Nevada Aging and Disability Services Division

**Subaward Application – Continuation**

*A separate application is needed for each service. This application is only used for new budget periods for an existing subaward. Use only as directed by ADSD. This form is not used for New Applications.*

# Organization Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:  Yes  No | | | | State Vendor Number: | | |
| Organization Type:  Public Agency  501 (C) 3 Non-Profit  For-Profit | | | | | | |
| **Authorized Organizational Representative** | | | | | | |
| Name: | | | | Title: | | |
| Email Address: | | | | | Phone Number: | |
| Additional Authorized Signer(s): | | | Yes  No (If yes, list below) | | | |
| Name/Title/Email Address: | |  | | | | |
| Name/Title/Email Address: | |  | | | | |
| **Fiscal Officer** | | | | | | |
| Name: | | | | | | |
| Title: | | | | | | |
| Email Address: | | | | | | |

# Project Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title:** | | | |
| Current Subaward Number: | Current Subaward Total: | | |
| Service Category: | Service: | | |
| Same Physical Address as section A?  Yes  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: | | | |
| **Project Abstract:** | | | |

# Applicant Certifications

ADSD [General Service Specifications](https://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ServSpecs/GeneralServiceSpecifications-AllSubawardsFY21.pdf) 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](https://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/) of the proposed service (if applicable).

The [Grant Instructions and Requirements](https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Grants/GrantInstructionsandRequirementsRevisedOctober2020.pdf) and the [Requirements and Procedures for Grant Programs](https://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf) are statements of DHHS/ADSD policy that ensure fiscal compliance with statues, 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](https://adsd.nv.gov/Programs/Grant/Reporting/Instructions/).

Our organization will submit Requests for Reimbursement on a(n)  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*](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 budget revisions or other documents by the deadline given by ADSD in the Award Notification email. Failure to submit requested 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 subaward program and all other applicable federal and state laws, current or future rules, and regulations. Funding is contingent on subrecipient performance and availability of funding. 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:** |

# Project Summary

**Page Limit: 3 pages.** See instructions for details. This section is optional, unless otherwise requested by the assigned ADSD Program Coordinator.