the project? For a score of

excellent, the applicant should describe the roles, experiences, and tenure of key employees.

Explanation of Score	
Score	X/7.5

11. How well does the application describe the three (3) examples of success? For an excellent score, this description must be complete, describing the circumstance and level of success.

Explanation of Score	
Score	X/7.5

DATA COLLECTION AND EVALUATION (5 points possible)

12. How well does the applicant describe the process for collecting data? For a score of excellent, the applicant should describe who is collecting the data, the system to collect data, whether the agency has an electronic health record system, and how that data will be used.

Explanation of Score	
Score	X/2.5

13. 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 (Data collection is not project measurement).

Explanation of Score	
Score	X/2.5

SCOPE OF WORK (15 points possible)

14. How well does the scope of work identify the goal(s) that are consistent with the narrative, identify the objectives and how the goal(s) will be accomplished, identify at least one if not more specific activities to achieve that goal, include information on marketing SNAP-ED and 5210 Program materials, and the timeframe to submit?

Explanation of Score	
Score	X/7.5

15. How well does the documentation support the scope of work? Data collection activities are not goals or objectives but could be included in strategies. The documentation must be specific to what is going to be provided to prove that the metric was met (i.e., provided services for 20 women, the documentation would need to provide an unduplicated number of women, demographics, and services provided).

Explanation of Score	
Score	X/7.5

BUDGET NARRATIVE (5 points possible)

16. How well does the proposed budget support the proposed goals and objectives?

Explanation of Score	
Score	X/2

17. How thorough and reasonable is the proposed budget (i.e., the balance of categorical spending, reasonable expenditures, etc.)?

Explanation of Score	
Score	X/2

18. Given the project period, rate your confidence in the applicant's ability to provide the projected number of services with the budget amount requested?

Explanation of Score	
Score	X/1

RESUME (2 points possible)

19. Is there a resume of the key staff member with the licensure or expertise in providing evidence-based services, including the resumes of fiscal staff members?

Explanation of Score	
Score	X/1

20. Do the resumes represent experience related to the proposed project?

Explanation of Score	
Score	X/1

FINAL APPLICATION SCORE (100 points possible)

Application Score	X/100
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Appendix E: GENERAL PROVISIONS AND ASSURANCES

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

- 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
- NRS 218G - Legislative Audits
- NRS 458 - Abuse of Alcohol & Drugs
- NRS 616 A through D Industrial Insurance
- GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
- GSA - General Services Administration for guidelines for travel
- [Grant Instructions and Requirements](#)
- State Licensure and certification
 - The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
- The sub-recipient'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).
 - If the Agencies corporate commercial general liability coverage is on a claims-made basis then it is sufficient for a copy of insurance to be provided before the receipt of funds.
- To the fullest extent permitted by law, the sub-recipient 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.
- 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.
- The subrecipient agrees to be in a "tobacco, alcohol, and other drug-free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
- 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 458.1533(e).
- 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.
- Application to Nevada 211. Missing one Criteria will disqualify. 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.

- The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
- 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.
- 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.
- "The subrecipients will NOT expend FHN funds for any of the following purposes:
 - To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - To purchase equipment over \$1,000 without approval from the DHHS.
 - To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
 - To provide in-patient hospital services.
 - To make payments to intended recipients of health services.
 - 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.
 - To provide treatment services in penal or correctional institutions of the State.
- 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 the submission of an application.

- B.** If the applicant has not met the performance measures of previous DHHS subgrants, DHHS reserves the right to not make additional awards.
- C.** Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
- D.** DHHS reserves the right the make funding recommendations and subgrant awards in a manner that ensures geographic coverage for services throughout Nevada.
- E.** DHHS will not evaluate proposals that do not meet technical requirements of the NOFO.
- F.** Applicant budgets must not exceed 10% indirect cost and ensure 50% minimum of funding for the procurement of food.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Appendix F: 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 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 pages)

- Separate Headings for Organization, Project Design and Implementation, Health Equity Barriers, Community Organizations and Partnerships, Capabilities, and Data Collection.
- Does not exceed 12 pages, double-spaced.
- Times New Roman, 12-point font has been retained. One-inch margins have been retained.
- Signed LOAs (LOAs do not count towards the page limitations)

Section D: Scope of Work (Does not exceed five pages collectively for Year 1 and Year 2)

- All sections are complete and match the narrative.
- Single-spaced, 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
- One-inch margins have been retained.

Section F: Resume (Does not exceed four pages)

- Resume of Project Manager
- Resume of Fiscal 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 February 20, 2025, 5:00 p.m. PST.