

State of Nevada  
Department of Health and Human Services  
**Aging and Disability Services Division**

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**INDEPENDENT LIVING GRANT**  
Assisted Living (Facility) Supportive Services

**INSTRUCTIONS**

**Open and Continuous Application Process Until Awarded**

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## **ELECTRONIC FILE INSTRUCTIONS**

Two files are to be used when completing the grant application.

Word File: ILG AL Sup Svcs Grant Application – Part 1.doc

Excel File: ILG AL Sup Svcs Grant Application – Part 2.xls

The Word file contains the following forms, in order:

- Application Checklist
- Executive Summary
- Organizational Standards
- Applicant Questionnaire
- Assurances

The Excel file contains the following forms, in order:

- Applicant Information
- Budget Detail Worksheet
- Budget Form A
- Budget Form A-1
- Projected Output Measures

To access each form in Excel, click on the corresponding tab at the bottom of the spreadsheet.

When completed and printed, the application must be put together in the following order:

- Applicant Information
- Application Checklist
- Executive Summary
- Budget Detail Worksheet
- Budget Form A
- Budget Form A-1
- Projected Output Measures
- Organizational Standards
- Applicant Questionnaire
- Assurances

## FUNDING INFORMATION AND PROCEDURES

**Note: The terms “Division” and “ADSD” will be used interchangeably in reference to the Aging and Disability Services Division throughout these instructions and the application.**

**Additional funding and eligibility information can be found in the Request for Proposals. Please read both documents.**

### **Funding Source**

The tobacco industry nationally agreed in 1998 to pay \$206 billion to the states over the next 25 years, as a settlement for health related costs incurred by the states. Nevada’s share was estimated at \$1.2 billion over 25 years. A portion of Nevada’s settlement was designated for grants to promote independent living for Nevada’s seniors.

The Nevada State Legislature in 1999 passed AB 474, which enacted the Governor’s plan for utilizing part of the proceeds of Nevada’s Tobacco Settlement monies to support “independent living” among senior citizens living in Nevada.

### **Funding Availability**

The Tobacco Settlement payout schedule is projected over a 25-year period, but the level of funding to all states, including Nevada, will be dependent upon the level of tobacco sales nationally each year. Up to \$200,000 is available for this project.

### **Eligibility**

Funding must be used in an assisted living facility, as defined by NRS. All non-profits, public agencies and for-profit businesses can apply if interested in providing services to Nevadans age 60 and older.

In keeping with the Older Americans Act Amendments of 2006 and Reauthorization of 2015, special consideration for funding will be given to applicants evidencing service priority with measurable outcomes developed for: low income seniors; low income older minority seniors and members of Native American tribes; seniors with limited English proficiency; individuals at risk for institutional placement, older individuals with the greatest economic or social need and/or seniors with disabilities.

### **Services That May Be Funded**

Assisted Living Supportive Services (provided in an assisted living facility) – including, without limitation: Personal Care Services, Homemaker Services, Chore Services, Attendant Care, Companion Services, Medication Oversight, and Therapeutic (social and recreational programming). There are three levels of augmented personal care covered. The service level provided is based on the recipient’s functional needs to ensure his or her health, safety and welfare in the community.

In order to assist with the start up of new facilities, funds may be requested to offset some of the cost of vacancies while the facility is building its waiver census to capacity. This is a

fixed fee cost allocation with the rate methodology of \$20.00 per day per vacant waiver unit. Documentation of census should be kept to reflect actual vacancy rate.

### **Funding Restrictions**

A match of 15% of the amount requested is required. The funding source for Independent Living grants is not federal money, and the only restrictions that apply are complying with AB 474, the Division's PINs, which are available at <http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/nvpins.pdf>, and conditions of the approved grant. For example, this money can be used to match federal funds and can fund services that charge participants using a Division-approved sliding fee scale. These funds are available to serve seniors sixty (60) years of age or older.

### **1. Application Format**

The application **MUST** conform to the following requirements in order to be reviewed for funding consideration:

- Applications must be computer-generated (no handwritten or typewriter-produced applications.) ADSD will be using e-mail as its primary means of communication with applicants and grantees.
- The application must be concise and no more than 22 pages if single-sided, or 11 pages if double-sided. Do not include cover sheets, cover letters, unsolicited attachments or application instruction pages, as they will be included in the page limit.
- This sentence is in Arial 12-point font. Do not use a font size smaller than this.
- The application must be on 8 ½ X 11 paper and unbound. Applications may be submitted single- or double-sided. Staple the application in top left corner. Do not use paper clips or binder clips.
- **The application must be submitted on Division forms.** The application must be the 'Independent Living Grant Application – Assisted Living (Facility) Supportive Services' version (as shown in the footer).

### **2. Submittal Information**

- **Deadline:** There is no deadline. This is an open and continuous application process until funds are awarded.
- **Number:** One signed original and three copies for each application being submitted.
- **Please mail or hand-deliver to:**  
Aging and Disability Services Division  
Attn: Kristi Martin  
1860 E. Sahara Avenue  
Las Vegas, NV 89104  
(702) 486-3545

### **3. Matching Funds**

A match of 15% of the amount requested is required. The match for Independent Living Grant funds is calculated by multiplying the requested amount by 15%. Match may be

any combination of cash or in-kind services. Client service donations cannot be used as match.

