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

COMMUNICATION ACCESS SERVICE CENTERS APPLICATION INSTRUCTIONS

COMPETITIVE GRANT CYCLE
Fiscal Years 2019 and 2020, with Optional Fiscal Years 2021 and 2022

Reporting Cycle, Year One (Fiscal Year 2019): July 1, 2018 – June 30, 2019

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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. The term Communication Access Services "CAS" is used to describe the services required by the CAS program.

*****A Mandatory Grantee Orientation will be held Wednesday, March 21. All interested applicants must attend this session.*****

DATE	TIME	LOCATIONS
MARCH 21, 2018	10:00 AM	3427 Goni Rd., Ste. #102 Carson City, NV 89506 (775) 687-0586
MARCH 21, 2018	10:00 AM	6171 W. Charleston Blvd., Bldg. 8, Room A Las Vegas, NV 89146 (702) 257-8150

Before completing the application, **thoroughly read this instruction packet**, the grant assurances (located in the Word portion of the application), General and Communication Access Services Service Specifications, and ADSD's Requirements and Procedures for Grant Programs (RPGPs, formerly PINs). These documents outline grantee compliance requirements. Funded agencies must also adhere to regulations listed in the Notification of Grant Award and Confidentiality Addendum.

- **General Service Specifications- Disability Services** provide program standards for all funded programs, unless noted as exempt in the Notification of Grant Award (NGA). The **Communication Access Service Center Service Specifications** outline baseline standards for compliance for the specified service. The Division has final authority over content. Service Specifications are evolving documents and are available at http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/.

- **Requirements and Procedures for Grant Programs (formerly PINs)** are statements of ADSD policy that ensure fiscal compliance with statutes, regulations and/or rules. Funded programs must follow the PINs, and pending subsequent regulations, whenever the particular regulation applies to their program. The ADSD Requirements and Procedures for Grant Programs are available at http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf.

1.   **Funding Source**

Funding for this service is generated by a surcharge on all telephone lines in Nevada which go into a fund to run all CAS programs, including the Communication Access Service Centers for the Deaf.

Background

Nevada's Communication Access Programs are funded by telephone users through a small monthly surcharge on telephone lines in the state per NRS 427A.797. Funds are collected by the Public Utilities Commission and administered through ADSD. Communication Access Programs administered by ADSD include:

- Relay Nevada – enables people with speech and hearing disabilities to use specialized telecommunications equipment to access the phone system.
- Interpreter/CART Registry – a registry for individuals engaged in the practice of interpreting and captioning.
- Telecommunications Equipment Distribution – free equipment to qualifying Nevadans with hearing and speech disabilities to access the phone system through Relay Nevada
- Access to Services (Advocacy) – Advocacy services to support deaf, hard of hearing, and speech-impaired individuals in accessing community services including language acquisition and training.

This RFA is being to solicit applications for Telecommunications Equipment Distribution and Access to Services (Advocacy).

Services

Under this RFA, the selected entity must provide the following services:

- Device Distribution, Repair and Training – distribution of assistive technology, including repair and replacement of devices when appropriate, training on the use of telecommunications equipment, and community outreach to raise awareness regarding telecommunications equipment and devices.

- Language Acquisition and Deaf Mentoring – includes assessment, mentoring, and training to families to encourage language competencies in children who are deaf or hard of hearing.

- Information and Referral – providing information about services to an individual and/or making referrals based on requests for information.

- Access to Services – assist individuals in exploring options for services to meet their goals and needs; includes a personal interview, weighing pros and cons, developing a person-centered plan, and assisting with applications for public programs as requested by the individual.

Successful applicants should describe their plans to train people to use devices, conduct outreach, including developing informational pieces, and describe training efforts with community partners including hospitals or other medical providers. At a minimum, training should include the rights of person requiring the use of sign language interpreters and CART providers and the use of communication devices. Training efforts should also focus on educational entities to improve their understanding of the needs of students with communication disabilities.

2.   Grant Period and Reporting Cycle

This application is for a two-year grant cycle, beginning July 1, 2018, through June 30, 2020. The first year grant period and reporting cycle will be for Fiscal Year 2019 (FY19), which is from July 1, 2018, through June 30, 2019.

