

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

**Nevada Assistive Technology Collaborative:
Northern Nevada - Device Reutilization and the Reuse of Gently
Used Assistive Technology**

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

**COMPETITIVE SUBAWARD PROCESS
Fiscal Years 2020 – 2023**

(Additional years will be based on performance and funding dependent)

Reporting Cycle, Year One (Fiscal Year 2020): October 1, 2019 – September 30, 2020

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INTRODUCTION

The Aging and Disability Services Division (ADSD) is seeking partner organizations to provide Assistive Technology services to individuals with disabilities as part of the Nevada Assistive Technology Collaborative. The programs will be funded through subawards consisting of federal funding. 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 interested parties. The materials are available for download at: 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.

*****A mandatory applicant orientation webinar will be held Wednesday, August 21, 2019. All interested applicants must attend this session.*****

DATE	TIME	WEBINAR/TELECONFERENCE INFORMATION
August 21, 2019	10:00 AM	http://webmeeting.att.com Meeting Number: 888-557-8511 Access Code: 8605092 Log into the webinar using the link provided. Enter the meeting number (no dashes), access code, your name, and email address to join the webinar. For audio, dial the meeting number from your telephone and enter the access code.

Before completing the application, **thoroughly read this instruction packet** and the documents outlined below. These documents outline subrecipient compliance requirements.

- **General Service Specifications** provide program standards for all funded programs, unless noted as exempt in the Notification of Subaward (NOSA). The **Nevada Assistive Technology Collaborative Service Specifications** outline baseline standards for compliance for the specified service. The Division has final authority over content. Service Specifications are evolving documents and are available at <http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>.
- **Program Policies** as well as **Annual Progress Report Instructions** are available with the NOFO documents at http://adsd.nv.gov/Programs/Grant/Notices_of_Funding_Opportunities/. Additionally, a sample of **Goals and Objectives** are provided within these instructions and the

application. The FFY20 Goals and Objectives are also available at the above link for applicants' reference

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

1. **Funding Source and Service Background**

The NATC program services are funded through the Assistive Technology Act of 1998, As Amended under the Workforce Innovation and Opportunity Act (WIOA) P.L. 113-128.

Background

The creation of the Assistive Technology Act provided the State of Nevada with grant funds to establish programs and services within the state. The Nevada Assistive Technology Collaborative (NATC) is Nevada's AT Act program. Nevada chose to provide services through collaborations with organizations that shared in the purpose of the AT.

Purpose:

To improve the provision of Assistive Technology (AT) to individuals with disabilities through a comprehensive statewide continuum of integrated activities, for individuals with disabilities of all ages, that are designed to:

- increase the availability of, funding for, access to, provision of, and training about AT devices and AT services;
- increase the ability of individuals with disabilities of all ages to secure and maintain possession of AT devices as such individuals make the transition between services offered by educational or human service agencies or between settings of daily living (for example, between home and work);
- increase the capacity of public agencies and private entities to provide and pay for AT devices and AT services on a statewide basis for individuals with disabilities of all ages;
- increase the involvement of individuals with disabilities and, if appropriate, their family members, guardians, advocates, and authorized representatives, in decisions related to the provision of AT devices and AT services;
- increase and promote coordination among State agencies, between State and local agencies, among local agencies, and between State and local agencies and private entities;

- increase the awareness and facilitate the change of laws, regulations, policies, practices, procedures, and organizational structures, that facilitate the availability or provision of AT devices and AT services; and
- increase awareness and knowledge of the benefits of AT devices and AT services among individuals with disabilities and their families, older individuals and their families, and the general population.

Program services are provided statewide through community partners that possess both the expertise and structure necessary to provide the services. Services are split between northern and southern regions to ensure coverage throughout the state efficiently. The northern region includes Carson, Churchill, Douglas, Elko, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe, and White Pine. The southern region includes Esmeralda, Nye, Lincoln, and Clark.

Services are provided based on the philosophy that (1) disability is a natural part of the human experience and in no way diminishes the right of individuals to live independently, enjoy self-determination, make choices, contribute to society and experience full integration and inclusion in American society; and (2) services must assure that people with disabilities, and their families, have access to culturally competent services, supports and other assistance and opportunities which promote independence, productivity and inclusion.

