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

OLDER AMERICAN ACT
TITLE III-D, DISEASE PREVENTION & HEALTH PROMOTION INNOVATION PROJECTS

REQUEST FOR APPLICATIONS (RFA)
AND INSTRUCTIONS

AWARD PERIOD: SEPTEMBER 30, 2018 – SEPTEMBER 29, 2019

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INTRODUCTION

The Aging and Disability Services Division (ADSD) is seeking partner organizations to provide innovative, evidence-based disease prevention and/or health promotion services to older adults in Nevada. This Request for Applications (RFA) establishes the requirements an applicant must meet to be considered for funding.

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.

Before completing the application, **thoroughly read this instruction packet**, the subaward assurances (located in the Word portion of the application), General Service Specifications, and ADSD's Requirements and Procedures for Grant Programs (RPGPs). These documents outline subrecipient compliance requirements. Funded agencies must also adhere to regulations listed in the Notice of Subaward and Confidentiality Addendum.

- **General Service Specifications** provide program standards for all funded programs, unless noted as exempt in the Notification of Subaward (NOSA).
- **Requirements and Procedures for Grant Programs** are statements of ADSD policy that ensure fiscal compliance with statutes, regulations and/or rules. Funded programs must follow the RPGPs, and pending subsequent regulations, whenever the particular regulation applies to their program. The ADSD Requirements and Procedures for Grant Programs are available at http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf.

1. **Funding Source**

    Funding for these innovation projects comes from Title III-D of the Older Americans Act. This funding is to be used for evidence-based interventions to support the disease prevention and health promotion of older Nevadans age 60 or older.

    Background

    The Older Americans Act, Reauthorization Act of 2016 establishes the framework for funding allocations to states to support services for older adults, age 60 or older. Visit https://www.acl.gov/about-acl/authorizing-statutes/older-americans-act for more information on the Older Americans Act.

    The funding being released under this RFA is for new evidence-based interventions to address the needs of older Nevadans. Programs must meet the criteria set forth by the Administration for Community Living. More information on ACL evidence-based criteria can be found at: https://www.acl.gov/programs/health-wellness/disease-prevention.

    Applicants are encouraged to consider unmet needs, such as Falls Prevention or expansion of existing evidence-based programs to new areas of the state. While this project is limited to one-year, continued funding, at a reduced rate may be considered for additional years depending on demonstrated outcomes.

2. **Award Period and Reporting Cycle**

   This application is for one-year projects beginning September 30, 2018.

   Successful applicants may receive additional funding in subsequent years, depending on demonstrated outcomes. Subsequent year funding may be reduced and be contingent on program expansion.

3. **Eligibility and Funding Availability**

   Non-profits, public agencies and for-profit businesses can apply if interested in providing services outlined in this RFA. All applications must be for innovative projects that address the needs of older adults.

   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 Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caregivers of such individuals);
   - Individuals with the greatest economic or social need; and
   - Individuals residing in rural areas.

   The total available funding for Title III-D Innovation Projects is $81,740. The amount and number of awards will be determined based on the number of responses received by ADSD.

4. **Application Notification and Distribution**
   Request for Application (RFA) notice was posted on the Division's website and emailed to interested parties. The RFA and application materials are posted on the Division's website at http://adsd.nv.gov/programs/grant/opportunities.

5. **Matching Funds**
   Match is not required for Title III-D; however, applying additional outside funding to the project is encouraged.

6. **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.
   - Request for Funds/Financial Reports are submitted monthly, quarterly, or as otherwise directed by ADSD. All funded programs must have the equipment and software required to scan and email reports.
   - If funded, your assigned Grants and Projects Specialist (GPS) and Fiscal Specialist will provide reporting instructions.

- The reporting schedule is posted at http://adsd.nv.gov/Programs/Grant/Resources. Additional reporting may be required.
- Failure to comply with reporting requirements can place a subrecipient's funding in jeopardy.
- **The reporting history of existing programs will be considered in funding recommendations and decisions.**

7.   Division Contacts

All questions regarding this Request for Applications, should be addressed to:
Kristi Martin, Grant Manager
kmartin@adsd.nv.gov

8.   Application Format

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 subrecipients.

- The application must be concise and no more than 20 pages if single-sided or 10 pages if double-sided (excluding attachments). 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:
  - Word File:
    - Applicant Questionnaire and Organizational Standards – 2 pages
    - Executive Summary – 1 page
    - Project Narrative – 10 pages
  - All other pages are limited to 1 page only, with the exception of the Budget Narrative in the Excel file, which is pre-set at 3 pages, but may be expanded if additional budget information is included.

