

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

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**TITLE III-C NUTRITION SERVICES  
APPLICATION INSTRUCTIONS**

**New, Innovative Nutrition Services in Las Vegas and/or North Las Vegas  
Competitive Grant ~ Fiscal Year 2015**

January 1 – September 30, 2015 (Nine Months)

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## ELECTRONIC FILE INSTRUCTIONS

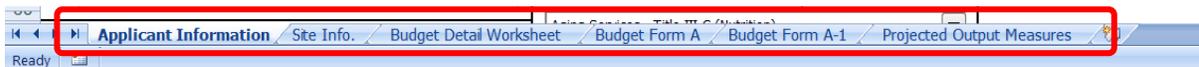
Two files are to be used when completing the grant application:

1. Microsoft Excel File: ADSD FY15 III-C Competitive Application - LV and NLV New - Part 1
2. Microsoft Word File: ADSD FY15 III-C Competitive Application - LV and NLV New - Part 2

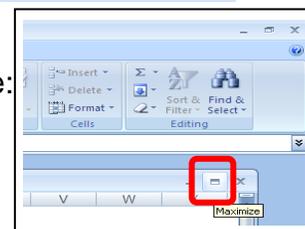
The **Excel** file contains the following forms, in order:

- Applicant Information Page
- Site Information
- Budget Detail Worksheet
- Budget Form A
- Budget Form A-1
- Projected Output Measures

The application must have all of the above-listed Excel forms completed and submitted. 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:** There are many formulas within the Excel file that carry from page-to-page. One file should be used when completing this portion of the application package, rather than utilizing multiple files that are combined after printing. In addition, pasting information from past applications may cause problems with the formulas. Therefore, it is recommended that the paste function not be used. 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:

- Application Checklist
- Applicant Questionnaire
- Targeting Plan
- Organizational Standards
- Assurances

**Applications must be assembled according to the instructions on the Application Checklist and be in the exact format noted on [pages 4 and 5](#).**

Both files contain internal spell check buttons, which permit you to check the protected documents for spelling and grammatical errors. Use this feature by enabling your macros when you open the document or after the document is saved. Applications are expected to be free of spelling and grammatical errors. For technical assistance with this or other application functions, contact Kristi Martin at [kmartin@adsd.nv.gov](mailto:kmartin@adsd.nv.gov).

## FUNDING INFORMATION AND PROCEDURES

**Note: The terms “Division” and “ADSD” will be used interchangeably in reference to the State of Nevada, Aging and Disability Services Division throughout these instructions and the application. The terms “seniors” and “older persons/individuals” refer to individuals age 60 or older, unless stated otherwise.**

### 1. Grant Requirements and Regulations

Before completing the application, **thoroughly read this instruction packet**, as well as the grant assurances (located in the Word portion of the application), General and Nutrition Service Specifications, and Program Instructions – Nevada (PINS). These documents outline grantee compliance requirements and are available at [www.nvaging.net](http://www.nvaging.net). Funded agencies must also adhere to regulations listed in the Notification of Grant Award and Confidentiality Addendum (see [page 7](#) for more information).

Programs must adhere to ADSD’s **Title III-C Nutrition Standards**, available online at [www.nvaging.net/grants/IIIC/RevisedIIICMenuStandards1-2012.pdf](http://www.nvaging.net/grants/IIIC/RevisedIIICMenuStandards1-2012.pdf). The unit of service is one complete meal provided to one eligible participant. A complete meal is one that meets or exceeds 33 1/3 percent of the dietary reference intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

### 2. Funding Sources

Approximately \$150,000 of Federal Older Americans Act, Title III-C funds is available to support new, innovative congregate meal programs in Las Vegas and North Las Vegas, Nevada. These programs provide meals and related nutrition services to older individuals in a variety of congregate (sit-down) settings, such as senior centers. Funding may be considered for up to three sites.

Because nutrition programs provide meals to congregate and/or home-delivered meal participants, home-delivered meals may be considered as a supplement to the proposal for congregate meals.

