

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

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**OLDER AMERICAN ACT  
TITLE III-E, NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM  
INNOVATION PROJECTS**

**NOTICE OF FUNDING OPPORTUNITY (NOFO)  
AND INSTRUCTIONS**

AWARD PERIOD: DECEMBER 1, 2019 – SEPTEMBER 30, 2020

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## INTRODUCTION

The Aging and Disability Services Division (ADSD) is seeking partner organizations to provide innovative respite and supplemental services to caregivers of older adults (age 60 and older) in Nevada. This Notice of Funding Opportunity (NOFO) establishes the requirements an applicant must meet to be considered for funding.

This NOFO and its corresponding application materials were posted on the Division's website and emailed to current subrecipients and other parties that may have an interest in providing services to the subject population. The materials are available for download at: [http://adsd.nv.gov/Programs/Grant/Notices\\_of\\_Funding\\_Opportunities/](http://adsd.nv.gov/Programs/Grant/Notices_of_Funding_Opportunities/).

## 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** and the documents outlined below. These documents outline subrecipient compliance requirements. Funded agencies must also adhere to regulations listed in the Notice of Subaward.

- **General Service Specifications - Older Adult Services** provide program standards for all funded programs, unless noted as exempt in the Notification of Subaward (NOSA). The **Family Caregiver Support Program (Title III-E) Service Specifications** are currently under revision and will outline baseline standards for compliance related to the specified service. The chosen subrecipient may be asked to comment on the specifications before they become active. The Division has final authority over content of Service Specifications. Service Specifications are available for download and review at:

<http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>

- **Requirements and Procedures for Grant Programs (RPGPs)** are statements of ADSD policy that ensure fiscal compliance with statutes, regulations and/or rules. Subrecipients must follow the RPGPs, and pending subsequent regulations, whenever the particular regulation applies to their funded program. The ADSD Requirements and Procedures for Grant Programs are available for download and review at:

<http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>

### 1. Funding Source, Purpose and Availability

The funding source for this NOFO is Older Americans Act, Title III-E – National Family Caregiver Support Program (NFCSP).

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 released under this NOFO is for **innovative projects that assist family and informal caregivers of individuals age 60 and older** to care for their loved ones at home for as long as possible. For more information about the NFCSP program visit: <https://acl.gov/programs/support-caregivers/national-family-caregiver-support-program>.

Applicants are encouraged to propose new, innovative solutions to increase access to or provide **respite care** for family and informal caregivers or provide **supplemental services that complement the care provided by caregivers**. These proposals will receive up to 10 additional points during the scoring process. Examples of supplemental services include, but are not limited to, transportation; home-delivered or congregate meals; and home modifications. All services must be donation-based, unless ADSD approves a subrecipient's sliding fee schedule and client cost sharing policy. Subrecipients are prohibited from implementing cost sharing for certain services, as listed in Appendix 4 of the RPGPs:

<http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>.

Available funding for Title III-E Innovation Projects is approximately \$269,000. Of this amount, the maximum amount ADSD will allocate towards supplemental services as a whole is \$150,000. The amount and number of awards will be determined based on scored applications.

Funding is distributed as monthly or quarterly reimbursements. Subrecipients who require advance funding must thoroughly justify the need within the Applicant Questionnaire. ADSD may or may not accept the justification and could ask for further information before approving or denying the request. Unless otherwise negotiated, advance payments are only distributed on a monthly basis and must be reconciled at the conclusion of each month before additional funding will be released.

## **2. Award Period and Reporting Cycle**

This competitive process is for a potential ten-month period of December 1, 2019 through September 30, 2020. Successful applicants must spend all awarded funds by September 30, 2020.

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**

Non-profits, public agencies and for-profit businesses can apply if interested in providing services outlined in this NOFO. All applications must be for innovative projects that address the needs of family or informal caregivers of individuals age 60 and older.

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.