2. Services to be Provided by Subrecipients

Under this Notice of Funding Opportunity (NOFO), the selected subrecipient(s) must provide the following services:

Device Reutilization program would consist of the soliciting and accepting of gently used AT for the purpose of making it available for other people in need. Program can also include a Device Exchange option, but the NATC could not support a program providing exchanges only.

AT Device refurbish/repair and reassignment and/or open-ended device loan activities are those in which devices are accepted (usually by donation) into an inventory are sanitized and refurbished as needed, and then reassigned to a new owner (by sale or give away) or placed with a new user via open-ended loan. The program would make it available for consumers if the AT is appropriate for their needs after ensuring it has been sanitized, refurbished or repaired, if necessary. A program could also provide AT that has been purchased if the community partner has a funding source outside of the AT Act and NATC to obtain the AT. Device exchange activities are those in which devices are listed in a “want ad” type posting, and consumers can contact and arrange to obtain the device (either by purchasing it or obtaining it for free) from the current owner. Exchange programs do not involve warehousing inventory and do not include repair, sanitation or refurbishing of used devices.

3. Eligibility and Funding Availability

Public and private, nonprofit organizations can apply if interested in providing services outlined in this NOFO.

Available funding is allocated for northern Nevada \$30,000 to provide a Device Reutilization program.

Participation requires flexibility to accommodate opportunities and needs throughout the state. Community partners would establish and maintain a close working relationship with the NATC to ensure services are meeting expectations. Prospective NATC partners must have the expertise and structure necessary to provide the AT services and proposals should clearly provide evidence of those capabilities for each AT service included in their proposal. Prospective NATC partners must collect performance measure and survey data for all services provided. Program services may not be used to supplant any agency's responsibilities with regard to providing assistive technology to persons with disabilities.

The final funding amount and number of subawards will be determined based on the number of responses received by ADSD, application scoring, regional allocations, and administrator discretion.

Funding is distributed as monthly or quarterly reimbursements. Subrecipients who require advance funding must thoroughly justify the need within the Application Questionnaire. ADSD may or may not accept the justification and could ask for further information before approving or denying the request. 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.

4. Budget Period and Reporting Cycle

This competitive process is for a yearly program with the potential of services over a four-year term, beginning October 1, 2019. The first year subaward budget and reporting period will be on a Federal Fiscal Year 2020 (FFY20), which is from October 1, 2019, through September 30, 2020.

Budgetary support for subrecipients beyond the first year will depend upon the overall availability of funds, program performance, program reporting, and service priorities established by the Division. The completion of annual subaward continuation applications is required in order to be considered for funding in FY21-23.

5. Reporting Requirements

All funded programs must have the equipment and software required to report data online and scan, email and/or upload reports or other documents, as applicable per direction from ADSD. ADSD uses email as its primary means of communication with applicants and subrecipients.

- All programs are required to report core data monthly.
- Monthly expenses must be tracked and reported to align with the AT service area. This would be provided with the monthly reimbursement.
- Request for Funds/Financial Reports are submitted monthly, quarterly, or as otherwise directed by ADSD.

- If funded, your assigned Program Specialist and Grants and Projects 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.
- **Aside from application scoring, the reporting history of existing programs will be considered in funding recommendations and decisions.**

6. Division Contacts

Program Specific questions should be addressed to the IL Program Specialist:

John Rosenlund
 IL Program Specialist
jrosenlund@adsd.nv.gov

Technical assistance on the required forms can be directed to the Grant Manager:

Kristi Martin
 Social Services Manager I
kmartin@adsd.nv.gov

7. Submittal Information

- **Deadline: Wednesday, September 4, 2019.**
 - Applications must be emailed to ADSDGrants@adsd.nv.gov **and** jrosenlund@adsd.nv.gov.
 - Alternatively, existing subrecipients may also upload the file(s) to ADSD's FTP server and send an email to the above email addresses to notify ADSD 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 September 2019.
- Rejected applicants may appeal this decision, in writing, to the ADSD Administrator in Carson City. 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, the NATC Director, Grants and Project Specialists and independent reviewers will review all applications and make initial funding recommendations based on the scoring matrix on page 8.
- ADSD staff will review funding recommendations and scores 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 will tentatively be released in late May.
- Notices of Subaward (NOSAs) will be distributed in September, or as ADSD receives requested subrecipient budget revisions, as applicable.