Budgetary support for successful applicants beyond the first year will depend upon the overall availability of funds, program performance, program reporting, and service priorities established by the Division. The completion of a second-year application is required to be considered for continued funding in FY20.

Option Years: ADSD may exercise additional funding periods, up to 2 additional years with the selected grantees. Option years 1 and 2 will be determined based on availability of funds, program performance, and program reporting.

3. **Eligibility and Funding Availability**

   Only 501 (c) 3 non-profit organizations are eligible to apply for this funding. Eligible organizations must provide statewide services. All grant awards depend on the availability of funding through the telephone surcharge.

4. **Application Notification and Distribution**
   Request for Application (RFA) notice was posted on the Division's website and emailed to current grantees and other interested parties. The RFA and application materials are posted on the Division's website at http://adsd.nv.gov/programs/grant/opportunities.

5. **Grant Types**
   There are two types of grants: categorical and fixed-fee. This RFA is for categorical grants. Applicants must complete and submit all budget pages (Budget Detail Worksheet and Budget Forms A and A-1).

   - **Categorical Grants**
     All applications request line item costs, such as personnel and fringe benefits, travel, equipment, supplies, occupancy, public information and other expenses.

6. **Matching Funds**
   Matching funds are not required for Communication Access Service Centers.

7. **Reporting Requirements**
   - All programs are required to report client demographic and monthly program service data using the ADSD provided template.
   - Financial reports are required on a quarterly basis or as otherwise directed by ADSD. All funded programs must have the equipment and software required to scan and email reports.
   - Additional reporting may be required.
   - If funded, your assigned Resource Development (RD) and Fiscal Specialists will provide reporting instructions.
   - The reporting schedule is posted at http://adsd.nv.gov/Programs/Grant/Resources.
   - Failure to comply with reporting requirements can place a grantee's funding in jeopardy.
   - **The reporting history of existing programs will be considered in funding recommendations and decisions.**

8. **Division Contacts**
   Program Specific questions should be addressed to the Communication Access Services Manager:

   Betty Hammond
   Social Services Specialist III
   bhammond@adsd.nv.gov

Technical assistance on the required forms can be directed to the Grant Manager:

Kristi Martin
Social Services Manager I
kmartin@adsd.nv.gov

9. **Application Format**
    The application MUST conform to the following requirements in order to be considered for funding:

    - Applications must be computer-generated (no handwritten or typewriter-produced applications). ADSD uses e-mail as its primary means of communication with applicants and grantees.

    - The application must be concise and no more than 36 pages if single-sided or 18 pages if double-sided (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 as follows:
      - Excel File:
        - Other Funding – 3 pages
      - Word File:
        - Executive Summary – 1 page
        - Project Narrative – 15 pages
        - Goals and Objectives – 2 pages
        - Organizational Standards – 2 pages
      - All other pages are limited to 1 page only, with the exception of the Budget Detail Worksheet, which is pre-set at 6 pages. If this section does not print on 6 pages, fix the borders in the page break preview in Excel. Some printers will not be able to print with the pre-set borders. Contact Kristi Martin at kmartin@adsd.nv.gov for assistance, if needed.

    - 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 on white, 8 ½ x 11 size paper. **NEW:** Double-sided applications are encouraged. **Staple** the application in the top left corner. Do not use binder or paper clips. Do not place the application into a folder or portfolio.

    - **The application must be submitted on Division forms.** The application must be the ADSD Competitive Grant Application – Social Services, Fiscal Year 2018 version (as shown in the application's footer).

10. **Submittal Information**
    - **Deadline: Wednesday, April 20, 2018.**
      - Applications must be hand-delivered by 4:00 p.m. or postmarked by the due date.
      - **Faxed or emailed applications will not be accepted.**

- Number: One signed original and three copies. Please have the authorized representative sign the original application **in blue or red ink** to distinguish the original application package from the copies.

