

State of Nevada
Aging and Disability Services Division

Notice of Funding Opportunity

Assisted Living Supportive Services
*(Assisted Living Facility Establishment,
Expansion, and Operation)*

Funding Opportunity Number: ADSD-ALSS2026-C

Applications Due: February 24, 2025

Table of Contents

Funding Opportunity Description.....	3
Eligible Applicants.....	3
Application and Submission Information	6
Division Contacts	6
Application Forms and Submission Information.....	6
Application Review Information.....	6
Form Instructions	8
ADSD Subaward Application – PDF Document.....	9
ADSD Subaward Budget Template – Excel File	11
ADSD Work Plan – Word Document	14
Application Checklist.....	15

State of Nevada
Aging and Disability Services Division

Funding Opportunity Title: Assisted Living Supportive Services
(Assisted Living Facility Establishment,
Expansion, and Operation)

Funding Opportunity Number: ADSD-ALSS2026-C

Project and Budget Period: July 1, 2025 – June 30, 2026

Due Date for Applications: Monday, February 24, 2025

Funding Opportunity Description

Background

In accordance with NRS 439.630(e), the Aging and Disability Services Division (ADSD) is seeking partner organizations to provide assisted living supportive services to individuals aged 65 and older residing in Nevada, through the provision of state funding for the establishment, expansion, and operation of Assisted Living Facilities.

This Notice of Funding Opportunity (NOFO) establishes the requirements applicants must meet to be considered for funding. Funding awarded through this NOFO must benefit individuals on or deemed eligible for ADSD's Home and Community-Based Waiver for the Frail Elderly (Medicaid Waiver). Eligible applicants must meet the criteria outlined in NRS 319.147 regarding certification of assisted living facilities.

Please thoroughly read the referenced NRS to determine eligibility for use of this funding.

Funding Description

Nevada Revised Statute ([NRS 439.630\(e\)](#)) sets aside \$200,000 annually from the Fund for Healthy Nevada to award competitive grants for the **establishment, expansion, and operation of assisted living facilities** to provide supportive services pursuant to the provisions of the home and community-based services waiver in [NRS 422.3962](#). Applicants may apply for up to \$200,000. Funding awarded through this NOFO must benefit individuals on or deemed eligible for ADSD's Home and Community-Based Waiver for the Frail Elderly (Medicaid Waiver) for assisted living services and who are age 65 or older.

Eligible Applicants

Non-profits, public agencies, and for-profit businesses may apply if interested in providing services outlined in this funding opportunity. To be considered for funding, the assisted living facility must meet the regulations outlined in the [NRS 422.3962](#), as well as the criteria for certification set forth in [NRS 319.147](#) and subsection 7 of [NRS 449.0302](#).

All applicants must be in good standing with the State of Nevada and the Federal Government. If an applicant has not responded to any audit finding from the Aging and Disability Services Division (ADSD) or the Department of Health and Human Services, their application may not be considered for funding.

Applicant Assistance

The Nevada Governor's Office of Federal Assistance is available to provide pre-award assistance to applicants. More information about available services and contact information is available at <https://ofa.nv.gov>.

Informational Meeting

ADSD will host an optional, virtual Applicant Informational Meeting on Thursday, January 30, 2025, at 1:00pm PT. The meeting will be held via Microsoft Teams. No registration or reservation is needed. For additional information or **to request accommodations**, please email ADSDGrants@adsd.nv.gov.

[Click Here to Join Meeting](#)

Meeting ID: 260 940 879 029

Passcode: UA2Y8eh9

Or call in (audio only):

[+1 775-321-6111,,227352673#](tel:+17753216111,227352673)

Phone Conference ID: 227 352 673#

Award Information

Subrecipient Responsibilities

This is a competitive funding opportunity. Applications will be evaluated, in part, on the applicant's stated plan of action and demonstrated capacity to begin effectively and expeditiously implementing subaward activities within sixty days of the start of the subaward project period. The subaward is an agreement between the applicant and the Aging and Disability Services Division (ADSD).

The subaward recipient agrees to the responsibilities outlined below:

In addition to the Applicant Certifications included in the ADSD Subaward Application form, the following conditions apply for funded projects.

- Applications must be signed by the Authorized Organizational Representative (AOR) or head of the agency.
- Programs awarded funding must provide any requested revisions to ADSD by the date indicated in the notification email. A Notice of Subaward (NOSA) cannot be issued by ADSD without requested revisions.
- All subaward recipients must have a Unique Entity ID (UEI) Number.

