

# State of Nevada

## Aging and Disability Services Division

### Assisted Living Supportive Services (Facility Establishment and Expansion)

#### Notice of Funding Opportunity

Applications Due: March 24, 2021

#### Table of Contents

Funding Opportunity Description.....	2
Application and Submission Information .....	4
Division Contacts .....	4
Application Forms and Submission Information.....	4
Application Review Information.....	5
Form Instructions .....	6
Application Format .....	6
Excel File .....	8
Word File.....	12
Application Checklist.....	13

**State of Nevada**  
**Aging and Disability Services Division**

**Funding Opportunity Title:** Assisted Living Supportive Services  
(Facility Establishment or Expansion)  
**Project and Budget Period:** July 1, 2021 – June 30, 2022  
**Due Date for Applications:** March 24, 2021

## Funding Opportunity Description

### Background

The Aging and Disability Services Division (ADSD) is seeking partner organizations to provide assisted living supportive services in accordance to NRS 439.630(e) to individuals age 65 and older residing in Nevada, through the provision of state funding for the establishment or expansion of eligible Assisted Living Facilities. This Notice of Funding Opportunity (NOFO) establishes the requirements an applicant must meet to be considered for funding. Funding awarded through this NOFO must benefit individuals on or deemed eligible for ADSD's Home and Community-Based Waiver for the Frail Elderly (Medicaid Waiver).

**Thoroughly read referenced NRS to determine eligibility and use of this funding.**

### Funding Description

Nevada Revised Statute ([NRS](#)) [439.630\(e\)](#) sets aside \$200,000 annually from the Fund for Healthy Nevada to award competitive grants to **establish or expand** assisted living facilities to provide services pursuant to the provisions of the home and community-based services waiver in [NRS 422.3962](#). Applicants may apply for up to \$200,000. Funding awarded through this NOFO must benefit individuals on or deemed eligible for ADSD's Home and Community-Based Waiver for the Frail Elderly (Medicaid Waiver) for assisted living services and who are age 65 and older.

### Eligible Applicants

Non-profits, public agencies and for-profit businesses may apply if interested in providing services outlined in this NOFO. To be considered for funding, the assisted living facility must meet the regulations outlined in the [NRS 422.3962](#), as well as the criteria for certification set forth in [NRS 319.147](#) and subsection 7 of [NRS 449.0302](#).

### Applicant Assistance

The Nevada Grants Office is available to provide pre-award assistance to applicants including but not limited to application project management and application reviews. More information about their services and contact information is available at: <http://grant.nv.gov/>.

### Subrecipient Responsibilities

These awards are competitive, and applications will be evaluated, in part, on the applicants' stated plan of action and their demonstrated capacity to effectively and expeditiously begin implementing their subaward activities within sixty days of their subaward project period. The

subaward is an agreement between the applicant and the Aging and Disability Services Division (ADSD).

The subaward recipient agrees to the responsibilities outlined below:

- *ADSD General Service Specifications* provide program standards for all funded programs, unless noted as exempt in the Notice of Subaward (NOSA). The *Assisted Living Supportive Services Service Specifications* are currently under revision and will outline baseline standards for compliance related to the specified service. The chosen subrecipient may be asked to comment on the specifications before they become active. The Division has final authority over content of Service Specifications. (<http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>)
- *Requirements and Procedures for Grant Programs (RPGPs)* are statements of ADSD policy that ensure fiscal compliance with statutes, regulations, and/or rules. (<http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>)
- *Reporting Schedule* includes monthly Requests for Reimbursement and Quarterly Progress Reports. Monthly or quarterly programmatic reporting requirements for Assisted Living Supportive Services will be determined based on the approved proposal and activities. (<http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/Reporting/ReportingSchedule.pdf>)
- Programs awarded funding must provide any requested revisions to ADSD by June 15, 2021. A NOSA cannot be issued without requested revisions.
- The application and NOSA must be signed by the head of the agency. ADSD must have a letter on file authorizing the signer if it is not the head of the non-profit board, for-profit agency, or public entity, depending on the type of organization.
- The Request for Reimbursement (RFR) form must be submitted in accordance with the Reporting Schedule, including all required backup documentation.
- All subrecipients must be registered with the State of Nevada and must have a vendor number. Vendor Registration Forms are available at <http://controller.nv.gov>.
- If a subrecipient address changes, the subrecipient must submit a Vendor Information Update and/or Additional Remittance Form to the State's Controller's office. ADSD must be notified of address changes to avoid any delay in receiving funds.