Additionally, up to \$50,000 may be available for food service equipment needs. Programs asking for equipment must utilize the separate equipment application, available at [http://adsd.nv.gov/layouts/Page\\_Style\\_1.aspx?id=62310](http://adsd.nv.gov/layouts/Page_Style_1.aspx?id=62310).

### 3. Grant Period and Reporting Cycle

This application is for a nine-month grant year. The grant period and reporting cycle is January 1 through September 30, 2015. Funded programs will be expected to begin service delivery on January 1, 2015, or the next business day.

#### 4. Eligibility and Funding Availability

Non-profits, public agencies and for-profit businesses may apply if interested in providing meals in Las Vegas and/or North Las Vegas, Nevada.

Meals must be prepared in a commercial kitchen, which has a current food establishment permit. Kitchens must be inspected by the local health authority on a regular basis, receive an acceptable grade and remedy demerits immediately, as applicable.

In keeping with the Older Americans Act Amendments of 2006, 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 the greatest economic or social need and/or disabilities; and
- Individuals living in a rural area.

**Additional consideration will be given to programs that agree to prioritize services to clients referred by ADSD who are at risk of institutional placement or have been a victim of elder abuse.**

**ADSD funding is not intended to fully-fund services. Grantees will have a match requirement, described on [page 6](#), and may need to seek out additional funds from other sources.**

#### 5. Application Format

All applications for new congregate meal services in Las Vegas and/or North Las Vegas will be considered. Home-delivered meal applications will only be considered from applicants also submitting a congregate application. Do not combine services from multiple Service Specifications into one application. Equipment requests must be submitted on the equipment application.

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 grantees. Proper equipment and software must be utilized in order to complete application materials, meet grant requirements and receive electronic correspondence, including grant award documents, as applicable.

- The application must be concise and no more than 25 pages (excluding attachments). Do not include cover sheets, cover letters, unsolicited attachments or application instruction pages. Specific page limits are as follows:
  - Applicant Questionnaire – 5 pages, single-spaced
  - Targeting Plan – 3 pages, single spaced
  - Organizational Standards – 2 pages, single-spaced
  - All other pages are limited to 1 page only, with the exception of the Budget Detail Worksheet, which is pre-set at 6 pages. If this section does not print on 6 pages, fix the borders in Page Break Preview in Excel. Some printers will not be able to print with the pre-set borders. Contact Kristi Martin at [kmartin@adsd.nv.gov](mailto:kmartin@adsd.nv.gov) for assistance, if needed.
- Use black, 12-point, Arial font in the Word documents. Use the pre-set Excel font settings.
- The application must be on white, 8 ½ x 11 size paper and single-sided. **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 – Nutrition (Area: LV/NLV), Fiscal Year 2015 version (as shown in the application’s footer).

**6. Submittal Information**

- **Deadline: Wednesday, October 29, 2014**
  - Applications must be hand-delivered by 4:00 p.m. or postmarked by the due date. **FAXED APPLICATIONS WILL NOT BE ACCEPTED.**
- Number: One signed original and three copies for each application being submitted. **Please have the authorized representative sign the original application in blue or red ink.**
- **Failure to meet the application submission deadline, either by postmark or hand-delivery (by 4 p.m.), will eliminate the application from consideration.**
- Locations: Mail or hand-deliver to the Las Vegas ADSD office **only**:
 

Aging and Disability Services Division  
1860 East Sahara Avenue  
Las Vegas, Nevada 89104

**7. Division Contacts:**

Shirley Alloway (702) 486-0852 <a href="mailto:sjalloway@adsd.nv.gov">sjalloway@adsd.nv.gov</a>	Kristi Martin (702) 486-3519 <a href="mailto:kmartin@adsd.nv.gov">kmartin@adsd.nv.gov</a>	Katrina Fowler (702) 486-3518 <a href="mailto:kfowler@adsd.nv.gov">kfowler@adsd.nv.gov</a>
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## 8. Grant Types

There are two types of grants: categorical and fixed-fee. Regardless of the grant type, applicants must complete and submit all budget pages (Budget Detail Worksheet and Budget Forms A and A-1).