#### **4. Reporting Requirements**

- All Independent Living Grant funded programs are required to report program data in the Social Assistance Management System (SAMS). Financial reports are required on a quarterly basis.
- The reporting history of existing programs will be considered in funding recommendations and decisions.
- Failure to comply with reporting requirements can place program funding in jeopardy.
- If funded, your assigned program specialist will provide reporting instructions.
- The reporting schedule is posted at <http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/Reporting/ReportingSchedule.pdf>.

#### **5. Service Specifications**

- General Service Specifications provide program standards for all funded programs unless noted as exempt in the Notification of Grant Award.
- Program Service Specifications outline baseline standards for compliance in specific service categories. Where Service Specifications have not been developed, a program may be asked to assist in drafting service specifications.
- Service Specifications are available at <http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>. Service specifications for this service are currently in development.

#### **6. Projected Output Measures**

Applications are required to have projected output measures for the number of units of service and unduplicated clients to be served. Projected demographic information is also required, including: the age of clients, the number of clients who live below the federal poverty level, minority members, rural residents and those with limited English language skills.

#### **7. Performance Indicators**

Performance Indicators, developed for program assessment, are required. Performance Indicators measure tangible effects that a service has on the wellbeing of a client. Measurements may be both objective and subjective. Further information on Performance Indicators can be found at <http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/PerformanceIndicators1-03.pdf>.

#### **8. Program Instructions – Nevada (PINs)**

PINs are statements of ADSD policy that ensure fiscal compliance with statutes, regulations and/or rules. Funded programs must follow the PINs whenever the particular

regulation applies to their program. The ADSD PINs information is available at <http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/nvpins.pdf>.

## 9. Application Status Determination

- 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. Rejected applicants will receive written notification.
- Rejected applicants may appeal this decision in writing to the Program Deputy Administrator in Carson City. The request for review must be received within five working days from notification of non-acceptance.
- The Program Deputy Administrator will review the appeal and recommend appropriate action to the Administrator.
- The Administrator, or designee, will notify the applicant in writing of the Administrator's decision within ten working days of receiving the applicant's appeal.
- The Administrator's decision is final. There will be no additional appeal process.

## 10. Funding Decisions

- After application acceptance, Resource Development Specialists and independent reviewers will review all applications and make initial funding recommendations.
- ADSD Management and Senior Staff will review funding recommendations. The Administrator will consider all input prior to making final funding decisions.
- The Administrator's decision is final.

## In the event an application is funded, the following is required:

### 11. Notification of Grant Award (NGA)

An NGA will be sent by email to notify applicants of funding. ***It is very important to read the entire email message carefully, follow all instructions and comply with all special conditions (if applicable), including signing and returning the NGA to the assigned program specialist, as noted in the email.***

**A Confidentiality Addendum (CA) may be attached to the NGA. This CA must be signed by the same individual who signs the acceptance of the NGA. It is then returned with the NGA signature sheet. The CA is required for each grant that requires the program to use and enter data into the Division's statewide SAMS data system. This CA is a required HIPAA Compliance document, and funding will be held until the original signed CA is received by the Division.**

### 12. Request for Funds

A Request for Funds form must be completed in order for funds to be released. Funds are requested for a full quarter and distributed on a monthly basis, or requested quarterly as a reimbursement. Funds will not be released until all special conditions have been satisfied.

**13. Vendor Number**

All vendors doing business with the State of Nevada must have a vendor number assigned by the State Controller's office. Current grantees already have vendor numbers. New grantees are required to complete a Vendor Registration before any invoices or grant payments can be made. The Vendor Form must be completed by the vendor and submitted directly to Vendor Services, and a copy must be sent to the ADSD's Fiscal Unit in Carson City. New grantees will be provided with the Vendor Services address. Visit [http://controller.nv.gov/VendorServices/Vendor\\_Services.html](http://controller.nv.gov/VendorServices/Vendor_Services.html) for the form or more information.

**14. Change of Address**

To change the program's address, the grantee must submit a Vendor Change record to the State Controller's Office. This form is submitted directly to Vendor Services with a copy to ADSD's Fiscal Unit in Carson City. **The Division must be notified of address changes to avoid any delay in receiving funds.**

**15. Program Assessment**

Programs will be assessed on at least a biennial basis to evaluate fiscal accountability and progress towards achieving program goals, objectives and projected outcomes.

**16. Technical Assistance**

Each program is assigned a Resource Development Specialist, who is available to provide assistance with aspects of program development. Fiscal Specialists are available to address questions regarding fiscal matters.

**INSTRUCTIONS FOR THE EXECUTIVE SUMMARY**

Provide a brief history of your organization including any relevant information, such as a description of your target population and what needs your program would meet. Include the geographical region your program would cover. Identify staff positions required. Explain other funding sources and collaboration efforts your program has secured to support this service. Do not exceed three pages, double-spaced, for the Executive Summary.

