

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

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**NUTRITION SERVICES  
APPLICATION INSTRUCTIONS**

**Year One of a Two-Year, Competitive Grant Cycle  
Fiscal Years 2018 and 2019**

Reporting Cycle, Year One (Fiscal Year 2018): October 1, 2017 – September 30, 2018

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## ELECTRONIC FILE INSTRUCTIONS

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

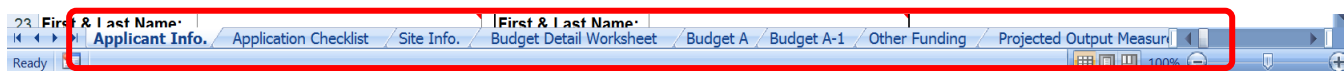
1. Microsoft Excel File: ADSD Competitive Nutrition Grant Application FY 2018 - Part 1
2. Microsoft Word File: ADSD Competitive Nutrition Grant Application FY 2018 - Part 2

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

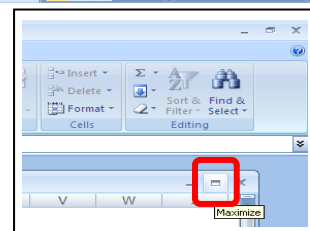
- Applicant Information
- Application Checklist
- Site Information
- Budget Detail Worksheet
- Budget Form A
- Budget Form A-1
- Other Funding
- Projected Output Measures

The application must have all of the above-listed Excel forms completed and submitted.

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:

- Applicant Questionnaire and Narrative
- Targeting Plan
- Grant Activities and Strategic Planning Timeline
- Organizational Standards
- Assurances

**Applications must be assembled according to the instructions on the Application Checklist and be in the exact format noted on [Page 6](#).**

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](mailto:kmartin@adsd.nv.gov).

## 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 terms “seniors” and “older persons/individuals” refer to individuals age 60 or older, unless otherwise specified.**

Before completing the application, **thoroughly read this instruction packet**, the grant assurances (located in the Word portion of the application), General and Nutrition Service Specifications, Title III-C Nutrition Standards and Program Instructions – Nevada (PINs). These documents outline grantee compliance requirements. Funded agencies must also adhere to regulations listed in the Notification of Grant Award and Confidentiality Addendum (see [page 7](#) for more information).

- **General Service Specifications** provide program standards for all funded programs, unless noted as exempt in the Notification of Grant Award (NGA). The **Nutrition Service Specifications** outline baseline standards for compliance for the specified service. Service Specifications are evolving documents and are available at <http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>. Although grantees may be consulted regarding revisions to the Service Specifications, the Division has final authority over content.
- Programs must adhere to ADSD’s **Title III-C Nutrition Standards**, available online at <http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/Nutrition/RevisedIIICMenuStandards1-2012.pdf>.
- **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 PINs are available at <http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/nvpins.pdf>.
- The **unit of service** for congregate and home-delivered meal services is one complete meal provided to one eligible participant. A complete meal is one that meets or exceeds 33 1/3 percent of the dietary reference intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

### 1. Funding Sources

Federal Older Americans Act, Title III-C funds will be granted, along with State funds, to support congregate and home-delivered meal programs in Nevada. These programs provide meals and related nutrition services to older individuals in a variety of settings including congregate facilities, such as senior centers, or by home-delivery to older individuals who are homebound due to illness, disability, or geographic isolation.

### 2. Grant Period and Reporting Cycle

This application is for the first year of a two-year grant cycle, beginning October 1, 2017, through September 30, 2019. The first year grant period and reporting cycle will be for

Fiscal Year 2018 (FY18), which is from October 1, 2017, through September 30, 2018.

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 FY19.

### 3. Eligibility and Funding Availability

Nonprofits, public agencies and for-profit businesses can apply if interested in providing services. **Meals must be prepared in a commercial kitchen, which has a current food establishment permit. Kitchens must be inspected by the local health authority on a regular basis, receive an acceptable grade and remedy demerits immediately, as applicable.**

In keeping with the Older Americans Act, Reauthorization Act of 2016, special consideration for funding will be given to applicants evidencing service priority to low-income, frail individuals, age 60 or older, in the following categories:

- Individuals in a minority group;
- Individuals with limited English proficiency;
- Individuals at risk for institutional placement;
- Individuals with the greatest economic or social need; and
- Individuals residing in rural areas.