- 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. Double-sided applications are encouraged. **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 – FY19 Innovation Projects version (as shown in the application's footer).

9.   Submittal Information
- **Deadline: Monday, September 17, 2018. Applications may be submitted via:**
  - Email to adsdgrants@adsd.nv.gov with the subject: Innovation Project Application
  - Hand-delivered by 4:00 pm to any ADSD office.

- o Postal service - must be postmarked by the due date and mailed to the Las Vegas office.
    - ▪ If submitting a hardcopy application, assemble it with the Excel portion first. The Applicant Information page should be on top.

- **Failure to meet the application submission deadline** will eliminate the application from consideration in this funding opportunity.

- Locations: **Mail** to the Las Vegas ADSD office **only** or hand-deliver by 4:00 p.m. to any of the following ADSD offices:

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

10.   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.
- Rejected applicants may appeal this decision, in writing, to the ADSD Deputy Administrator in Carson City who is over 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.

11.   Funding Decisions
After application acceptance, Grants and Projects Specialists and outside reviewers will review all applications and make initial funding recommendations. Applications will be scored according to the following criteria; however, ADSD may negotiate final funding amount(s) with the chosen subrecipient(s) if there are unallowable or unreasonable expenses:
- o Applicant's capacity to provide the service and its experience (10 points);
- o Relevance of the proposed activities and outcomes relative to the needs of the community and ADSD State Plan for Aging Services (10 points);
- o Existing or proposed partnerships (5 points);
- o Outreach plans and service delivery to target populations as described on page 3 (10 points);
- o Other funding, sustainability goals, and reasonableness of cost per client, unit and program expenses (10 points); and
- o Adherence to these grant application instructions and accurate completion of forms (5 points).

- ADSD and Grants Management Leadership will review funding recommendations and application scores and present to the Administrator. 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 2:

12.   Notice of Subaward (NOSA)
A NOSA 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 NOSA <u>to your assigned GPS</u>, as listed in the e-mail. 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 GPS.

13.   Request for Funds and Financial Reporting
A Request for Funds and Financial Reporting (RFF-FR) form must be completed, submitted and approved in order to draw down funds. Funds are reimbursed on a monthly or quarterly basis unless the subrecipient has sought and been approved for advance payments after awards have been sent. The RFF-FR form will be e-mailed to funded programs with the NOSA and Confidentiality Addendum. Programs must use the forms that are e-mailed.

14.   Vendor Number
All vendors doing business with the State of Nevada must have a vendor number assigned by the State Controller's Office. Current subrecipients do not have to complete this form, but new subrecipients are required to complete a Vendor Registration Form before any payments can be made. The Vendor Form must be completed by the subrecipient 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 <u>http://controller.nv.gov/VendorServices/Vendor_Services.html</u>.

15.   Change of Address
To change the program's address, the subrecipient 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 <u>http://controller.nv.gov/VendorServices/Vendor_Services.html</u>.

16.   Program Assessment
Programs will be assessed in order to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, client satisfaction and adherence to the Division's NOSA and Incorporated Documents, Service Specifications and RPGPs. Program assessment visits occur at the location of service delivery and/or the subrecipient'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 subrecipient's office, or as a desk audit, depending on the type and size of the award.

17.   Technical Assistance
Each program is assigned a Grant and Project Specialist (GPS), who is available to provide assistance with aspects of subaward management. Fiscal Specialists are available to address questions regarding fiscal matters.

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ELECTRONIC FILE INSTRUCTIONS

Two files are to be used when completing the application:

1. Microsoft Excel File: ADSD Innovation Projects Application FY 2019 - Part 1
2. Microsoft Word File: ADSD Innovation Projects Application FY 2019 - Part 2
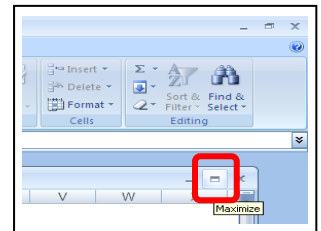
The **Excel** file contains the following forms, in order:
- Applicant Information Page
- Budget Narrative
- Budget Summary

To access each form in Excel, click on the corresponding tab at the bottom of the page as shown here:
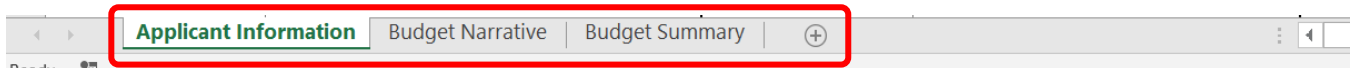
If you do not see tabs at the bottom of the spreadsheet, maximize the screen by clicking the button on the right side of the screen, as shown here:

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 Organizational Standards
- Executive Summary
- Project Narrative

If submitting a hardcopy application, assemble it with the Excel portion first. The Applicant Information page should be on top.