**INSTRUCTIONS FOR BUDGET DETAIL WORKSHEET**

Briefly describe the expenses in each of the requested ADSD funded budget categories that are included on Budget Forms A and A-1, using the descriptions below as a guide to describe each category of expense. Be sure to explain how each expense is related to the proposed project and identify any one-time costs. If you choose to list other resources such as program match or in-kind, please distinguish this funding from the requested ADSD items.

**PERSONNEL:** List administrative staff that will provide direct service to the program and the associated costs to be charged to the grant (percentages will be calculated automatically). Do

not include costs of administrative staff providing indirect services.

List program staff (name and position) and total cost. Place an asterisk beside all new positions being requested. Calculate and document the total personnel cost. (Number of hours per week multiplied by the number of weeks worked multiplied by the hourly wage.)

**FRINGE BENEFITS:** List each position and the type of benefits provided to each (FICA, Medicare, etc.). List the ADSD Request and Grantee Share for each position's benefits (percentages will be calculated automatically.)

**CONTRACTUAL/CONSULTANT SERVICES:** Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs.

**STAFF TRAVEL/PER DIEM:** Identify staff that will travel and the purpose, mileage, cost per mile and frequency.

**SUPPLIES:** List tangible and expendable personal property, such as office supplies, program supplies, etc. List any computer equipment that cost less than \$1,000. Justify these expenditures.

**OCCUPANCY:** Identify and justify any facility costs associated with the project such as rent, maintenance expenses and insurance, as well as utilities such as power, water and telephone.

**PUBLIC INFORMATION:** Identify and justify any such costs (printing of brochure, etc). This category can also include costs for appropriate project promotion, such as media buys, etc.

**OTHER EXPENSES:** Identify and justify all other expenditures that cannot be identified with another category. These costs may include any relevant expenditure associated with the project such as training, audit costs, car insurance, volunteer mileage, etc. 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.

**ADMINISTRATIVE EXPENSES:** Administrative expenses cannot be claimed on fixed-fee grants.

**EQUIPMENT:** List equipment to purchase or lease, which cost \$1,000 or more, and justify these expenditures. Equipment costing less than \$1,000 should be listed under "Supplies."

## INSTRUCTIONS FOR BUDGET FORM A

Indicate the amount of funds being requested from the Division for the proposed project in the "Division Funding" column. If additional Cash and In-Kind equivalents are required to provide direct support for this project the amounts should be listed in the appropriate "Match" column. The Cash and In-Kind amounts listed in row #12, when added together, are to be exactly 15% of the ADSD requested amount. Do not include excess match in Budget Form A. Instead,



describe additional resources that will be used to support the project in space provided on Budget Form A-1, "Other Program Resources".

All direct project costs are to be listed and identified within the appropriate Expense Categories, numbers one (1) through eight (8).

Administrative expenses cannot be claimed on fixed-fee grants.

## INSTRUCTIONS FOR BUDGET FORM A-1

Identify sources of CASH and IN-KIND resources listed on Budget Form A. In the "Status of Match" column, indicate whether it is pending, funded or with special conditions.

### Matching Funds Requirements

A match is required for all ILG funding. Match is calculated by multiplying the total Division funding requested by 15%. All matching funds (both IN-KIND and CASH) must be used for approved project purposes. Additional support for the project should be described at the bottom of Budget Form A-1, under the section entitled, "Other Program Resources".

Definition of IN-KIND: Any property or services provided without charge by a third party to a second party are IN-KIND contributions. IN-KIND items must be non-depreciated or new assets with an established monetary value.

First Party:	The State of Nevada
Second Party:	The grantee (and sub-grantee of project supported by the grant)
Third Party:	Everyone else

If the grantee (second party) provides the property or services, then it is considered "cash" contributions, because only third parties can provide IN-KIND contributions.

When costing out volunteer time, remember to calculate the cost based on the duties performed, not the volunteer's qualifications. For example, an attorney may donate his or her time to drive clients a certain number of hours per month, but the donation is to be calculated based on the normal and expected pay received by drivers, not attorneys!

Cash donations (other than client service donations) to federally funded programs can also be used as match; however, program income cannot be used to match another program. Program income can only be used to enhance the program that generates the funds.

### **IMPORTANT !!!** Program Income:

- 1. Client service donations may not be considered as match, but can be solicited for all services.** Solicitation must be non-coercive.
2. Cost sharing is allowed except for the following services: nutrition (congregate and home delivered meals), information and assistance, outreach, benefits counseling, care

coordination, ombudsman, elder abuse prevention, legal assistance or other consumer protection services, and services delivered through tribal organizations. Cost sharing will not be permitted for individuals whose income is at 185% (or below) the federal poverty level. The Division's Cost Sharing Policy can be found in the PINs, as Appendix 3, at <http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/nvpins.pdf>.

## **INSTRUCTIONS FOR PROJECTED OUTPUT MEASURES**

Applicants are required to submit projected output measures for the proposed number of units of service and unduplicated clients they plan to serve. Demographic information is also required, including: the age of clients, the number of clients who live below the federal poverty level, the number of minority clients and the number of clients in rural areas.

**Unit of Service Definition:** \$20.00 per day per eligible senior