- **Failure to meet the application submission deadline, either by postmark or hand-delivery (by 4 p.m.), will eliminate the application from consideration in this two-year funding period.**

- Locations: **Mail** to the Carson ADSD office **only** or hand-deliver by 4:00 p.m. to any of the following ADSD offices:

Carson City	Elko	Las Vegas	Reno
3416 Goni Road Bldg. D, Suite 132 Carson City, NV 89706	1010 Ruby Vista Dr. Suite 104 Elko, NV 89801	1860 E. Sahara Ave. Las Vegas, NV 89104	9670 Gateway Dr. Suite 200 Reno, NV 89521

All applications should be addressed to Betty Hammond, Communication Access Services*

- **Award Timeline:** Grant announcements will be made by Thursday, May 17, 2018. Notice of Grant Awards (NGAs) will be distributed in June**.**

11. Application Status Determination for On-Time Applications
- 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 May 2018.
- Rejected applicants may appeal this decision, in writing, to the ADSD Deputy Administrator (Programs) in Carson City who is over Programs. The request for review must be received within five working days from the notification of non-acceptance.
- The Deputy Administrator will review the appeal and recommend appropriate action to the Administrator.
- 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.

12. Funding Decisions
- After application acceptance, Resource Development Specialists and independent reviewers will review all applications and make initial funding recommendations.
- ADSD and Resource Development Management 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 will apply, in addition to the documents listed on page 3:

13. **Notification of Grant Award (NGA)**
An NGA with a detailed cover letter will be sent by e-mail to notify applicants of funding. *It is very important to read all documents carefully, follow all instructions and comply with all special conditions (if applicable), including signing and returning the NGA <u>to your assigned Resource Development (RD) Specialist</u>, as listed in the e-mail. Please sign the NGA in red or blue ink.*

    Funds will not be released until all special conditions have been satisfied and all required, signed documents have been returned to, and approved by, your ADSD RD Specialist.

14. **Request for Funds**
A Request for Funds (RFF) form must be completed, submitted and approved in order to draw down funds. Funds are requested for a full quarter and distributed on a monthly basis, unless otherwise directed by ADSD. The Request for Funds form will be e-mailed to funded programs with the NGA and Confidentiality Addendum, as well as a Quarterly Financial Report (QFR). Programs must use the forms that are e-mailed and follow ADSD's policy on submittal, which is available at http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/Reporting/ADSDGranteePolicyRFFandQFR.pdf.

15. **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 do not have to complete this form, but new grantees are required to complete a Vendor Registration Form before any invoices or grant payments can be made. The Vendor Form must be completed by the grantee and submitted directly to Vendor Services, and a copy must be sent to ADSD's Fiscal Unit in Carson City. Vendor Forms are available at http://controller.nv.gov/VendorServices/Vendor_Services.html.

16. **Change of Address**
To change the program's address, the grantee must submit a Vendor Information Update and/or Additional Remittance Form 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.** Vendor Forms are available at http://controller.nv.gov/VendorServices/Vendor_Services.html.

17. **Performance Indicators**
Performance Indicators 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/Programs/Grant/Resources.

18. **Program Assessment**

Programs will be assessed on, at least, a biennial basis, in order to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, client satisfaction and adherence to the Division's NGA, Confidentiality Addendum, Assurances, Service Specifications and PINs. Program assessment visits occur at the location of service delivery and/or the grantee's office and may include visits to clients' homes to discuss their satisfaction with the services and view services. Fiscal monitoring may occur at the grantee's office, or as a desk audit, depending on the type and size of the grant.

19.   Technical Assistance
Each program is assigned a Resource Development (RD) Specialist, who is available to provide assistance with aspects of grant management. Fiscal Specialists are available to address questions regarding fiscal matters. The CAS Program Manager will provide service specific technical assistance and program development.

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ELECTRONIC FILE INSTRUCTIONS

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

1. Microsoft Excel **File: ADSD -CAS Grant Application FY 2018 - Part 1**
2. **Microsoft Word File: ADSD - CAS Grant Application FY 2018 - Part 2**

The **Excel** file contains the following forms, in order:
- Applicant Information Page
- Application Checklist
- Budget Detail Worksheet
- Budget Form A
- Budget Form A-1
- Other Funding
- Projected Output Measures

The application must have <u>all</u> of the above-listed Excel forms completed and submitted.
- Even if there is no match requirement, you must submit Budget Form A-1. Fill in boxes 9 - 11 on the form.