FORM INSTRUCTIONS – Excel File

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APPLICANT INFORMATION

Box #	Instructions
1	Choose the type of innovative service you are proposing.
2	No action required. The amount requested will auto-fill once the Budget Narrative is complete.
3	Enter Subrecipient and Program information, as requested on the form. Complete both sections. Subrecipients are entities that are responsible for the funds awarded and overall compliance with regulations. Additional information on Subrecipients (Grantees) is in RPGP GR-2. Programs are entities that provide service delivery under the award. The subrecipient and program director should not be the same person for accountability purposes.
4	Enter the agency's Employer Identification Number (EIN) or Federal Tax Identification Number.
5	Enter the agency's Data Universal Numbering System (DUNS) Number. All subrecipients must have a DUNS number in order to receive funding. To request, look-up or make changes to a DUNS number, go to http://fedgov.dnb.com/webform. All DUNS numbers are 9 digits.
6	No action required. The funding source will populate based on the service chosen in #1.
7	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 awards that enter "statewide" in this section without exclusions listed.
8	List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.
9	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 form (electronic signature is permitted). By signing the forms, the representative is stating that he/she has approval from the applying organization (potential Subrecipient) to sign the forms and verified accuracy of the information in the application.

BUDGET NARRATIVE

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

Describe program expenses requested from ADSD in the budget categories included in the Budget Narrative, using the instructions on the form as a guide. Be sure to provide a <u>detailed response</u>, 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 a portion of the Budget Summary.

BUDGET SUMMARY

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

Section A: ADSD requested funding will auto-populate from the Budget Narrative. Using the column headers as a guide, enter any other funded or pending funding, by source and line item. This form will provide an overview of the total projected budget for the proposed service from all funding sources.

Section B: Comments on the budget summary, if applicable.

Section C: N/A – Match is not required.

Section D: List potential amounts and sources of program income; and describe if the project plans to have a sliding fee scale or voluntary contributions. Although any cash income generated by the program is not to be included in the budget narrative, the funded agency needs to document its use since it is to be used only to expand or enhance project services. Reference the <u>RPGPs</u> for more information on program income.

<u>FORM INSTRUCTIONS – Word File</u>

APPLICANT QUESTIONNAIRE and ORGANIZATIONAL STANDARDS

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.

EXECUTIVE SUMMARY

Provide a one-page summary of the proposed project including the goals and major objectives.

PROJECT NARRATIVE

Provide detailed, but concise responses to each section of the project narrative using guidance below and throughout this document. Page Limit: 10 pages

A. *Proposed Intervention*
   Describe clearly and concisely, how your organization plans to carry out the program. Include a description of specific activities planned, and any anticipated challenges or technical assistance needs.

B. *Target Population and Service Area*
   Describe the population(s) to be served, specifically any underserved populations. Identify methods to reach the population(s) to be served.

   Applications can be for targeted service areas or statewide. Applicants should describe the service area including any specific challenges to older Nevadans in the service area.

C. *Organizational Capacity and Partnerships*
   Describe the organization's capability to perform the proposed services. Include past experiences or anticipated increased capacity as a result of this funding. Describe the professional staff and specific responsibilities under this service and the facilities and other resources in place to support this service.

   Identify key partnerships and describe in detail how they will enhance services under this program. Letters of support, memorandums of understanding, or other documentation of partnerships are highly encouraged.

D. *Cost-Effectiveness and Sustainability*
   Describe resources outside ADSD funding to be used to support this service. How will these resources be used to enhance services? How will this project be sustained after the funding period?

E. *Outcomes and Evaluation*
   List the proposed outcomes, including number of older adults to be served and the anticipated amount of service to be provided to each individual. Describe the methods, techniques, and tools that will be used to measure outcomes and effectiveness of the proposed service.