#### 4. **Matching Funds**

Match is not required; however, using additional, outside funding to further support the project is encouraged.

#### 5. **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.
- An additional, quarterly report will be required, which will collect program and financial information.
- Requests for Reimbursement and transaction/expense details are submitted monthly, quarterly, or as otherwise directed by ADSD. Applicants are encouraged to review RFR and transaction detail requirements at <http://adsd.nv.gov/programs/grant/rfrinstructions/>.
- The reporting schedule is posted at <http://adsd.nv.gov/Programs/Grant/Resources>. Additional reporting may be required.
- All funded programs must have the equipment and software required to scan and email reports. ADSD uses email as its primary means of communication with applicants and subrecipients.
- If funded, your assigned Grants and Projects Specialist (GPS) and Fiscal Specialist will provide reporting instructions.
- 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.**

#### 6. **Division Contacts**

Questions or technical assistance on the required forms, beyond instructions provided in this document, can be directed to the Grant Manager:

Kristi Martin  
Social Services Manager, Grants Management  
[kmartin@adsd.nv.gov](mailto:kmartin@adsd.nv.gov)

and/or [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov)

## 7. Submittal Information

- **Deadline: 11:59 p.m., Thursday, November 14, 2019**
  - Applications must be emailed to [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov) *and* [kmartin@adsd.nv.gov](mailto:kmartin@adsd.nv.gov).
    - Alternatively, existing subrecipients may also upload the file(s) to ADSD's FTP server and send an email to the above emails to provide notification of the submission.
- **Failure to meet the application submission deadline** will eliminate the application from consideration in this funding opportunity.

## 8. 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 in November 2019.
- Rejected applicants may appeal this decision, in writing, to ADSD's Administrator. The request for review must be received within five working days from the notification of non-acceptance.
- 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.

## 9. Funding Decisions

- After application acceptance Grants and Project Specialists and independent reviewers will review all applications and make initial funding recommendations based on the scoring matrix below.
- ADSD staff will review scores and funding allocations with the Administrator. Reporting and compliance history of previous or current subrecipients will also be reviewed.
- The Administrator will consider all input prior to making final funding decisions.
- ADSD may negotiate with or seek additional information from applicants before decisions are made.
- The Administrator's decision is final.
- Subaward announcements and will tentatively be released in late November.
- Notices of Subaward (NOSAs) will be distributed in late November/early December, or as ADSD receives requested subrecipient budget revisions, as applicable.

## 10. Scoring Matrix

Applications will be scored according to the following matrix (45-point total):

1. Service area and service delivery to target populations (10 points).
  - Items are not defined/described and are unrelated to the proposed service – Score 0 points
  - Items are all poorly or partially defined/described and/or mostly unrelated to the proposed service – Score between 1 and 4 points

- Items are mostly defined/described, with some areas lacking, and/or partially unrelated to the proposed service – Score between 5 and 6 points
  - Items are satisfactorily defined/described and mostly related to the proposed service – Score between 7 and 9 points
  - Items are thoroughly defined/described and undoubtedly related to the proposed service – Score 10 points
2. Applicant's capacity to provide the service, its experience and existing or proposed partnerships. (10 points).
    - No experience and lack of capacity and partnerships – Score 0 points
    - Some experience, but lack of capacity and/or partnerships (or vice versa) – Score between 1 and 5 points
    - Good experience, but lack of capacity and/or partnerships (or vice versa) – Score between 6 and 9 points
    - Exceptional experience, capacity and existing partnerships, with plans to seek new partnerships – Score 10 points
  3. Other funding, sustainability goals, and reasonableness of cost per client, levels of service and budgeted program expenses (10 points).
    - No other funding or sustainability goals; unreasonable cost per client, levels of service and program expenses – Score 0 points
    - Limited other funding and/or sustainability goals; slightly unreasonable cost per client, levels of service and program expenses with poor expense justification – Score between 1 and 4 points
    - Satisfactory other funding and/or sustainability goals; slightly unreasonable cost per client, levels of service and program expenses with poor expense justification (or vice versa) – Score between 5 and 6 points
    - Satisfactory other funding and/or sustainability goals; mostly reasonable cost per client, levels of service and program expenses and justification – Score between 7 and 9 points
    - Abundant other funding and/or sustainability goals; all costs are reasonable and justified – Score 10 points
  4. Adherence to application instructions and accurate completion of forms (5 points).
    - Instructions not followed and forms not complete – Score 0 points
    - Some instructions followed and some forms not complete – Score between 1 and 2
    - Most instructions followed and forms are complete – Score between 3 and 4
    - All instructions followed and forms are complete – Score 5 points
  5. Application is for innovative access to, or provision of, respite care or the provision of supplemental services that complement the care of caregivers (10 points).
    - Application proposed another service – Score 0 points
    - Level of innovation (respite) – Score between 1 and 10
    - Justification of need; complements provision of care provided by caregiver (supplemental services) – Score between 1 and 10

