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

**Competitive Subaward Application ~ Part 2, Narrative
Title III-E Innovation Projects, Project Period: 12/01/19 – 9/30/20**

|  |  |
| --- | --- |
| **Agency/Organization Name:** |       |

**PROJECT NARRATIVE**

*(reference the instruction file)*

* + 1. **Proposal**

* + 1. **Target Population, Service Area and Targeting Plan**

* + 1. **Organizational Capacity and Partnerships**

* + 1. **Cost-Effectiveness and Sustainability**

* + 1. **Evaluation**

**ORGANIZATIONAL STANDARDS AND APPLICANT QUESTIONNAIRE**

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| --- |
| **Provide a detailed answer to each of the following questions, or choose N/A, as applicable:** |
| 1. **When was the agency incorporated?**
 |       |
| 1. **Does the agency have bylaws?**

*(If so, ADSD may request a copy at a later date.)* | **[ ]  Yes** **[ ]  No [ ]  N/A** |
| 1. **Is the agency a:**
 |
|  **[ ]  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:       |
| 1. **Financial Accountability:**
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| 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. **What are the agency’s days and hours of operation?**

**Proposed service hours, if different:**       **[ ]  N/A – Same as agency** |
| 1. **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 within the budget period and explain the reason for the closure. [ ]  N/A – No other office closures**
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|       |
| 1. **Does the agency agree to give service priority to eligible individuals referred by ADSD who are at risk of institutional placement or have been a victim of abuse?**

**[ ]  Yes [ ]  No, comments:**       |
| 1. **Funding will be disbursed as reimbursements. If your agency cannot administer the service with reimbursed funding, a request for advance payments is necessary and the justification must be approved by ADSD. Please choose one of the following:**
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|  **[ ]  Agency will request funding as monthly or quarterly reimbursements.** |
| **[ ]  Agency requires advance payments. *Checking this box indicates that the agency is unable to function on a reimbursement basis.* Provide thorough justification for your request here for ADSD consideration:**       |
| 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** |
|       |       |       |