- **Categorical Grants (grants under \$50,000)**  
All applications request line item costs, such as personnel and fringe benefits, travel, equipment, supplies, occupancy, public information and other expenses.
- **Fixed-Fee Grants (grants \$50,000 or more)**  
Fixed-fee programs have a reimbursement rate established for a specific service. The rates are available at [www.nvaging.net/grants/Fixed-FeeRates.pdf](http://www.nvaging.net/grants/Fixed-FeeRates.pdf). The fixed-fee rate for congregate meals is \$2.20 per meal. The fixed-fee rate for home-delivered meals is \$2.65. Grant funding may be earned up to the amount awarded.

## 9. Matching Funds

Match for Title III-C may be any combination of non-federal cash or in-kind services. Client service donations cannot be used as match. To calculate the match, divide the amount requested from ADSD by 5.666.

## 10. 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.
- Financial reports are required on a monthly or quarterly basis, as directed by ADSD. All funded programs must have the equipment and software required to scan and electronically send reports.
- Additional reporting may be required.
- If funded, your assigned Resource Development (RD) and Fiscal Specialists will provide reporting instructions.
- The reporting schedule is posted at [www.nvaging.net/grants/reporting.htm](http://www.nvaging.net/grants/reporting.htm).
- Failure to comply with reporting requirements can place a grantee's funding in jeopardy.
- The reporting history of existing programs will be considered in funding recommendations and decisions.

## 11. Performance Indicators

Performance Indicators, developed to measure the effect of services on the quality of clients' lives, are required. Performance Indicators measure tangible effects that a service has on the wellbeing of a client. Measurements may be both objective and

subjective. Further information on Performance Indicators can be found at [www.nvaging.net/grants/PerformanceIndicators1-03.pdf](http://www.nvaging.net/grants/PerformanceIndicators1-03.pdf).

## 12. 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 2014.
- Rejected applicants may appeal this decision, in writing, to the Program Deputy Administrator in Carson City. The request for review must be received within five working days from the notification of non-acceptance.
- The Program 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.

## 13. Funding Decisions

- After application acceptance, Resource Development Specialists will review all applications and make initial funding recommendations.
- ADSD and Resource Development Management will review funding recommendations. 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:**

## 14. Notification of Grant Award (NGA) and Confidentiality Addendum

An NGA with a detailed cover letter 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 original NGA by mail to your Resource Development (RD) Specialist.***

A Confidentiality Addendum will be included with the NGA. This document is required for *each* grant that calls for a program to use and enter data into the Division's statewide SAMS data system. The Addendum must be signed by the same individual who signs the acceptance of the NGA. The original, signed Confidentiality Addendum is then mailed with the original, signed NGA to your RD Specialist.

**Funds will not be released until all special conditions have been satisfied and all required, signed documents have been returned to, and approved by, the program's assigned ADSD RD Specialist.**

**15. Request for Funds**

A Request for Funds form must be completed, submitted and approved in order to draw down funds. Funds are requested for a full quarter and distributed on a monthly basis, unless otherwise directed or approved by ADSD. The Request for Funds form will be e-mailed to funded programs with the NGA and Confidentiality Addendum. Programs must use the form that is e-mailed and follow ADSD's policy on submittal, which is available at [www.nvaging.net/grants/ADSDGranteePolicyRFFandQFR.pdf](http://www.nvaging.net/grants/ADSDGranteePolicyRFFandQFR.pdf).

**16. Vendor Number**

All vendors doing business with the State of Nevada must have a vendor number assigned by the State Controller's Office. Current grantees do not have to complete this form, but new grantees are required to complete a Vendor Registration Form before any invoices or grant payments can be made. The Vendor Form must be completed by the grantee and submitted directly to Vendor Services, and a copy must be sent to ADSD's Fiscal Unit in Carson City. New grantees will be provided with the Vendor Services address. Vendor Forms are available at [http://controller.nv.gov/VendorServices/Vendor\\_Services.html](http://controller.nv.gov/VendorServices/Vendor_Services.html).

