**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.** | | |
|  | | |
| **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 | | |
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**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:**