To access each form in Excel, click on the corresponding tab at the bottom of the page as shown here:
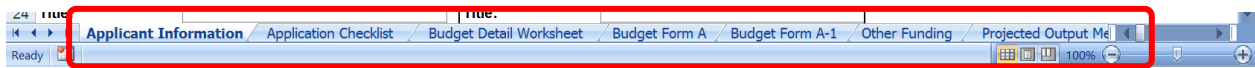
If you do not see tabs at the bottom of the spreadsheet, maximize the screen by clicking the button on the right side of the screen, as shown here:
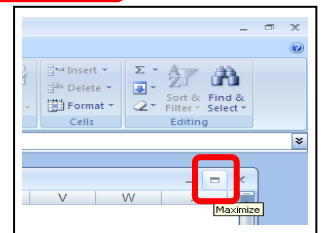
PLEASE NOTE: Do not utilize multiple copies of the Excel file to create your application; there are formulas that carry over from page-to-page. For best results, complete each tab of the workbook in order. Additionally, do

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 after printing and linked boxes will have a value.

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

- Executive Summary
- Project Narrative
- Goals and Objectives
- Organizational Standards
- Assurances

Applications must be assembled according to the instructions on the Application Checklist and be in the exact format noted on Pages 6 and 7.

Both files contain internal spell check buttons, which permit you to check the protected documents for spelling and grammatical errors. Use this feature by enabling your macros when you open the document or after the document is saved. **Applications are expected to be free of spelling and grammatical errors.** For technical assistance with this or other application functions, contact Kristi Martin at kmartin@adsd.nv.gov.

FORM INSTRUCTIONS – Excel File

Please contact ADSD if you have questions regarding a form not listed here, or if the information below does not answer your question. A sample file is located online at http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/Applications/SAMPLE-ADSDCompetitiveSocialServicesGrantApplicationFY2018-Part1.xls. **Please use it as a guide.**

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APPLICANT INFORMATION

Box #	Instructions
1	If the agency is not currently funded by ADSD for the proposed service, choose "New Applicant or Type of Service." If ADSD is currently funding the service, choose "Currently Funded ADSD Grant" and enter the agency's FY18 grant number for that service, which can be located on the FY18 NGA.
2	No action required. The amount requested will auto-fill once the Budget Detail Worksheet is complete.
3	Select the agency's organization type.
4	Enter Sponsor and Program information, as requested on the form. Complete both sections. Sponsors are entities that are responsible for the funds awarded. Additional information on Sponsors is in PIN #3. Programs are entities that provide service delivery under the grant. The sponsor and program director should not be the same person for accountability purposes.
5	Enter the agency's Employer Identification Number (EIN) or Federal Tax Identification Number.
6	Enter the agency's Data Universal Numbering System (DUNS) Number. Per PIN #3, it is

	ADSD's policy that all grantees must have a DUNS number in order to receive funding. To request, look-up or make changes to a DUNS number, go to http://fedgov.dnb.com/webform. All DUNS numbers are 9 digits.
7	Choose the source of funding for which you are applying. If funded, ADSD may change the funding source if another is more appropriate, or according to funding allocations received.
8	Choose a type of service from the drop down menu. Service definitions and regulations are available at http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents.
9	List the specific service components that will be provided to clients under the proposed service, should funds be awarded. Include only activities that would be funded by the grant.
10	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 with the exception of 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 grants that enter "statewide" in this section without exclusions listed.
11	List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.
12	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 original Applicant Information form and Assurances, which are in the Word portion of the application in blue or red ink. By signing the forms, the representative is stating that he/she has approval from the Sponsor to sign the forms and verified accuracy of the information in the application.

APPLICATION CHECKLIST

Assemble the application package according to the instructions on the Checklist. Check off each item to verify that it is included. If required items are missing, the application will be rejected.

Attachments are marked "if applicable" or "optional." If an "if applicable" attachment item is **used by the applying agency, the attachment is mandatory. These items are to be attached to the end of the application package.**

Properly staple the application. Ensure that the staple went through, and secured, all pages.