**In the event an application is funded, the following will apply, in addition to the documents listed on page 2 (please keep this information for future reference):**

**11. Notice of Subaward (NOSA)**

The Notice of Subaward will be placed on ADSD's FTP server if the successful applicant is an existing subrecipient. If the successful applicant does not currently receive ADSD funding, or does not have access to the FTP server, the NOSA will be emailed. In each instance, a detailed email will be sent to the individual listed as the Subrecipient Contact on the Applicant Information page of the application (Excel file) to notify the applicant of awarded funding. **It is very important to read all documents carefully, follow all instructions and comply with all special conditions (if applicable). An authorized representative of the subrecipient must fill-in, sign and return the NOSA to the assigned ADSD Grants and Projects Specialist (GPS). ADSD must have on file a letter authorizing the signer if that person is not the head of the nonprofit board, for-profit agency or public entity, depending on the type of organization.**

Please note: If budget revisions are required, ADSD must receive those revisions before a NOSA can be issued. The assigned GPS or the Grant Manager will contact you to request revisions.

**Funds will not be released until all special conditions have been satisfied and all required, signed documents have been returned and approved by ADSD.**

**12. Request for Reimbursement (RFR)**

The Request for Reimbursement (RFR) is utilized when funding is requested by a subrecipient. The RFR must be completed, submitted and approved in order to draw down funds. Funds are distributed as monthly or quarterly reimbursements, unless the subrecipient has been approved for monthly advance payments (see page 3). The RFR will be distributed to funded programs with the NOSA. Programs must use the provided form. RFRs must be accompanied with the required level of back-up documentation. Applicants are encouraged to review RFR and transaction detail requirements at <http://adsd.nv.gov/programs/grant/rfrinstructions/>.

**13. 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 invoices or subaward 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 <http://controller.nv.gov/>. Electronic vendor registration is also available.

**14. 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 <http://controller.nv.gov/>. Ensure your RFR form has the correct address for vendor payments listed under Subrecipient Address.

**15. Program Assessment and Fiscal Monitoring**

Programs will be assessed on an annual basis in order to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, client satisfaction and adherence to the ADSD's NOSA, Service Specifications, RPGPs and other regulations, as applicable.

Program assessment visits occur at the location of service delivery and/or the subrecipient's office and may include visits with clients to discuss their satisfaction with the services and to view service provision. Fiscal monitoring is conducted on each subaward after the budget period has ended, or as otherwise deemed necessary. The monitoring may occur at the subrecipient's office, or as a desk audit, depending on the type and size of the subaward.

**16. Technical Assistance**

All subrecipients will be assigned a Grants and Projects Specialist (GPS), who is available to provide assistance with aspects of subaward and program management. Fiscal Auditors are available to address questions regarding fiscal matters.

