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

**Competitive Subaward Application  
  
Services and Support - Fiscal Year 2021**

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



**PROJECT NARRATIVE**

* + 1. **Proposed Intervention**

* + 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:** | | | | | |
| 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 in FY21 and explain the reason for the closure.  N/A – No other office closures** | | | | | | |
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| 1. **If the agency is currently providing this service, please answer the following questions:  N/A – Agency is not currently providing this service. (Skip to #8)** | | | | | | |
|  | **7a. # of Clients Served in 2019\*:**      ;  **# of Units of Service in 2019\*:**  ***(\* Used  Calendar Year -or-  Fiscal Year, Oct-Sept)*** | | | | | |
|  | **7b. What funding sources were used?** | | | | | |
|  | **7c. Does the program use a sliding-fee scale or a cost-sharing procedure?**  **Yes** (If yes, attach a copy of the scale/procedure to the application.)  **No** | | | | | |
|  | **7d. Does the agency have a waiting list for this program?     Yes  No** | | | | | |
|  | **If yes:** | 1. **How many people are on the waiting list?** 2. **How many have been assessed as eligible?** 3. **What is the average time spent on the waitlist?** 4. **Would additional funding alleviate the waitlist?   Yes  No, explain:**          1. **If yes, how much funding and what expenses would the funds cover?** 5. **Is the program operating at capacity?  Yes  No** | | | | |
|  | **7e. What is the suggested donation amount, by unit of service?** $  **Comments:**  **Not Established** | | | | | |
|  | **7f. What filing system is used for client information: (check all that apply)**  **Hardcopy  Electronic  In Process of Transitioning to Electronic Filing**  **Comments:** | | | | | |
|  | **7g. Has a resource listing been posted to** [**www.Nevada211.org**](http://www.Nevada211.org)**, which contains accurate and up-to-date information for the agency and this service?**  **Yes  No – Explanation Required:** | | | | | |
| 1. **If the proposed program is not currently in operation, when will service provision begin and when will the program become fully functional?** | | | | | | |
| **N/A – Program is fully functional and providing the service** | | | | | | |
| 1. **Provide a thorough justification for the level of funding requested from ADSD in this application. If an increase or decrease was requested for a current subaward, address the reason for the request.** (*e.g., the increase/decrease in demand for service; specific program expenses rising/falling; staffing needs; impact of loss/gain of funding, etc. )* | | | | | | |
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| 1. **What percentage of the *total* cost of providing this service would the ADSD requested amount represent?**      **% Comments:** | | | | | | |
| 1. **Funding will be disbursed as monthly or quarterly reimbursements. Advance funding may be approved on a temporary basis only, with a documented hardship, and will not be approved to provide a cushion of funding. Please choose one of the following:** | | | | | | |
| **I agree to these terms and will submit reimbursements.** | | | | | | |
| **I agree to these terms but would like to document a hardship to be considered for temporary advance funding. Please explain the hardship and number of months for which you may need advance funding (do not request the entire fiscal year):** | | | | | | |
| 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 – Explanation Required:** | | | | | | |
| 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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**Goals and objectives**

**Goal 1:**

| **Objective(s)** | **Activities** | **Due Date(s)** | **Staff Responsible**  **(Name and Title)** | **Documentation Retained for ADSD Verification** |
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**Goal 2:**

| **Objective(s)** | **Activities** | **Due Date(s)** | **Staff Responsible**  **(Name and Title)** | **Documentation Retained for ADSD Verification** |
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**Goal 3: Quality Improvement and Effectiveness**

| **Objective(s)** | **Activities** | **Due Date(s)** | **Staff Responsible (Name and Title)** | **Documentation Retained for ADSD Verification** |
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| 1. Meet or exceed Projected Output Measures as submitted in the approved subaward application | Complete data entry and/or submit other required reporting  Conduct Outreach to reach target populations  Develop partnerships |  |  |  |
| 1. Quality Improvement | Administer and Analyze Surveys, Implement Improvements   1. Satisfaction, client feedback, meal surveys 2. Performance Indicators   c. |  |  |  |
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