BUDGET DETAIL WORKSHEET

The agency name and type of service will auto-fill from information entered on the Applicant Information page. Choose the type of grant (categorical or fixed-fee) from the drop down menu.

Describe program expenses requested from ADSD in the budget categories included in the Budget Detail Worksheet (BDW), using the descriptions below as a guide to describe each category of expense. Be sure to provide a underline 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.

Information entered on this form will auto-populate Budget Form A. Therefore, do not include excess match on the BDW. Instead, describe additional resources, other than match, in box 9 on Budget Form A-1.

PERSONNEL: List *administrative* staff that will provide direct service under the proposed program and the associated costs to be charged to the grant (percentages will be calculated automatically). Costs associated with administrative staff providing indirect services may only be included in this section in fixed-fee proposals. Also list *program* staff (name and position) and total cost to be charged to the grant. Place an asterisk (*) beside all new positions. Include salary calculations for each administrative and program staff person. A Program Salary will be generated in the far right column. Follow the example on the form.

FRINGE BENEFITS: Fringe benefits will be based on the employee's Program Salary, not his/her Annual Salary. List each position and the type of benefits provided to each (FICA, Medicare, vacation, state industrial insurance, unemployment insurance, etc.). List the ADSD Request and Grantee Match for each position's benefits, as applicable (percentages will be calculated automatically). Follow the example on the form.

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 auditors and RD Specialists, if requested. Follow the example on the form.

STAFF TRAVEL/PER DIEM: Identify staff that will travel and the purpose/justification, mileage, cost per mile and frequency. Follow the example on the form.

SUPPLIES: List tangible and expendable personal property, such as office supplies, program supplies, etc. List any computer equipment, which cost less than $1,000. Justify these expenditures. Follow the example on the form.

OCCUPANCY: Identify and justify any facility costs associated with the proposed program (not the entire agency), such as rent, maintenance expenses and insurance, as well as utilities such as power, water and telephone. Follow the example on the form.

PUBLIC INFORMATION: Identify and justify any such costs (e.g., printing of brochure). This category can also include costs for appropriate project promotion, such as media buys, etc. Follow the example on the form.

OTHER EXPENSES: Identify and justify all other expenditures that cannot be identified in another category. These costs may include any relevant expenditure associated with the project, such as training, 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. Follow the example on the form.

ADMINISTRATIVE EXPENSES: Administrative expenses for **categorical** grants must be adequately described and are **limited to no more than 8%** of the direct project costs requested from ADSD. These expenses are used to help cover costs associated with depreciation and use allowances, facility operation and maintenance, general expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. Administrative expenses do not apply to equipment purchases. **Fixed-fee** grants may incorporate administrative expenses in the regular line item categories and will not use this specific section of the BDW.

EQUIPMENT: List equipment to purchase, which cost $1,000 or more, and justify these expenditures. List equipment that costs less than $1,000 under Supplies. Follow the example on the form. There is no guarantee that ADSD will have funds available for equipment.

BUDGET FORM A

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages.

The amounts on this form self-populate from the amounts entered on the Budget Detail Worksheet. This page offers a summary of the grant budget.

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BUDGET FORM A-1

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages.

Identify sources of match listed on the Budget Detail Worksheet and Budget Form A. Give a specific description. Entities should be listed by name, not a generalization (e.g., "county funds" would be an unacceptable description). If donations will be used, specify the source, as client donations are not an eligible source of match. If volunteers will be used, list a sampling of their duties and your method for calculating the value of service, as related to the proposed program. In the "Status of Match" column, use the drop down menus to indicate whether the match is Pending, Funded or With Special Conditions.

For Program Income (#10 and 11), list potential amounts and source (#10); and describe if the project plans to have a sliding fee scale or voluntary contributions (#11). Although any cash income generated by the program is not to be included in the budget detail worksheet, the funded agency needs to document its use since it is to be used only to expand or enhance project services.

Matching Funds Requirements: Match is not required for this funding source. Do not enter match on this form.

IMPORTANT: Program Income

1.   Client service donations may not be used as match, but can be solicited for all services. **Solicitation must be non-coercive. The donation process must be confidential.**

2.   Cost sharing (contributions made to a program based on a sliding-fee scale) is prohibited in certain programs. The Division's Cost Sharing Policy, and a list of the excluded programs, can be found in the PINs, as Appendix 3, at http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/nvpins.pdf.