**17. Change of Address**

To change the program's address, the grantee 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/VendorServices/Vendor\\_Services.html](http://controller.nv.gov/VendorServices/Vendor_Services.html).

**18. Service Specifications**

**General Service Specifications** provide program standards for all funded programs, unless noted as exempt in the Notification of Grant Award (NGA). The **Service-Specific Service Specifications** outline baseline standards for compliance for the specified service. Service Specifications are evolving documents; many are currently under revision. The documents are available at [www.nvaging.net/grants/serv\\_specs/service\\_specifications.htm](http://www.nvaging.net/grants/serv_specs/service_specifications.htm).

**19. Program Instructions – Nevada (PINs)**

PINs are statements of ADSD policy that ensure fiscal compliance with statutes, regulations and/or rules. Funded programs must follow the PINs whenever the particular regulation applies to their program. The ADSD PINs are available at [www.nvaging.net/grants/nvpins1-14.pdf](http://www.nvaging.net/grants/nvpins1-14.pdf).

**20. Program Assessment**

Programs will be assessed on, at least, a biennial basis, in order to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, and adherence to the Division’s NGA, Confidentiality Addendum, Assurances, Service Specifications and PINs.

**21. Technical Assistance**

Each program is assigned a Resource Development (RD) Specialist, who is available to provide assistance with aspects of program development. Fiscal Specialists are available to address questions regarding fiscal matters.



**FORM INSTRUCTIONS – Excel File**

Please [contact ADSD](#) if you have questions regarding a form not listed here, or if the information below doesn’t answer your question.

**APPLICANT INFORMATION**

Box #	Instructions
1	This grant application is only for new grants. Ensure the box for “New Applicant or Type of Service” is checked.
2	No action required. The amount requested will auto-fill once the Budget Detail Worksheet is complete.
3	Select the agency’s organization type.
4	Enter Sponsor and Program information, as requested on the form. Both sections must be completed. Sponsors are entities that are responsible for the funds awarded. Additional information on Sponsors is in PIN #3 ( <a href="http://www.nvaging.net/grants/nvpins1-14.pdf">www.nvaging.net/grants/nvpins1-14.pdf</a> ). Programs are entities that provide service delivery under the grant.
5	Enter the agency’s Employer Identification Number (EIN) or Federal Tax Identification Number.
6	Enter the agency’s Data Universal Numbering System (DUNS) Number. Per PIN #3, it is ADSD’s policy that all grantees must have a DUNS number in order to receive funding. 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> . All DUNS numbers are 9 digits.
7	No action needed; the funding source has been pre-set to Title III-C.
8	Choose Congregate Meals or Home-Delivered Meals - one service per application. ADSD will only consider new Home-Delivered Meal applications from agencies also submitting a new Congregate Meal application. Service definitions and regulations are available at <a href="http://www.nvaging.net/grants/serv_specs/service_specifications.htm">www.nvaging.net/grants/serv_specs/service_specifications.htm</a> .
9	List the specific service components that will be provided to clients under the proposed service, should funds be awarded.

10	List the program's service area(s) for the proposed service (Las Vegas and/or North Las Vegas, or areas that are more specific). Client residence in the service area is not required to be eligible for service. Services must not be refused to anyone who is eligible as outlined in the <u>General Service Specifications</u> .
11	List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.
12	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 original Applicant Information form and Assurances, which are in the Word portion of the application in blue or red ink. By signing the forms, the representative is stating that he/she has approval from the Sponsor to sign the forms and verified accuracy of the information in the application.

## SITE INFORMATION

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

Enter site name(s) - one per box, unless the agency has more than eight sites. Complete the Congregate or Home-Delivered Meals section for each site, as applicable. Comprehensible abbreviations are acceptable if full words will not fit into a particular field.