10. Scoring

Applications will be scored using the categories below, with a total maximum score of **100 points**. Applicants that follow the guidance below may better demonstrate their ability to successfully operate the program.

Capacity, Experience, and Services (20 points)

- The applicant describes the organization's capability to coordinate the program services required.

Staffing (30 points)

- The proposal describes sufficient experience of the administration and leadership.
- The proposal describes sufficient and reasonable staffing to ensure optimal services and is it reflective in the budget.
- The organization currently has staff that are experienced in the provision of the program services as described. If not, the applicant described a viable plan to find and hire appropriate staff.
- The organization describes existing staff or that they will hire staff knowledgeable about an extensive range of AT including vision, hearing, speech communication, learning/cognition/developmental, mobility/seating/positioning, daily living, environmental adaptations, vehicle modifications/transportation, computers/related, and recreation/sports/leisure.

Service Delivery (25 points)

- The proposal describes how program services would be provided and the description is in line with the program model.
- The organization describes its capacity to provide outreach and public awareness.
- The organization describes the ability to provide services throughout the required services area.

Program Budget (25 points)

- Personnel costs are reasonable to best ensure quality staff.
- Non-personnel operating costs reasonable and adequately justified.

In the event an application is funded, the following will apply, in addition to the documents listed on pages 2-3 (please keep this information for future reference):

1. 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 documents to the assigned ADSD Grants and Projects Specialist (GPS), as listed in the email. 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 Program Specialist or assigned GPS 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.

2. Request for Funds-Financial Reporting (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. ADSD can supply sample RFR and back-up documentation templates to interested applicants, as requested (contact ADSD).

3. 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.

4. 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 RFF-FR form has the correct address for vendor payments listed under Subrecipient Address.

5. Performance Indicators

Performance Indicators are not required as a state service. However, Performance Measures are built into the reporting requirements. A program will have established Goals and Objectives and ongoing review of the reported services throughout the partnership with the NATC.

6. Program Assessment and Fiscal Monitoring

Programs will be assessed on, at least, a biennial basis, in order to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, client satisfaction and adherence to the ADSD's NOSA, Incorporated Documents, 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 to clients' homes to discuss their satisfaction with the services and view services. 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.

7. Technical Assistance

All subrecipients will be assigned a Grants and Projects Specialist (GPS), who is available to provide assistance with aspects of subaward management. Fiscal Auditors are available to address questions regarding fiscal matters. The IL Program Specialist will provide service-specific technical assistance and program development, as well as file reviews.

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 40 pages (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 listed next to page names below. **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 ADSD Competitive Subaward Application – Nevada Assistive Technology Collaborative Services 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 17 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

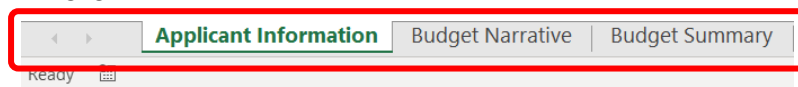
Three (3) files are to be used when completing the subaward application. The submitted PDF application must have all elements of these files included:

1. Microsoft Excel File: ADSD Subaward Application- NATC FFY20 Part 1
 2. Microsoft Word File: ADSD Subaward Application- NATC FFY20 Part 2
 3. PDF File: DHHS Subrecipient Questionnaire
- Additionally, applicants must submit attachments as request within the Application Checklist on page 17. Attachments are categorized by “mandatory,” “optional” or “if applicable.”

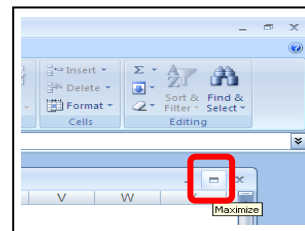
The **Excel** file contains the following forms, in order:

- Applicant Information
- Budget Narrative, 8-page limit
- Budget Summary

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, 15-page limit
- Provider Requirements, 3-page limit
- Goals and Objectives, 3-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	If the agency is not currently funded by ADSD for the proposed service, choose “New Applicant or Type of Service.” If ADSD is currently funding the service, choose “Currently Funded ADSD Subaward” and enter the agency’s FY19 subaward number for that service, which can be located on the FY19 NOSA.
2	No action required. The amount requested will auto-fill once the Budget Narrative is complete.
3	Select the agency’s organization type.
4	Enter Subrecipient and Program information, as requested on the form. Complete both sections. Subrecipients are entities that are responsible for the funds awarded. Additional information on Subrecipients (grantees) is in <u>RPGPs</u> . Programs are entities that provide service delivery under the subaward. The subrecipient contact and program director must not be the same person for accountability purposes. For non-profit organizations, the Subrecipient contact must be the President of the Board of Directors. Enter the agency’s Employer Identification Number (EIN) or Federal Tax Identification Number. Enter the agency’s Data Universal Numbering System (DUNS) Number. All DUNS numbers are 9 digits. To request, look-up or make changes to a DUNS number, go to