OTHER FUNDING

The agency name and type of service will auto-fill from information entered on the Applicant Information page. List other sources of funding that will be used to provide this service. If the funding is not specific to the service, please indicate that in the Funding Source section. Utilize additional pages, if necessary.

Examples:

PERSONNEL AND FRINGE			
Funding Source	**Pending or Funded?**	**Position Title and Employee Name**	**Amount**
(e.g. RTC)	Funded	Driver; Liz Lemon	$ 12,000

OTHER EXPENSES (e.g., supplies, rent, maintenance, etc.)			
Funding Source	**Pending or Funded?**	**Expense Description**	**Amount**
(e.g. DHHS)	Pending	Rent	$ 10,000
(e.g. NDOT)	Funded	Fuel	$ 6,000

PROJECTED OUTPUT MEASURES

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages.

Applicants are required to submit projected output measures to illustrate the proposed number of unduplicated clients and units of service they plan to serve. Specific activities including

Outreach events, trainings or workshops, and the number of pieces of equipment to be distributed are also required.

Explanations:

2.	Enter the estimated number of unduplicated clients to receive training, equipment distribution, and/or assistance & advocacy. This is a total of individuals to be served, regardless of the specific type of service received.
4.	Enter the total number of outreach events projected for FY 2019.
5.	Enter the total number of training events or workshops for community partners and stakeholders to be held in FY 2019.
6.	Enter the projected number of individuals to receive assistance and advocacy services.
7.	Enter the projected number of individuals to receive equipment.

To avoid unnecessary confusion, complete the Projected Output Measures page after all other Excel documents have been completed. Cells that are shaded in blue will fill in automatically from data entered in other parts of the file.

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FORM INSTRUCTIONS – Word File

Please contact ADSD if you have questions regarding a form not listed here, or if the information below doesn't answer your question.

EXECUTIVE SUMMARY

Provide a one page summary of the proposed project including the goals and major objectives.

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PROJECT NARRATIVE

Provide detailed, but concise responses to each section of the project narrative using guidance below and throughout this document. Page Limit: 15 pages

A. Proposed Intervention
Describe in clearly and concisely, how your organization plans to carry out the requirements of this program. Include a description of specific activities planned, and any anticipated challenges or technical assistance needs.

B. Target Population and Service Area
Describe the population(s) to be served, specifically any underserved populations. Identify methods to reach the population(s) to be served.

Applications will be funded for statewide projects; however, responses should detail specific considerations for counties throughout Nevada. Describe in detail how services will be brought to rural Nevada.

C. Organizational Capacity and Partnerships
Describe the organization's capa**bility to perform the proposed services. Include past experiences or anticipated increased capacity as a result of this funding. Describe the professional staff and specific responsibilities under this service and the facilities and other resources in place to support this service.**

Identify key partnerships and describe in detail how they will enhance services under this program.

D. Cost-Effectiveness and Sustainability
Describe resources outside ADSD funding to be used to support this service. How will these resources be used to enhance services?

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

GOALS AND OBJECTIVES

Describe the goals and objectives for this project, including major activities and outcomes.
Page Limit: 2 pages

Example entry:

Objective	Activities	Outcomes
1. Deaf people and those who are hard of hearing receive training on equipment and relay services.	A. Identify hospital partners to host trainings. B. Conduct training 4 x per year at selected partner hospitals.	• 90% of individuals trained will report increased usage of Relay Services.

ORGANIZATIONAL STANDARDS

Enter the name of the organization/agency. Read the form and respond accordingly. Choose the organizational structure of the agency and indentify the governing body or ownership as applicable to the selection. Non-profit agencies must verify information for their board of directors. Applicants must also verify financial accountability.

ASSURANCES

At the bottom of the form, enter the agency's **name, and name and title of the authorized representative. The authorized representative reads, signs and dates each form of the original application in red or blue ink, signifying that: (1) He/she has the authority to sign; and (2) the applying agency is capable of and will comply with the assurances if funds are awarded.**