ADSD Form Instructions – Continuation Application

Application Format

Applications MUST conform to the following requirements to be considered for funding:

- Applications must be computer-generated on the ADSD Forms. A complete application required for all non-competitive, annual continuation subawards includes two files: (1) ADSD Subaward Application - Continuation (Word) and (2) ADSD Subaward Budget Template (Excel).
  - Based on the assigned service category and/or scope of work, a revised ADSD Work Plan (Word) may also be requested.
- Applications are expected to be free of spelling and grammatical errors. All application forms have pre-set formatting including fonts, line spacing, and margins.
- Submitted applications must be on white, 8 ½ x 11 size paper, assembled according to the instructions on the Application Checklist.
- Applicants should submit the ADSD Subaward Application – Continuation form (which includes the Project Summary) as one PDF document. Applicants should submit the ADSD Subaward Budget Template as an Excel file.

ADSD Subaward Application – Word Document

A. Organization Information

This section captures information regarding subrecipient Organization. The Organization Name is the subrecipient to be named on the Notice of Subaward and is responsible for the funds awarded. Information in this section must match exactly what is on record with the Nevada Controller's office. *Failure to provide correct information in this section will prevent ADSD from making payments to the subrecipient if funding is approved.*

The Authorized Organizational Representative (AOR) is the individual authorized to submit an application on behalf the organization and, who is responsible for the organization's compliance with the terms and conditions of subawards, including compliance with state and federal laws/regulations. In non-profit organizations, this person is the President of the Board of Directors.

- Applications must be signed by the Agency's AOR.
- The Agency's AOR may list up to two (2) Additional Authorized Signers on the application, indicating authorized representatives who are able to sign Requests for Reimbursements or other documents.
- Changes to the AOR and/or Authorized Signers must be submitted in writing by the Agency's AOR. A signed, dated, letter should be submitted to ADSDGrants@adsd.nv.gov.

The Fiscal Officer is the point of contact for any concerns regarding the budget, requests for reimbursement and annual audits.

B. Project Information

This section is for project specific information including the service category, funded service, and physical address of the project. This section should also list the Project Director who is assigned as the manager/coordinator/lead for this project. The Project Director is the day-to-day contact for the ADSD Program Coordinator.

The current subaward number, current budget total, service category and funded service can be found on the existing Notice of Subaward. In the Project Abstract, include a short summary of the project, including any major changes proposed.

C. Applicant Certifications

These are required certifications for all applicants, acknowledging the information contained with the application is true and correct.

Project Summary

This section is *optional*, unless otherwise requested by the assigned ADSD Program Coordinator. This section is limited to 3 pages.

Discuss project changes, including changes in key personnel, scope of work, service delivery, outreach activities, or justification of funding requested. If no project changes or request for change in funding, indicate "Not Applicable" in the space provided.

Discuss any challenges, if any, you faced during the previous project period as well as actions taken to address those challenges. Also discuss new or innovative strategies planned for this project period to address challenges, need, and/or help achieve project goals, desired outcomes, and output.

Briefly discuss any significant accomplishments, new partnerships, data, and/or impact this project has had in within the project service area, within underserved populations, to individuals with disabilities and to Nevada's older adults.

ADSD Subaward Budget Template – Excel File

This file is required for all ADSD Subawards, regardless of type. For additional guidance on budgets, applicants should refer to the Grant Instructions and Requirements (DHHS) and the Requirements and Procedures for Grant Programs (ADSD) for rules and regulations on allowable expenses.

The Excel file has formatting that is accessible to all users. While adding information to the Excel file, you may format the cells and rows as needed to fit your text.

There are 2 forms in this workbook: Budget Narrative and Budget Summary. Each form is a separate tab at the bottom of the page/workbook. If you do not see the tabs at the bottom of the page, maximize the screen by clicking the button on the top right side of the screen that looks like a little window.

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.

Budget Narrative

Enter the applicant's name and service type at the top of the 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.

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 services 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 letter. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Administrative/indirect expenses do not apply to equipment or fixed fee subawards or portions of 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's name and service type will auto-fill from information entered at the top of the Budget Narrative tab.

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

Matching Funds Requirements: 15% of the ADSD requested amount. The required match will calculate automatically. Break out match into the budget expense categories to show where it will be applied.

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. Format the row as needed to include all text.

Identify sources of match in box C (format as needed) and indicate whether it is pending or secured. Match can be non-federal cash or in-kind.

In-kind match is the value of any real property, equipment, goods, or services contributed to a funded program that would have been considered eligible expenses within the program's budget for the funded service.

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

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/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf

ADSD Continuation Application Checklist

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

☐   Organization and Project Information (Word Document)

☐   Applicant Certifications (Word Document)

☐   Project Summary, optional (Word Document)

☐   Budget Narrative (Excel Document)

☐   Budget Summary (Excel Document)

The ADSD Subaward Application – Continuation form (which includes the Project Summary) should be submitted as one PDF document. Applicants should submit the ADSD Subaward Budget template as an Excel file.

Attachments – If included, <u>will not</u> count towards page limit.

☐   Sliding-Fee Scale/Cost Sharing Policy (*<u>required if applicant has in place for the service</u>*)

☐   Client Donation Policy (*<u>required per the Grant Instructions</u>*)

☐   Contracts or Memorandums of Understanding *<u>(if applicable to the program/service)</u>*