ADSD staff agrees to the responsibilities outlined below:

- ADSD will provide reporting instructions to all subrecipients.
- All subrecipients will be assigned a Grants and Projects Specialist (GPS) who is available to aid with aspects of subaward management, service-specific technical assistance, and program development. Fiscal Auditors are available to address questions regarding fiscal matters.
- The assigned GPS will contact subrecipients regarding requested revisions before a Notice of Subaward (NOSA) can be issued.

- NOSAs will be distributed to funded programs in late June, or as soon as possible pending receipt of requested revisions.
  - The Request for Reimbursement file will be distributed with the NOSA. Reimbursement requests may be submitted monthly or quarterly.
- As applicable to the funded proposal, subrecipients will be assessed to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, client satisfaction, targeting and adherence to all regulations, statues, and/or rules. Programmatic and fiscal monitoring will be scheduled in accordance with Department of Health and Human Services (DHHS) policies.

## Matching Funds

Matching funds are required at 15% of the ADSD-requested amount. Match may be cash or in-kind and must be reflected and thoroughly described on the Budget Summary tab of the Excel application file.

## Application and Submission Information

### Division Contacts

General program/service questions and technical assistance on the required forms, beyond instructions provided in this document, can be directed to the Grant Manager:

Kristi Martin  
 Social Services Manager, Grants Management  
[kmartin@adsd.nv.gov](mailto:kmartin@adsd.nv.gov) and/or [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov)

Questions and answers that are helpful for all applicants will be posted with this NOFO online at [http://adsd.nv.gov/Programs/Grant/Notices\\_of\\_Funding\\_Opportunities/](http://adsd.nv.gov/Programs/Grant/Notices_of_Funding_Opportunities/) as received, through March 17, 2021.

### Application Forms and Submission Information

Three (3) files are to be used when completing the subaward application. The submitted PDF application must have all elements of these files included:

1. MS Excel File: ADSD Subaward Application – ALSS FY22 Part 1
2. MS Word File: ADSD Subaward Application – ALSS FY22 Part 2
3. PDF File: DHHS Subrecipient Questionnaire
  - a. <http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/Applications/SubrecipientQuestionnaire.pdf>

➤ Additionally, applicants must submit attachments as request within the [Application Checklist](#). Attachments are categorized by “mandatory,” “optional” or “if applicable.”

**Deadline:** Wednesday, March 24, 2021 (by 11:59 pm, PST)

**Submission:** Applications must be emailed to [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov) AND [kmartin@adsd.nv.gov](mailto:kmartin@adsd.nv.gov).

## Application Review Information

### Application Screening

- Each application will undergo an initial review for completeness and adherence to instructions. Applications that do not meet all requirements will not be accepted for funding consideration. Applicants with rejected applications will receive written notification in March/April 2021.
- Rejected applicants may appeal this decision, in writing, to the ADSD Administrator in Carson City. The request for review must be received within five working days from the notification of non-acceptance.
- The Administrator, or designee, will notify the applicant of the Administrator's decision, in writing, within ten working days of receiving the applicant's appeal.
- The Administrator's decision is final. There will be no additional appeal process.

### Review and Selection Process

After application screening, the Grants and Project Specialists and independent reviewers will review all applications for each service and make initial funding recommendations based on scoring criteria in the following section.

Funding decisions will be made by the Administrator based on application scores and funding availability. Reporting and compliance history of previous or current subrecipients will also be considered. ADSD may negotiate with or seek additional information from applicants before decisions are made.

The Administrator's decision is final.

### Scoring Criteria

Competitive applications will be scored according to the following matrix (35-point total):

1. Service area and service delivery to target populations (10 point maximum).
  - Items are not defined/described and are unrelated to the proposed service – Score 0 points
  - Items are all poorly or partially defined/described and/or mostly unrelated to the proposed service – Score between 1 and 4 points
  - Items are mostly defined/described, with some areas lacking, and/or partially unrelated to the proposed service – Score between 5 and 6 points
  - Items are satisfactorily defined/described and mostly related to the proposed service – Score between 7 and 9 points
  - Items are thoroughly defined/described and undoubtedly related to the proposed service – Score 10 points
2. Applicant's capacity to provide the service, its experience and existing or proposed partnerships. (10 point maximum).
  - No experience and lack of capacity and partnerships – Score 0 points
  - Some experience, but lack of capacity and/or partnerships (or vice versa) – Score between 1 and 5 points