## APPLICATION FORMAT and FILE INSTRUCTIONS

### 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).
- The application must be concise and no more than 30 pages (excluding attachments noted in the checklist on page 15). Application that include cover sheets, cover letters, unsolicited attachments or application instruction pages may be rejected. Specific page limits are listed next to page names in the following instructions. **If no page limit is listed, the document is one (1) page.**
- Applications are expected to be free of spelling and grammatical errors.
- 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 submitted on Division forms. The application must be the Competitive Subaward Application – OAA, Title III-E Innovation Projects, FY20 version (as shown in the application's footer).
- Submitted applications must be on white, 8 ½ x 11 size paper, assembled according to the instructions on the Application Checklist on page 15 and saved as a PDF document. Applicants that are not able to submit one file may follow the instructions on the Application Checklist to submit the application in sections.

### Application Files

Three (3) files are to be used when completing the subaward application. The submitted PDF application must have all elements of these files included:

1. Microsoft Excel File: ADSD Subaward III-E Innovations FY20 - Part 1
  2. Microsoft Word File: ADSD Subaward III-E Innovations FY20 - Part 2
  3. PDF File: DHHS Subrecipient Questionnaire
- Additionally, applicants must submit attachments as request within the Application Checklist on page 15. Attachments are categorized by “mandatory,” “optional” or “if applicable.”

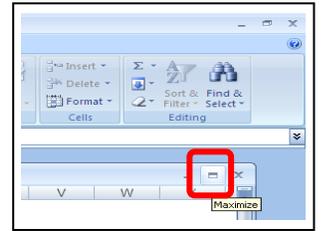
The **Excel** file contains the following forms, in order:

- Applicant Information
- Budget Narrative, 8-page limit
- Budget Summary
- Projected Output Measures

To access each form in Excel, click on the corresponding tab at the bottom of the page/workbook as shown here:



If you do not see the tabs at the bottom of the page, 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 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 and linked boxes will have a value.

The **Word** file contains the following forms, in order:

- Project Narrative, 10-page limit
- Organizational Standards and Applicant Questionnaire, 3-page limit

The **Subrecipient Questionnaire** (PDF file) is pre-set at 6 pages. Provide an answer to each question.

Please contact ADSD if you have questions regarding a form, or if the information below for the Excel and Word files does not answer your question.

## FORM INSTRUCTIONS – Excel File

### APPLICANT INFORMATION

Box #	Instructions
1	No action required. Checkbox already selected. Only applications for new services will be accepted.
2	No action required. The amount requested will auto-fill once the Budget Narrative is complete.
3	Select the agency's organization type.
4	<p>Enter Subrecipient and Program information, as requested on the form. Complete both sections. <i>Subrecipients</i> are entities that are responsible for the funds awarded. Additional information on Subrecipients (grantees) is in <u>RPGPs</u>. <i>Programs</i> are entities that provide service delivery under the subaward. The subrecipient contact and program director must not be the same person for accountability purposes. <b>For non-profit organizations, the Subrecipient contact must be the President of the Board of Directors, even if another person has been delegated as an authorized signatory.</b></p> <p>Enter the agency's State Vendor number, if one exists, and the address associated with the number if it is different than the Subrecipient address.</p> <p>Enter the agency's Employer Identification Number (EIN) or Federal Tax Identification Number.</p> <p>Enter the agency's Data Universal Numbering System (DUNS) Number. All DUNS</p>

	numbers are 9 digits. To request, look-up or make changes to a DUNS number, go to <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> .
5	No action required. The funding source has been pre-filled.
6	Choose a service from the drop-down menu. For service descriptions, reference the III-E Service Specifications: <a href="http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/ServSpecs/FamilyCaregiverSupportServicesTitleIII.pdf">http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/ServSpecs/FamilyCaregiverSupportServicesTitleIII.pdf</a> .
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 subawards that enter "statewide" in this section without exclusions listed.
8	No action necessary. All applicants should choose categorical for the initial application.
9	List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.
10	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 Applicant Information form. By signing the forms, the representative is stating that he/she has approval from the Subrecipient to sign the forms and verified accuracy of the information within the entire application. <i>ADSD must have on file an official letter authorizing the signer if that person is not the head of the nonprofit board, for-profit agency or public entity, depending on the type of organization.</i>