	http://fedgov.dnb.com/webform .
5	No action required. The funding source has been pre-filled.
6	Choose the NATC Services/NOFO for which your agency is applying.
7	List the program's service area(s) for the proposed service, by County.
8	No action required. The funding source has been pre-filled.
9	No action necessary. These subawards are categorical.
10	No action required. The services have been pre-filled.
11	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. 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>

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 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.

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, as applicable. Information entered into the Budget Narrative will populate the ADSD Funds column. Applicants will enter other funding information in the orange cells.

Matching Funds Requirements: Match is NOT required.

Other Funding: 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. Box C is pre-filled to indicate there is no match requirement. In box D, list potential/estimated amounts and sources of program income. Refer to the RPGPs for information on program income.



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: 15 pages

A. Proposed Intervention

Describe clearly and concisely, how your organization plans to carry out the requirements of this 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. Describe in detail how services will be brought to rural Nevada.

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.

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?

E. Evaluation

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

PROVIDER REQUIREMENTS

Read the following section and respond to each question within the Word file.
Page Limit: 3 pages.

Those agencies involved in the direct management and oversight of Nevada Assistive Technology Collaborative services under the Assistive Technology Act must meet minimum qualifications. These minimum qualifications include:

- Community partners must share the NATC's Purpose and Philosophy as collaborative partners in the provision of the program services.
- Inclusion of personnel who are knowledgeable and experienced in the following areas:

- Device Demonstration, Device Loan, Training, Technical Assistance, and Information and Assistance services: Lead staff must have a minimum of 5 years of Assistive Technology experience identifying barriers, AT solutions, demonstrating AT (includes coordinating demonstrations by others), and supporting informed consumer decision making.
 - Inclusion of personnel who are knowledgeable in community resources and specifically resources to obtain Assistive Technology (minimum 5 years).
 - Reutilization: Inclusion of personnel who are knowledgeable about Assistive Technology Reuse including sanitization of the AT.
 - Provide an “NATC Community Partner Staff Experience & Qualifications” form for all staff working on NATC services.
- Follow the Nevada Assistive Technology Collaborative Programs Policy for the provision of services.
 - Ensure the Goals and Objectives established with ADSD are monitored and responses updated as defined with ADSD.
 - Establish and maintain a data collection system for all coordinated services. Including surveying and collection of Performance Measure data as required throughout the reporting.
 - Collect and maintain validated reporting data.
 - Coordinate and collaborate with other agencies and organizations.
 - Availability, to the maximum extent feasible, of personnel able to communicate (1) with individuals with significant disabilities who rely on alternative modes of communication.

In Word file: Describe agency’s ability to comply with Provider Requirements.

GOALS AND OBJECTIVES

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

All applicants must agree to work with the NATC Director to develop goals and objectives for the program within the goal areas identified. The Goals and Objectives will be completed within the first 60 days of the budget period. There may be additional goal areas identified as needed throughout the life of the subaward.

For new applicants, please complete the timeline for operationalizing the program based on your understanding of the information contained in this NOFO, Program Policies and all related documents available.

For existing funded partners who are re-applying, please identify any program changes or challenges and the steps to be taken to address these changes. If no program changes are anticipated, write N/A in the first row of the table.

ORGANIZATIONAL STANDARDS and APPLICANT QUESTIONNAIRE

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

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.

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)
- Project Narrative (Word Document)
- Provider Requirements (Word Document)
- Goals and Objectives (Word Document)
- Organizational Standards and Applicant Questionnaire (Word Document)
- Subrecipient Questionnaire (PDF Document)

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

- NATC Community Partner Staff Experience & Qualifications form for all staff
- Contracts or Memorandums of Understanding (*if applicable*)
- Current Federal Indirect Cost Rate (FICR) Letter (*if applicable*)
- 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 8 and 12 regarding authorized signers.