- Good experience, but lack of capacity and/or partnerships (or vice versa) – Score between 6 and 9 points
  - Exceptional experience, capacity and existing partnerships, with plans to seek new partnerships – Score 10 points
3. Other funding, sustainability goals, and reasonableness of cost per client, levels of service and budgeted program expenses (10 point maximum).
- No other funding or sustainability goals; unreasonable cost per client, levels of service and program expenses – Score 0 points
  - Limited other funding and/or sustainability goals; slightly unreasonable cost per client, levels of service and program expenses with poor expense justification – Score between 1 and 4 points
  - Satisfactory other funding and/or sustainability goals; slightly unreasonable cost per client, levels of service and program expenses with poor expense justification (or vice versa) – Score between 5 and 6 points
  - Satisfactory other funding and/or sustainability goals; mostly reasonable cost per client, levels of service and program expenses and justification – Score between 7 and 9 points
  - Abundant other funding and/or sustainability goals; all costs are reasonable and justified – Score 10 points
4. Adherence to application instructions and accurate completion of forms (5 point maximum).
- Instructions not followed and forms not complete – Score 0 points
  - Some instructions followed and some forms not complete – Score between 1 and 2
  - Most instructions followed and forms are complete – Score between 3 and 4
  - All instructions followed and forms are complete – Score 5 points

### Anticipated Announcement Award Date

Subaward decisions will be announced via email in mid-May. Requested application revisions must be received and approved by ADSD no later than June 15, 2021.

Notices of Subawards will be distributed in late June, or as ADSD receives requested subrecipient revisions, as applicable.

### Subrecipient Training

ADSD will make training available to all subrecipients prior to the beginning of the fiscal year. This training will include the Request for Reimbursement process and other reporting requirements.

### Form Instructions

#### Application Format

The application MUST conform to the following requirements in order to be considered for funding:

- Applications must be computer-generated.
- The application must be concise and no more than 32 pages (excluding attachments). Do not include cover sheets, cover letters, unsolicited attachments or application instruction

pages, as they will be included in the page limit. Specific page limits are listed next to page names below. **If no page limit is listed, the document is one (1) page.**

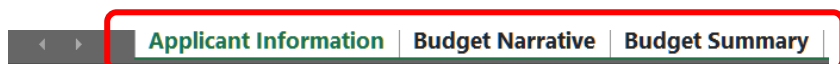
- Applications are expected to be free of spelling and grammatical errors.
- Use black, 12-point Arial font in the application's Word file. In the Excel file, use the pre-set font settings.
- The application must be submitted on Division forms. The application must be the ADSD Competitive Subaward Application - Assisted Living (Facility) Supportive Services, State Fiscal Year 2022 version (as shown in the application's footer).
- Submitted applications must be on white, 8 ½ x 11 size paper, assembled according to the instructions on the [Application Checklist](#) and saved as a PDF document. Applicants who are not able to submit one file may follow the instructions on the [Application Checklist](#) to submit the application in sections.

### Form Instructions

The **Excel** file contains the following forms, in order:

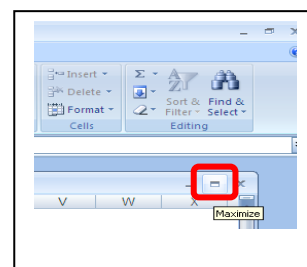
- Applicant Information
- Budget Narrative, 10-page limit
  - Additional pages are allowed with ADSD approval in order to fully describe the program budget.
- Budget Summary

To access each form in Excel, click on the corresponding tab at the bottom of the page/ workbook as shown here:



If you do not see the tabs at the bottom of the page, maximize the screen by clicking the button on the right side of the screen, as shown here:

**PLEASE NOTE:** Do not utilize multiple copies of the Excel file to create your application; there are formulas that carry from page-to-page. For best results, complete each tab of the workbook in order. Additionally, do not paste information from past applications, as it might cause problems with the formulas. This will ensure that invalid error messages are not shown on the application and linked boxes will have a value.



The **Word** file contains the following forms, in order:

- Project Narrative, 10-page limit
- Organizational Standards and Applicant Questionnaire, 4-page limit

The **Subrecipient Questionnaire** (PDF file) is pre-set at 6 pages. Provide an answer to each question.