Congregate #	Instructions
1	Enter the days of the week that a meal will be served (e.g., Monday-Friday, Weds. only, etc.)
2	Enter the time frame meals will be served on the days specified in #1 (e.g., 11:30-12:30, 12-1 p.m., etc.)
3	Indicate the total number of meals the site plans to serve during the fiscal year.

Home-Delivered #	Instructions
1	Enter the days of the week that meals will be delivered to clients.
2	Enter the total number of delivery routes.
3	Indicate the delivery/service area of the site for delivering meals.
4	Indicate the number of meals each client will receive each week.
5	Indicate how many total meals are anticipated to be a hot, fresh meal in the fiscal year.
6	Indicate how many total meals are anticipated to be a cold, fresh meal in the fiscal year.
7	Indicate how many total meals are anticipated to be a frozen meal in the fiscal year.
8	Indicate how many total shelf stable meals are anticipated to be delivered in the fiscal year.
9	Indicate the month(s) that the site will deliver shelf stable meals to clients.

## BUDGET DETAIL WORKSHEET

The agency name and type of service will auto-fill from information entered on the Applicant Information page. Choose the type of grant (categorical or fixed-fee) from the drop down menu.

Describe program expenses requested from ADSD in the budget categories included in the Budget Detail Worksheet (BDW), using the descriptions below as a guide to describe each category of expense. Be sure to 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 Budget Form A. Therefore, do not include excess match on the BDW. Instead, describe additional resources, other than match, in box 9 on Budget Form A-1.

**PERSONNEL:** List *administrative* staff that will provide direct service under the proposed program and the associated costs to be charged to the grant (percentages will be calculated automatically). Costs associated with administrative staff providing indirect services may only be included in this section in fixed-fee proposals. Also list *program* staff (name and position) and total cost to be charged to the grant. Place an asterisk (\*) beside all new positions. Include salary calculations for each administrative and program staff person. A Program Salary will be generated in the far right column. Follow the example on the form.

**FRINGE BENEFITS:** Fringe benefits will be based on the employee's Program Salary, not his/her Annual Salary. List each position and the type of benefits provided to each (FICA, Medicare, vacation, state industrial insurance, unemployment insurance, etc.). List the ADSD Request and Grantee Match for each position's benefits, as applicable (percentages will be calculated automatically). Follow the example on the form.

**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 auditors and RD Specialists, if requested. Follow the example on the form.

**STAFF TRAVEL/PER DIEM:** Identify staff that will travel and the purpose/justification, mileage, cost per mile and frequency. Follow the example on the form.

**SUPPLIES:** List tangible and expendable personal property, such as office supplies, program supplies, etc. Justify these expenditures. Follow the example on the form.

**OCCUPANCY:** Identify and justify any facility costs associated with the proposed program (not the entire agency), such as rent, maintenance expenses and insurance, as well as utilities such as power, water and telephone. Follow the example on the form.

**PUBLIC INFORMATION:** Identify and justify any such costs (e.g., printing of brochure). This category can also include costs for appropriate project promotion, such as media buys, etc.

Follow the example on the form.

**OTHER EXPENSES:** Identify and justify all other expenditures that cannot be identified in another category. These costs may include any relevant expenditure associated with the project, such as training, car insurance, volunteer mileage, etc. 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 EXPENSES:** Administrative expenses for **categorical** grants must be adequately described and are **limited to no more than 8%** of the direct project costs requested from ADSD. These expenses are used to help cover costs associated with depreciation and use allowances, facility operation and maintenance, general expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. Administrative expenses do not apply to equipment purchases. **Fixed-fee** grants may incorporate administrative expenses in the regular line item categories and will not use this specific section of the BDW.

**EQUIPMENT:** Equipment costing less than \$200 should be listed under Supplies. Do not include other equipment requests in this grant application. If funding is available, requests will be solicited and funded separately.

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## BUDGET FORM A

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages.

The amounts on this form self-populate from the amounts entered on the Budget Detail Worksheet. This page offers a summary of the grant budget.

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## BUDGET FORM A-1

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages.