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## BUDGET NARRATIVE

The applicant name, subaward and service type will auto-fill 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 descriptions below as a guide to describe each category of expense. Be sure to provide a detailed response, explain how each expense is related to the proposed project and identify any one-time costs. Provide calculations where requested and follow the examples. Utilize the RPGPs for rules and regulations on allowable expenses.

**THIS TAB IS NOT PROTECTED.** Do not delete formulas. Ensure text in each row is visible; expand rows as needed (go to numbered rows on the left side of worksheet and drag the bottom line of the row down when you see your cursor change to , or right click on the row number and choose Row Height to enter a height). Each section has additional rows that you may unhide to utilize. Contact ADSD if you need assistance.

**PERSONNEL:** Line A: List *program* and *administrative* staff (Name, Title, PCN) that will provide **direct** service under the proposed program and the associated costs to be charged to the subaward, using the column headers as guides. Costs associated with administrative staff providing **indirect** services may only be included in this section in fixed-fee proposals; otherwise, the expenses may be included as part of the indirect/administrative expense percentage at the end of the Budget Narrative. Place an asterisk (\*) beside all new positions. If

your agency does not have a Position Control Number (PCN) system, one must be developed to identify each position. Line B, for each position listed: List the fringe benefits provided (FICA, Medicare, vacation, state industrial insurance, unemployment insurance, etc.). Briefly describe the position's duties as they relate to the funding and program objective.

**TRAVEL/TRAINING:** Identify in-state and out-of-state travel to be completed during the budget period. The red writing must be replaced with actual trip information, such as the name of a conference, location, etc. Complete the trip expenses and enter justification. If multiple trips are proposed, copy and paste another in-state or out-of-state section into the narrative as stated on the form. Utilize <https://www.gsa.gov> for mileage, per diem and lodging. If lodging exceeds the GSA rate, provide an explanation in the Justification section.

If requesting general in-state mileage for operational purposes, enter the cost in the mileage section *below* "In-State Travel," provide an explanation of the cost calculation and the reason for travel.

**OPERATING:** Include SPECIFIC facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance (split by type), fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.

**EQUIPMENT:** List equipment to purchase or lease, which cost \$5,000 or more (per item), and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment items that cost less than \$5,000 should be listed under Operating. Justify the need for these items. There is no guarantee that ADSD will have funds available for equipment.

**CONTRACTUAL/CONSULTANT SERVICES:** Explain the need and/or purpose for the contractual and/or consultant service. Identify and justify these costs. Only include costs for which there is a written contract or agreement that can be presented to ADSD, if requested.

**OTHER:** Identify and justify all other expenditures that cannot be identified within another category. These costs may include any relevant expenditure associated with the project. These costs are to be included only if they are associated exclusively with this program. If they are associated with multiple sources of funding, the costs are to be included in Administrative Expenses. Follow the example on the form.

**ADMINISTRATIVE/INDIRECT EXPENSES or FEDERAL INDIRECT COST RATE (FICR):** Administrative/indirect expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed, depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Administrative/indirect expenses do not apply to equipment or fixed-fee subawards. Reference the Requirements and Procedures for Grant Programs (RPGPs) GR - 20\*. Modified Direct Costs (rate of 10%) must be based upon expenses as outlined within the RPGPs. FICR amount must be based upon

allowed expenses per your organization's current FICR letter. Attach a copy of your FICR letter to the application, as applicable.

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## BUDGET SUMMARY

The applicant name, subaward and service type will auto-fill from information entered on the Applicant Information page.