## Excel File Instructions

### APPLICANT INFORMATION


Box #	Instructions
1	Check the box next to the type of application. If the application is for a subaward that is currently funded by ADSD, enter the award number, which can be found on the NOSA as the Agency Ref # in the top right corner.
2	No action required. The amount requested will auto-fill from the Budget Narrative.
3	Select the agency's organization type.
4	<p>Enter Subrecipient and Program information, as requested on the form. Complete both sections. <i>Subrecipients</i> are entities that are responsible for the funds awarded. Additional information on Subrecipients (grantees) is in <u>RPGPs</u>. <i>Programs</i> are entities that provide service delivery under the subaward. The subrecipient contact and program director must not be the same person for accountability purposes. <b>For non-profit organizations, the Subrecipient contact must be the President of the Board of Directors, even if another person has been delegated as an authorized signatory.</b></p> <p>Enter the agency's State Vendor number, if one exists, and the address associated with the number if it is different than the Subrecipient address.</p> <p>Enter the agency's Employer Identification Number (EIN) or Federal Tax Identification Number.</p> <p>Enter the agency's Data Universal Numbering System (DUNS) Number. All DUNS numbers are 9 digits. To request, look-up or make changes to a DUNS number, go to <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>.</p>
5	No action required. The Source of Funding has been selected.
6	No action required. The Type of Service has been selected.
7	List the program's service area(s) for the proposed service. You may list specific cities and/or towns, or describe a larger area (e.g., 15-mile radius around Winnemucca; Statewide except for Clark County; etc.). If you list a county, and not specific cities and/or towns, the program will be expected to serve the entire county. This also applies to subawards that enter "statewide" in this section without exclusions listed.
8	No action required. The Type of Subaward has been selected.
9	List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.
10	Read the statement. Enter the name and title of the agency's authorized representative. Once the authorized representative has reviewed the completed application package, he/she will sign and date the Applicant Information form. By signing the forms, the representative is stating that he/she has approval from the Subrecipient to sign the forms and verified accuracy of the information within the entire application. <i>ADSD must have on file an official letter authorizing the signer if that person is not the head of the nonprofit board, for-profit agency or public entity, depending on the type of organization.</i>



## BUDGET NARRATIVE

The applicant name, subaward and service type will auto-fill from information entered on the Applicant Information page.

Describe program expenses requested from ADSD in the budget categories included in the Budget Narrative using the descriptions below as a guide to describe each category of expense. Be sure to provide a detailed response, explain how each expense is related to the proposed project and identify any one-time costs. Provide calculations where requested and follow the examples. Utilize the RPGPs for rules and regulations on allowable expenses.

**THIS TAB IS NOT PROTECTED.** Do not delete formulas. Ensure text in each row is visible; expand rows as needed (go to numbered rows on the left side of worksheet and drag the bottom line of the row down when you see your cursor change to , or right click on the row number and choose Row Height to enter a height). Each section has additional rows that you may unhide to utilize. Contact ADSD if you need assistance.

**PERSONNEL:** Line A: List *program* and *administrative* staff (Name, Title, PCN) that will provide **direct** service under the proposed services and the associated costs to be charged to the subaward, using the column headers as guides. Costs associated with administrative staff providing **indirect** services may only be included in this section in fixed-fee proposals; otherwise, the expenses may be included as part of the indirect/administrative expense percentage at the end of the Budget Narrative. Place an asterisk (\*) beside all new positions. If your agency does not have a Position Control Number (PCN) system, one must be developed to identify each position. Line B, for each position listed: List the fringe benefits provided (FICA, Medicare, vacation, state industrial insurance, unemployment insurance, etc.). Briefly describe the position's duties as they relate to the funding and program objective.

**TRAVEL/TRAINING:** Identify in-state and out-of-state travel to be completed during the budget period. The red writing must be replaced with actual trip information, such as the name of a conference, location, etc. Complete the trip expenses and enter justification. If multiple trips are proposed, copy and paste another in-state or out-of-state section into the narrative as stated on the form. Utilize <https://www.gsa.gov> for mileage, per diem and lodging. If lodging exceeds the GSA rate, provide an explanation in the Justification section.

If requesting general in-state mileage for operational purposes, enter the cost in the mileage section *below* "In-State Travel," provide an explanation of the cost calculation and the reason for travel.

**OPERATING:** Include SPECIFIC facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance (split by type), fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.

**EQUIPMENT:** List equipment to purchase or lease, which cost \$5,000 or more (per item), and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment items that cost less than \$5,000 should be listed under Operating. Justify the need for these items. There is no guarantee that ADSD will have funds available for equipment.

**CONTRACTUAL/CONSULTANT SERVICES:** Explain the need and/or purpose for the contractual and/or consultant service. Identify and justify these costs. Only include costs for which there is a written contract or agreement that can be presented to ADSD, if requested.

**OTHER:** Identify and justify all other expenditures that cannot be identified within another category. These costs may include any relevant expenditure associated with the project. These costs are to be included only if they are associated exclusively with this program. If they are associated with multiple sources of funding, the costs are to be included in Administrative Expenses. Follow the example on the form.

