

SUBAWARD APPLICATION - COMPETITIVE

This form is to be used for all competitive funding opportunities under ADSD. A separate application is needed for each service proposed by the applicant.

A complete application for funding consists of three files:

ADSD Subaward Application – Competitive (PDF),

ADSD Subaward Budget Template (Excel),

ADSD Work Plan Template (Word), if applicable or requested by ADSD in the funding opportunity.

A. Applicant Organization Information

Funding Opportunity Number:		New Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization Name:			
Mailing Address			
Street Address:			
City:		State:	Zip Code:
Physical Address (if different than mailing address)			
Street Address:			
City:		State:	Zip Code:
Employer Identification Number:		Unique Entity ID (UEI) Number:	
Registered with NV Controller: <input type="checkbox"/> Yes <input type="checkbox"/> No		State Vendor Number:	
Organization Type: <input type="checkbox"/> Public Agency <input type="checkbox"/> 501 (C) 3 Non-Profit <input type="checkbox"/> For-Profit			
Authorized Organizational Representative			
Name:		Title:	
Email Address:		Phone Number:	
Additional Authorized Signer(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list below)	
Name/Title/Email Address:			
Name/Title/Email Address:			
Fiscal Officer			
Name:			
Title:			
Email Address:			

B. Project Information

Project Title:		
Service Category:		Proposed Service:
Same Physical Address as section A? <input type="checkbox"/> Yes <input type="checkbox"/> No, use address below		
Street Address:		
City:	State:	Zip Code:
Project Director		

Name:	Title:
Email Address:	Phone Number:
Area(s) to be Served by Project:	

C. Applicant Certifications

- ☐ ADSD [General Service Specifications](#) provide program standards for all funded programs, our organization has read and agrees to comply with these standards.
- ☐ Our organization has read and agrees to the [Service-Specific Specifications](#) of the proposed service (if applicable).
- ☐ The [Grant Instructions and Requirements](#) are statements of DHHS policy that ensure fiscal compliance with statutes, regulations, and/or rules. Our organization has read and agrees to comply with these standards.
- ☐ Funding will be dispersed on a Reimbursement basis. Requests for Reimbursement will be submitted in accordance with the [ADSD Reporting Schedule](#).
- ☐ Our organization will submit Requests for Reimbursement on a(n) **select one** basis. This method cannot be changed in the middle of the budget period.
- ☐ Our organizational information in Section A matches the information on file with the State of Nevada Controllers Office. *Note: if you have not registered with the Controller's office or need to verify your registration visit: <https://controller.nv.gov>.*
- ☐ All subrecipients must notify their assigned Program Coordinator(s) of any significant changes within the organization and/or program. This includes but is not limited to: Organizational/Project address, changes in the Authorized Organizational Representative or authorized signers, changes in key personnel, and/or any budget modifications.
- ☐ If funded, applicants agree to submit any requested application revisions by the deadline given by ADSD in the Award Notification email. Failure to submit requested application revisions by the deadline may delay the project period and/or void the funding approval.

Certification by Authorized Official

To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant and the agency will comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the assurances.

Name (printed):	Title:
Email:	Phone:
Signature:	Date:

General Provisions and Assurances

This section is applicable to all subrecipients who receive funding from the ADSD under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

1. Subrecipients will adhere to all applicable federal and state laws/regulations as noted on the final Notice of Subaward.
2. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
3. GSA - General Services Administration for guidelines for travel
4. NV DHHS Grant Instructions and Requirements (GIRS)
5. State Licensure and Certification. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
6. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
7. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the subrecipient, its officers, employees, and agents.
8. The subrecipient shall provide proof of workers' compensation insurance, upon request, as required by Chapters 616A through 616D inclusive Nevada Revised Statutes.
9. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed; The subrecipient will report within 24 hours the occurrence of an incident, following DHHS/ADSD policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
10. Per NRS 179A.325, background checks are required for individuals who serve children, older adults, and people with disabilities.
11. Application to Nevada 211. The applicant is required to submit proof of registration with the Nevada 211 service. If applicant is applying for a new service, applicant will be required to submit an application for the new service if funded.
12. The subrecipient agrees to fully cooperate with all DHHS/ADSD sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
13. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
14. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS/ADSD may reallocate funds to other programs to ensure that gaps in service are addressed.
15. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical

assistance will be provided by ADSD staff or specified sub-contractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, ADSD will provide a written notice identifying the reduction of funds and the necessary steps.

16. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Compliance with Notice of Funding Opportunity

Applicant agrees to the following requirements of compliance with submission of an application.

- A. If the applicant has not met performance measures of previous DHHS/ADSD subgrants, ADSD reserves the right to not make additional awards.
- B. Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
- C. ADSD reserves the right to make funding recommendations and subgrant awards in a manner that ensures geographic coverage for services throughout Nevada.
- D. ADSD will not evaluate proposals that do not meet technical requirements of the NOFO.

Applicant Acknowledgment and Agreement:

Name (printed):	Title:
Email:	Phone:
Signature:	Date:

Project Narrative

**See Notice of Funding Opportunity (NOFO) for specific guidance and page limits*

Challenges and Need

Proposed Intervention

Organizational Capacity & Partnerships

Cost-Effectiveness & Sustainability

Outcomes and Evaluation