**Additional consideration will be given to programs that agree to prioritize services to clients referred by ADSD who are at risk of institutional placement or have been a victim of elder abuse.**

### 4. Application Notification and Distribution

Request for Proposal (RFP) notices were placed in local newspapers, posted on the Division's website, and emailed to current grantees and other interested parties. The RFP 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. Regardless of the grant type, applicants must complete and submit all budget pages (Budget Detail Worksheet and Budget Forms A and A-1). All applications request line item costs, such as personnel and fringe benefits, travel, equipment, supplies, occupancy, public information and other expenses.

- **Categorical Grants** are typically for programs that are too small to function on the fixed-fee rate for meals. These programs submit the line item budget without being tied to the fixed rate; however, each line item/expense is heavily inspected to ensure expenses are reasonable and necessary for the service provided. The cost per meal

is compared to similar programs across the state for fair and equitable distribution of funds.

- **Fixed-Fee Grants** have a reimbursement rate established for a specific service. These grants still require submittal of a line item budget for approval to ensure expenses are allocable to the funding and to show match, other funding, and proper sustainability plans for the grant year. The rates are available at <http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/Fixed-FeeRates.pdf>.

## 6. Matching Funds

Match for Title III-C may be any combination of non-federal cash or in-kind services. Client service donations (program income) cannot be used as match. To calculate the match, divide the amount requested from ADSD by 5.666.

Funded programs in rural areas may have a reduced match requirement if state funds are also awarded. The Notification of Grant Award will indicate the match amount required for the funding received.

## 7. Reporting Requirements

- All programs are required to report client demographic and monthly program service data in the Social Assistance Management System (SAMS) unless otherwise directed by ADSD.
- 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

Questions regarding the application process may be submitted on the ADSD website at <http://adsd.nv.gov/programs/grant/applications/fy18questions> by 5:00 p.m. on June 1, 2017. Each question will be answered within two business days if a valid email address is provided and the question and answer will be posted on the website through the end of the application period.

Additionally, the following ADSD Resource Development Specialists are available to answer questions:

| <b>Carson City</b>  | <b>Elko</b>   | <b>Las Vegas</b>  | <b>Reno</b>   |
|---|---|---|---|
| Ruth Clark<br>(775) 687-0969<br><a href="mailto:rclark@adsd.nv.gov">rclark@adsd.nv.gov</a>                          | Shirley Chantrill<br>(775) 753-1315<br><a href="mailto:schantrill@adsd.nv.gov">schantrill@adsd.nv.gov</a> | Danielle Cooper<br>(702) 486-0852<br><a href="mailto:dcooper@adsd.nv.gov">dcooper@adsd.nv.gov</a><br><br>Katrina Fowler<br>(702) 486-3518<br><a href="mailto:klfowler@adsd.nv.gov">klfowler@adsd.nv.gov</a> | Judy Ferrer<br>(775) 687-0825<br><a href="mailto:jferrer@adsd.nv.gov">jferrer@adsd.nv.gov</a> |
| <b>State Operator</b> - for toll-free, long-distance connection to state offices:<br>1-800-992-0900 (in-state only) |   |   |   |

## 9. Application Format

A separate application is required for **each proposed** service (i.e., an agency that is applying for both congregate and home-delivered meals will submit two applications - one for each proposed service). Do not combine services from other Service Specifications into a nutrition application.

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 32 pages if single-sided or 16 pages if double-sided (excluding attachments). **Double-sided applications are encouraged.** 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:
    - Applicant Questionnaire – 6 pages
    - Targeting Plan – 3 pages
    - Grant Activities and Strategic Planning Timeline – 3 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](mailto: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. **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 – Nutrition, Fiscal Year 2018 version (as shown in the application’s footer).

**10. Submittal Information**

- **Deadline: Wednesday, June 7, 2017**
  - 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 Las Vegas ADSD office **only** or hand-deliver by 4:00 p.m. to any of the following ADSD offices:

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

**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 June 2017.
- Rejected applicants may appeal this decision, in writing, to the ADSD Deputy Administrator in Carson City who is over RD 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 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) and Confidentiality Addendum

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 to your assigned Resource Development (RD) Specialist, as listed in the e-mail. Please sign the NGA in red or blue ink.***

A Confidentiality Addendum will be included with the NGA. This document is required for *each* grant that calls for a program to use and enter data into the Division's statewide SAMS data system. The Addendum must be signed by the same individual who signs the acceptance of the NGA. The original, signed Confidentiality Addendum is then returned with the original, signed NGA to your RD Specialist.

**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](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](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, Nutrition Standards 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.

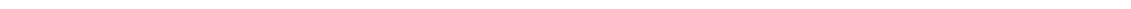
**19. Technical Assistance**

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



**FORM INSTRUCTIONS – Excel File**

Please [contact ADSD](#) if you have questions regarding a form not listed here, or if the following information does not answer your question.



