**Nevada Aging and Disability Services Division (ADSD)**

**Competitive Grant Application ~ Part 2, Narrative

Innovation Projects, Project Period: 9/30/18 – 9/29/18**

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| --- | --- |
| **Agency/Organization Name:** |       |
| **Innovation Project:***(chose one)* | [ ]  Transportation (III-B) [ ]  Disease Prevention/Health Promotion (III-D) [ ]  Food Security (III-B) [ ]  Caregiver Services (III-E) |

**APPLICANT QUESTIONNAIRE and ORGANIZATIONAL STANDARDS**

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| **Provide a detailed answer to each of the following questions, or choose N/A, as applicable:** |
| **1. Organizational Structure (check the appropriate box)** |
|  [ ]  **Public agency** - Identify governing body:       |
|  [ ]  **Private, for-profit agency** - Identify headquarters/legal ownership:       |
| [ ]  **Private, non-profit agency** – Does the agency have a Board of Directors that is active, responsible and holds regular meetings? Members must have no material conflicts of interest and must serve without compensation. [ ]  Yes [ ]  No, Explanation and plan of action:       |
| **2. Financial Accountability** |
| Does the agency have a system for generating a profit/loss statement (if for-profit) or a statement of activities (if non-profit/governmental) and a detailed transaction report with separate accounting for each subgrant award, if more than one? [ ]  Yes [ ]  No, Explanation and plan of action:       |
| 1. **Provide a brief description of your agency, its mission and any notable achievements.**
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|       |
| **What are the agency’s days and hours of operation?**      **Proposed service hours, if different:**       [ ]  N/A – Same as agency |
| **Is the agency closed on days other than state and/or federal holidays when services would not be available to clients? If yes, list the tentative dates in FY19 and explain the reason for the closure:**       [ ]  N/A – No other office closures |
| 1. **If the agency is not currently funded by ADSD, list three professional references below (name, address, phone number and business affiliation with your agency).**

 [ ]  N/A: Current ADSD Grantee |
|       |       |       |

**EXECUTIVE SUMMARY**

**PROJECT NARRATIVE**

1. **Proposed Innovation:**
2. **Target Population and Service Area:**
3. **Organizational Capacity and Partnerships:**
4. **Cost-Effectiveness and Sustainability:**
5. **Outcomes and Evaluation:**