Identify sources of match listed on the Budget Detail Worksheet and Budget Form A. Give a specific description. Entities should be listed by name, not a generalization (e.g., “county funds” would be an unacceptable description). If donations will be used, specify the source, as client donations are not an eligible source of match. If volunteers will be used, list a sampling of their duties and your method for calculating the value of service, as related to the proposed program. In the “Status of Match” column, use the drop down menus to indicate whether the match is Pending, Funded or With Special Conditions.

**Matching Funds Requirements:** See Matching Funds (#9) on [page 6](#). Match may be any combination of non-federal CASH or IN-KIND services.

**Definition of IN-KIND:** Any property or services provided without charge by a third party to a second party are IN-KIND contributions. IN-KIND items must be non-depreciated or new assets with an established monetary value.

First Party:	The State of Nevada
Second Party:	The grantee (and sub-grantee of project supported by the grant)
Third Party:	Everyone else

If the grantee (second party) provides the property or services, then it is considered “cash” contributions, because only third parties can provide IN-KIND contributions.

When costing out volunteer time, remember to calculate the cost based on the **duties performed**, not the volunteer’s qualifications. For example, an attorney may donate his or her time to provide transportation to clients a certain number of hours per month, but the donation is to be calculated based on the normal and expected pay received by drivers, not attorneys.

**Definition of CASH:** Property or services provided by the grantee are considered “cash” contributions.

Cash donations (other than client service donations) can also be used as match; however, program income cannot be used to match another program. Program income can only be used to enhance the program that generates the funds.

**IMPORTANT: Program Income**

1. Client service donations may not be used as match, but can be solicited for all services. **Solicitation must be non-coercive. The donation process must be confidential.**
2. Cost sharing (contributions made to a program based on a sliding-fee scale) is prohibited in certain programs. The Division’s Cost Sharing Policy, and a list of the excluded programs, can be found in the PINs, as Appendix 3, at [www.nvaging.net/grants/nvpins1-14.pdf](http://www.nvaging.net/grants/nvpins1-14.pdf).

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## **PROJECTED OUTPUT MEASURES**

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages.

Applicants are required to submit projected output measures to illustrate the proposed number of unduplicated clients and units of service (meals) they plan to serve. Demographic information is also required, including the age of clients, the number of clients who live below the federal poverty level, the number of minority clients, the number of clients with limited English proficiency and the number of clients in rural areas. **DO NOT** leave demographic fields blank. If you do not have plans to serve a certain demographic, enter a zero into the field.

**To avoid unnecessary confusion, complete the Projected Output Measures page after all other Excel documents have been completed.** Cells that are shaded in blue will fill in automatically from data entered in other parts of the file.

In fixed-fee proposals, the number of units of service will pre-populate in #10. When units are multiplied by the fixed-fee rate, the result is the ADSD requested amount.

The unit of service is pre-populated (one meal). Additional information on the service is in the Nutrition Service Specification at [www.nvaging.net/grants/serv\\_specs/service\\_specifications.htm](http://www.nvaging.net/grants/serv_specs/service_specifications.htm).

Fixed-fee rates are posted on the Division's website at [www.nvaging.net/grants/Fixed-FeeRates.pdf](http://www.nvaging.net/grants/Fixed-FeeRates.pdf).



## **FORM INSTRUCTIONS – Word File**

Please [contact ADSD](#) if you have questions regarding a form not listed here, or if the information below does not answer your question.

## **APPLICATION CHECKLIST**

Assemble the application package according to the instructions on the Application Checklist. Check off each item to verify that it is included. If required items are missing, the application will be rejected. Only include attachments that are listed, as applicable. These items are to be attached to the end of the application package.

Attachments are marked as mandatory, preferred or optional. These items are to be attached to the end of the application package. If the program prepares meals at multiple sites, the most recent Food Establishment Inspection Report for each site must be attached. If a contractor is used and a health inspection report cannot be obtained, attached a statement from the contractor that verifies the facility meets health regulations, has been properly inspected and all demerits have been rectified, as applicable.