## 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 FY17 grant number for that service, which can be located on the FY17 NGA.   |
| 2     | No action required. The amount requested will auto-fill once the Budget Detail Worksheet is complete.  |
| 3     | If currently funded for this service, enter the grant amount received in FY17. If not currently funded, check N/A.   |
| 4     | Select the agency’s organization type.   |
| 5     | 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 <u>PIN #3</u> . Programs are entities that provide service delivery under the grant. The sponsor and program director should not be the same person for accountability purposes.   |
| 6     | Enter the agency’s Employer Identification Number (EIN) or Federal Tax Identification Number.  |
| 7     | 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 <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> . All DUNS numbers are 9 digits.  |
| 8     | No action needed; the funding source has been pre-set to Title III-C.  |
| 9     | Choose a type of service from the drop down menu. Service definitions and regulations are available at <a href="http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents">http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents</a> .   |
| 10    | 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.  |
| 11    | 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.   |
| 12    | List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.   |
| 13    | 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 as “mandatory,” “optional,” or “if applicable.” 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.

## SITE INFORMATION

The agency name and type of service will auto-fill from information entered on the Applicant Information page.

Enter site name(s) - one per box, unless the agency has more than eight sites. For each site, complete the congregate section or the home-delivered section, as applicable to the type of service chosen in the grant application. Comprehensible abbreviations are acceptable if full words will not fit into a particular field.

| <b>Congregate #</b>     | <b>Instructions</b>  |
|-------------------------|--|
| 1                       | Enter the days of the week that a meal is served (e.g., Monday-Friday, Weds. only, etc.)               |
| 2                       | Enter the time frame meals are served on the days specified in #1 (e.g., 11:30-12:30, 12-1 p.m., etc.) |
| 3                       | Indicate the total number of meals the site plans to serve during the fiscal year.                     |
| <b>Home-Delivered #</b> | <b>Instructions</b>  |
| 1                       | Enter the days of the week that meals will be delivered to clients.                                    |
| 2                       | Enter the total number of delivery routes.   |
| 3                       | Indicate the delivery/service area of the site for delivering meals.                                   |
| 4                       | Indicate the number of meals each client will receive each week.                                       |
| 5                       | Indicate how many total meals are anticipated to be a hot, fresh meal in the fiscal year.              |
| 6                       | Indicate how many total meals are anticipated to be a cold, fresh meal in the fiscal year.             |
| 7                       | Indicate how many total meals are anticipated to be a frozen meal in the fiscal year.                  |
| 8                       | Indicate how many total shelf stable meals are anticipated to be delivered in the fiscal year.         |
| 9                       | Indicate the month(s) that the site will deliver shelf stable meals to clients.                        |

## 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 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.

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:** Do not include equipment requests exceeding \$1,000 in this grant application. If funding is available, requests will be solicited and funded separately. List equipment that cost less than \$1,000 under Supplies.

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## 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 (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 (#9 and 10), list anticipated amounts and source (#9); and describe how the program income will be used (#10). 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 for Title III-C may be any combination of **non-federal** CASH or IN-KIND services.

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 provide transportation to 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.

Definition of CASH: Property or services provided by the grantee are considered “cash” contributions.

Cash donations (other than client service donations) 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 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/agingnv.gov/content/Programs/Grant/nvpins.pdf>.

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**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 the proposed service. If the funding is not specific to the service, please indicate that in the Funding Source section. Only list funds that were not already documented on Budget Form A-1. Do not include other ADSD Aging Services funds. Do not leave the form blank; if there is no other funding, write “None” or N/A” so the grant reviewers are aware that there is no information missing. 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  |

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## 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. 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, the number of clients with limited English proficiency and the number of clients in rural areas.

**To avoid unnecessary confusion, complete the Projected Output Measures page after all other Excel documents have been completed.** Shaded cells will calculate automatically from data entered in other parts of the file.

In fixed-fee proposals, the number of units of service will pre-populate in #10. When units are multiplied by the fixed-fee rate, the result is the ADSD requested amount. Fixed-fee rates are posted on the Division’s website at <http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/Fixed-FeeRates.pdf>.

The unit of service is pre-populated (one meal). Additional information on the service is in the Nutrition Service Specification at <http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>.



## FORM INSTRUCTIONS – Word File

Please [contact ADSD](#) if you have questions regarding a form not listed here, or if the following information does not answer your question.