This page offers a summary of the subaward budget, match and other funding. Information entered into the Budget Narrative tab will populate the *ADSD Funds* column. Applicants will enter match and other funding information in the orange cells.

**Matching Funds Requirements:** Match is not required.

In the columns after Match, enter any other funding that will be used to support the proposed service. Enter the name of the funding source where indicated, whether the funding is pending or secured, and the amount to be used towards the program. Then, break out the funding into the budget expense categories.

Ensure all boxes on row 21 are zero as stated in the row header.

Add comments to box B, if needed.

List potential/estimated amounts and sources of program income, such as client donations, in box D. If your program has a sliding fee scale or cost-sharing procedure, indicate how the program will manage the process according to the RPGPs.

### IMPORTANT: Program Income

1. Client service donations may not be used as match but may be solicited for all services. **Solicitation must be non-coercive. The donation process must be confidential.**
2. Cost sharing means contributions made to a program based on a sliding-fee scale. The Division's Cost Sharing Policy can be found on pages 73-75 of the RPGPs:  
<http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>.

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## PROJECTED OUTPUT MEASURES

The applicant name, subaward and service type will auto-fill from information entered on the Applicant Information page.

Enter the Unit of Service Definition for the service chosen on the Applicant Information tab. Reference the [Title III-E Service Specifications](#) for definitions.

Applicants are required to submit projected output measures to illustrate the proposed (estimated) number and type of unduplicated clients and units of service they plan to serve throughout the budget/reporting period. Unduplicated client estimates should account for an attrition rate, when applicable.

**To avoid unnecessary confusion, complete the Projected Output Measures page after all other Excel documents have been completed.** Shaded cells will populate from data entered in other parts of the file.

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## **FORM INSTRUCTIONS – Word File**

### **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. Proposal*

Describe your overall proposal, clearly and concisely. Explain how your organization plans to carry out proposal. Include a description of specific activities planned, and any anticipated challenges or technical assistance needs.

*B. Target Population and Service Area*

Describe the service area and population(s) to be served, specifically any underserved populations. Identify any barriers that may prevent timely service delivery.

*C. Organizational Capacity and Partnerships*

Describe the organization's capability to perform the proposed service(s). Include past experiences or anticipated increased capacity as a result of this funding. Describe the professional staff and their specific responsibilities under this service, as well as the facility and other resources in place to support this service.

Identify key partnerships and describe in detail how they will enhance services under this program. Include partnerships with government entities as well as other community partners.

*D. Cost-Effectiveness and Sustainability*

Describe resources outside ADSD funding to be used to support this service. Provide an estimate of the number of clients to be served, the levels of service to be provided and associated cost per client.

*E. Evaluation*

Describe the methods, techniques, and tools that will be used to measure outcomes and effectiveness of the proposed service(s).

## ORGANIZATIONAL STANDARDS and APPLICANT QUESTIONNAIRE

Read the form and respond accordingly. On question 3, 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. Page Limit: 3 pages.

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### APPLICATION CHECKLIST

If you are submitting one PDF file (preferred), assemble the application in the order shown below. You may also submit a PDF for each of the three files (Part 1, Part 2, Subrecipient Questionnaire) and the attachments.

If any of the following items are incomplete or missing, the application will be rejected:

- Applicant Information (Excel Document)
- Budget Narrative (Excel Document)
- Budget Summary (Excel Document)
- Projected Output Measures (Excel Document)
- Project Narrative (Word Document)
- Organizational Standards and Applicant Questionnaire (Word Document)
- Subrecipient Questionnaire (PDF Document)

*Attachments – If included, will not count towards page limit.*

- Contracts or Memorandums of Understanding (*if applicable to the program/service*)
- Official letter authorizing a person other than the head of the nonprofit board, for-profit agency or public entity (depending on the type of organization) to sign the application and/or subaward documents (*if applicable*). See requirements on pages 7 and 10 regarding authorized signers.