Properly staple the application. Ensure that the staple went through, and secured, all pages.

When preparing the copies of the application, ensure they contain all of the required pages, in the correct order.

## APPLICANT QUESTIONNAIRE

Provide a detailed answer to each question, or check N/A, as applicable. Do not combine answers.

Question #	Guidance
3	List <b>all</b> funding that has been applied for and/or secured (including fundraising) to support the <b>proposed service</b> .
7	See Eligibility on <a href="#">page 4</a> . The second part of the question refers to all sites within the agency's nutrition program that prepare meals. If a contractor is used, provide the contract agency name in the comment section, and if an inspection report cannot be produced, indicate the agency's plan for ensuring the safe preparation of meals. If a Memorandum of Understanding (MOU) or other contract is in place, which addresses compliance with the regulations of the local health authority, attach the document to the end of the application.
8	Review ADSD's Title III-C Nutrition Standards for guidance, <a href="http://www.nvaging.net/grants/IIIC/RevisedIIICMenuStandards1-2012.pdf">www.nvaging.net/grants/IIIC/RevisedIIICMenuStandards1-2012.pdf</a>
9	Review the Nutrition Service Specifications, Item 2.9 <a href="http://www.nvaging.net/grants/serv_specs/Nutrition10-12.pdf">www.nvaging.net/grants/serv_specs/Nutrition10-12.pdf</a> . If certification has not been earned and maintained, explain the reason and plan for achieving compliance.
12	As stated in Eligibility and Funding Availability on <a href="#">page 4</a> , additional consideration will be given to programs that agree to prioritize services to clients referred by ADSD who are at risk of institutional placement or have been a victim of elder abuse.
13	Only applies to organizations that are not currently funded by ADSD for any service. List business references, not personal references for staff members.
14	Provide an outline of the proposed service with information on partners and their level of involvement.
15	<b>Justify funding at the level requested in the application.</b> Explain and substantiate the amount of funding requested.
16	Define the agency's qualifications for providing congregate and home-delivered meals, if applicable. Include a brief history of the agency and experience with the associated service. Include achievements not otherwise documented in the application.

**Do not exceed five pages, single-spaced in 12-point Arial font.**

## TARGETING PLAN

ADSD Aging Services III-C grantees are required to target frail, minority, low-income, rural and homebound seniors. Per the General Service Specifications, Item 1.5, a plan must be developed during the application process and implemented if funded.  
 ([www.nvaging.net/grants/serv\\_specs/GeneralOAA6-13.pdf](http://www.nvaging.net/grants/serv_specs/GeneralOAA6-13.pdf))

Answer each question to clearly demonstrate your goals in targeting these populations. Answers should include all target populations, not just minorities. Do not combine answers. Detailed answers are required.

Question #	Guidance
1	Describe the service area in Clark County. Do not generalize the area by stating “the entire county” if you plan to serve certain towns and/or cities only.
2	Describe the population that resides in the proposed program’s service area. Include gender, age, race, poverty status and other demographics. Cite references.
3	List civic and minority organizations, coalitions, committees, etc., in the proposed service area. Indicate if the agency has a membership with the organizations listed, if membership is available.
4	Describe the agency’s plan for associating with the organizations listed in question 3, and other agency partners, including collaboration efforts, to better reach the target populations.
5	By implementing a targeting plan, what does the agency hope to achieve, on a statistical and programmatic level?
6	How will the agency track the targeting and outreach activities? What method will the agency use to measure achievements?

**Do not exceed three pages, single-spaced in 12-point font, for the Targeting Plan.**

## ORGANIZATIONAL STANDARDS

Enter the name of the organization/agency. 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.

**Do not exceed two pages, single-spaced in 12-point Arial font.**

## **ASSURANCES**

At the bottom of the form, enter the agency's name, and name and title of the authorized representative.

The authorized representative reads, signs and dates each form in red or blue ink, signifying that: (1) He/she has the authority to sign; and (2) the applying agency is capable of and will comply with the assurances if funds are awarded.