**ADMINISTRATIVE/INDIRECT EXPENSES or FEDERAL INDIRECT COST RATE (FICR):** Administrative/indirect expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed, depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Administrative/indirect expenses do not apply to equipment or fixed-fee subawards or portions of subawards. Reference the Requirements and Procedures for Grant Programs (RPGPs) GR - 20\*. Modified Direct Costs (rate of 10%) must be based upon expenses as outlined within the RPGPs. FICR amount must be based upon allowed expenses per your organization's current FICR letter. Attach a copy of your FICR letter to the application, as applicable.

## BUDGET SUMMARY

The applicant name, subaward and service type will auto-fill from information entered on the Applicant Information page.

This page offers a summary of the subaward budget, match and other funding. Information entered into the Budget Narrative tab will populate the *ADSD Funds* column. Applicants will input funding information in the orange cells.

**Matching Funds Requirements:** 15% of the ADSD requested amount. The required match will calculate automatically. Break out match into the budget expense categories to show where it will be applied.

In the columns after Match, enter any other funding that will be used to support the proposal. Enter the name of the funding source where indicated, whether the funding is pending or secured, and the amount to be used towards the proposal. Then, break out the funding into the budget expense categories.

Ensure all boxes on row 21 are zero as stated in the row header.

Add comments to box B, if needed.

Identify sources of match in box C and indicate whether it is pending or secured. Match can be cash or in-kind.

- In-kind match is the value of any real property, equipment, goods, or services contributed to a funded program that would have been considered eligible expenses within the program's budget for the funded service.

List potential/estimated amounts and sources of program income, such as client donations, in box D, or type "N/A." If the proposed program has a sliding fee scale or cost-sharing procedure, indicate how the program will manage the process according to the RPGPs. *These items will typically be inapplicable for the types of proposals submitted under this NOFO.*

### **Program Income**

1. Client service donations may not be used as match but may be solicited for all services. Solicitation must be non-coercive. The donation process must be confidential.
2. Cost sharing means contributions made to a program based on a sliding-fee scale. The Division's Cost Sharing Policy can be found on pages 73-75 of the RPGPs: <http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf>.

## Word File Instructions

### PROJECT NARRATIVE

Provide detailed, but concise responses to each section of the Project Narrative using guidance below and throughout this document. Page Limit: 10 pages

#### A. *Proposal*

Describe your overall proposal, clearly and concisely. Explain how your organization plans to carry out proposal. Include a description of specific activities planned, and any anticipated challenges or technical assistance needs.

#### B. *Target Population and Service Area*

Describe the service area and population(s) to be served, specifically any underserved populations. Identify any barriers that may prevent timely service delivery. Funding awarded through this NOFO must benefit individuals on ADSD's Home and Community-Based Waiver for the Frail Elderly who are age 65 and older.

#### C. *Organizational Capacity and Partnerships*

Describe the organization's capability to perform the proposed services. Include past experiences or anticipated increased capacity as a result of this funding. Describe the professional staff and their specific responsibilities under this service, as well as the facility and other resources in place to support this service.

Identify key partnerships and describe in detail how they will enhance services under this program. Include partnerships with government entities as well as other community partners.

#### D. *Cost-Effectiveness and Sustainability*

Describe resources outside ADSD funding to be used to support this service. Provide an estimate of the number of clients to be served, the levels of service to be provided and associated cost per client.

#### E. *Evaluation*

Describe the methods, techniques, and tools that will be used to measure outcomes and effectiveness of the proposed services.

### ORGANIZATIONAL STANDARDS and APPLICANT QUESTIONNAIRE

Read the form and respond accordingly. On question 3, choose the organizational structure of the agency and identify the governing body or ownership as applicable to the selection. Non-profit agencies must verify information for their board of directors.

Page Limit: 4 pages.

## APPLICATION CHECKLIST

If you are submitting one PDF file (preferred), assemble the application in the order shown below. You may also submit a PDF for each of the three files (Part 1, Part 2, Subrecipient Questionnaire) and the attachments.

If any of the following items are incomplete or missing, the application will be rejected:

- Applicant Information (Excel Document, 1 page)
- Budget Narrative (Excel Document, up to 10 pages)
- Budget Summary (Excel Document, 1 page)
- Project Narrative (Word Document, up to 10 pages)
- Organizational Standards and Applicant Questionnaire (Word Document, up to 4 pages)
- Subrecipient Questionnaire (PDF Document, 6 pages)

*Attachments – If included, will not count towards page limit.*

- Assisted Living Facility Information or Brochure (*optional*)
- Contracts or Memorandums of Understanding (*if applicable to the program/service*)
- Official letter authorizing a person other than the head of the nonprofit board, for-profit agency or public entity (depending on the type of organization) to sign the application and/or subaward documents (*if applicable*).