## APPLICANT QUESTIONNAIRE AND NARRATIVE

Provide a detailed answer to each question, or check N/A, as applicable. Do not combine answers. Please read each question carefully. Additional guidance:

| Question # | Guidance   |
|------------|--|
| 6          | Validate the agency's ability to provide the proposed service – include information on existing systems/procedures and infrastructure.   |
| 8          | This answer should match your strategic planning timeline.   |
| 9          | See Eligibility on <a href="#">page 4</a> .<br>The second part of the question refers to all sites within the agency's nutrition program that prepare meals.<br>If a contractor is used, provide the contracted agency's name in the comment section, and if an inspection report cannot be produced, indicate the agency's plan for ensuring the safe preparation of meals. If a Memorandum of Understanding (MOU) or other contract is in place, which addresses compliance with the regulations of the local health authority, attach the document to the end of the application. |
| 10         | Review ADSD's Title III-C Nutrition Standards for guidance, <a href="http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/Nutrition/RevisedIIICMenuStandards1-2012.pdf">http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/Nutrition/RevisedIIICMenuStandards1-2012.pdf</a>  |
| 11         | Review the Nutrition Service Specifications, Item 2.10 <a href="http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ServSpecs/Nutrition.pdf">http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ServSpecs/Nutrition.pdf</a> . If certification has not been earned, explain the reason and plan for achieving compliance.   |
| 12         | <b>Justify funding <u>at the level requested</u> in the application.</b><br>If an existing grantee is asking for an increase from the FY17 funding level, clearly document the need for additional funding. If the agency is requesting flat funding, but is providing less service thus far in FY17 than projected, justify the request. Include information on what the gain or loss of funding would do to impact your program and clientele.   |
| 14         | As stated in Eligibility and Funding Availability on <a href="#">page 4</a> , additional consideration will be given to programs that agree to prioritize services to clients referred by ADSD who are at risk of institutional placement or have been a victim of elder abuse.  |
| 15         | Use this question to inform ADSD of your other activities that are supporting anti-hunger initiatives and other program workloads.   |
| 16         | New applicants should list business references, not personal references for staff members.   |



## TARGETING PLAN

ADSD Aging Services grantees are required to target frail, minority, low-income, rural and homebound seniors. Per the General Service Specifications, Item 4, a plan must be developed during the application process and implemented if funded (<http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ServSpecs/GeneralServiceSpecifications.pdf>). Answer each question to clearly demonstrate your goals in targeting these populations. Answers should include all target populations, not just minorities. Do not combine answers. Detailed answers are required.

| Question # | Guidance  |
|------------|---|
| 1          | Describe the population that resides in the proposed program's service area, as outlined on the Applicant Information page of the Excel file (#11). Include gender, age, race, poverty status and other demographics. Cite references.    |
| 2          | List civic and minority organizations, coalitions, committees, etc., in the proposed service area, or if none, the closest urban area. Indicate if the agency has a membership with the organizations listed, if membership is available. |
| 3          | Describe the agency's plan for associating with the organizations listed in question 3, and other agency partners, including collaboration efforts, to better reach the target populations.   |
| 4          | By implementing a targeting plan, what does the agency hope to achieve, on a statistical and programmatic level?  |
| 5          | Explain how will the agency will track, monitor and measure targeting and outreach activities to increase the participation of ADSD target populations in the proposed service.   |

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## GRANT ACTIVITIES AND STRATEGIC PLANNING TIMELINE

Using the categories listed, create a timeline of tasks required to start services or continue services, as applicable. List the position(s) or person(s) who will be responsible for the task and the timeframe or completion date. Programs will contact their assigned RD Specialist should the information on this timeline change throughout the grant year. Example entries:

| <b>Activity</b><br>(Categories: Preparation, Service Delivery, Reporting, Fiscal, Other) | <b>Position/<br/>Person Responsible</b>          | <b>Timeline/<br/>Completion Date(s)</b>             |
|--|--|---|
| Preparation: Monthly menu creation and obtain ADSD approval                              | Head Cook, Pam Beesley & Director, Monica Geller | 15 <sup>th</sup> day before the start of each month |
| Other: Hire new home-delivered meal driver   | Director, Monica Gellar                          | End of 1 <sup>st</sup> month (Oct)                  |
| Outreach: Develop new partnerships, distribute newsletter and menus to new sites         | Outreach Coordinator, Beaumont Rosewood          | End of each quarter                                 |

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## **ORGANIZATIONAL STANDARDS**

Enter the name of the organization/agency. Read the form and respond accordingly. 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. Applicants must also verify financial accountability.

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## **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.