- All subaward recipients must have an Employer Identification Number (EIN) or Federal Tax Identification Number.
- All subaward recipients must be registered with the State of Nevada and must have a vendor number. Vendor Registration Forms are available at <http://controller.nv.gov>.
- If a subaward recipient's address changes, the subaward recipient must submit a Vendor Information Update and/or Additional Remittance Form to the Nevada State Controller's Office. ADSD must be notified of address changes in advance to avoid payment delays.
- All subaward recipients must comply with the [Grant Instructions and Requirements \(DHHS-GIRS\)](#) and the [Requirements and Procedures for Grant Programs \(ADSD-RPGPs\)](#), statements of DHHS and ADSD policy that ensure fiscal compliance with statutes, regulations, and/or rules.
- All subaward recipients must comply with Program-Specific Service Specifications. Service-Specific Specifications for Assisted Living Supportive Services Service are being redeveloped and will be disseminated to subaward recipients upon availability.
- All subaward recipients must comply with ADSD's data collection and reporting requirements. Monthly, quarterly, and annual reports should be submitted timely, and per ADSD guidance. Reporting requirements may change at the discretion of ADSD and/or the funder. Failure to comply with reporting requirements can place a subrecipient's funding in jeopardy and will result in fiscal monitoring findings.
- The Request for Reimbursement (RFR) form must be submitted in accordance with the ADSD Reporting Schedule, including all required backup documentation.

ADSD staff agrees to the responsibilities outlined below:

- ADSD team members will provide reporting instructions to all subaward recipients.
- All subaward recipients will be assigned a Program Coordinator (PC) who is available to aid with aspects of subaward management, program-specific technical assistance, and program development. Auditors are available to address questions regarding fiscal matters.
- The assigned PC will contact subaward recipients regarding requested revisions before a Notice of Subaward (NOSA) can be issued.
- NOSAs will be distributed to funded programs in June 2025, or as soon as possible pending receipt of requested revisions.
 - The Request for Reimbursement (RFR) Workbook will be distributed with the NOSA.
- ADSD may, at its discretion, conduct monitoring of subaward recipients at any time during or up to three years after the close of a subaward. Programs will be assessed to evaluate fiscal accountability, progress towards achieving project goals and objectives, data collection and reporting, client satisfaction and outcomes, as well as adherence to all regulations, statutes, and/or rules. Programmatic and fiscal monitoring will be scheduled in accordance with Department of Health and Human Services (DHHS) policies.

Subrecipient Training

ADSD will make training available to all subaward recipients as needed. Available training will include the Request for Reimbursement process reporting, data entry, and other requirements.

Additionally, if services/clients will need to be transferred from one subrecipient to another, the ADSD team will work with both subaward recipients to develop a transition plan.

Application and Submission Information

Division Contacts

General program/service questions and technical assistance on the required forms, beyond instructions provided in this document, can be directed to: ADSDGrants@adsd.nv.gov.

Questions and answers that are helpful for all applicants will be posted with this NOFO online at http://adsd.nv.gov/Programs/Grant/Notices_of_Funding_Opportunities/.

Application Forms and Submission Information

The Competitive Subaward Application consists of the three (3) forms (listed below).

Applications must include all required components (see [Application Checklist](#)) to be considered for funding.

1. ADSD Subaward Application - Competitive (PDF)
2. ADSD Subaward Budget Template (Excel)
3. ADSD Work Plan Template (Word)

Deadline: Applications are due on or before Monday, February 24, 2025, by 11:59 pm (PT). Applications must be emailed to ADSDGrants@adsd.nv.gov.

Application Review Information

Application Screening

- 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.
- 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 date of notification of non-acceptance.
- The ADSD 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 ADSD Administrator's decision is final. There is no additional appeal process.

Review and Selection Process

After application screening, all applications will be reviewed by ADSD staff and independent reviewers based on scoring criteria in the following section. These reviews will provide initial funding recommendations.

Reporting and compliance history of previous or current subrecipients will also be considered.

ADSD may negotiate with or seek additional information from applicants before decisions are made. Prompt response to requests for information or negotiations is encouraged to prevent delays in funding or rejected applications.

Funding decisions will be made by the Administrator based on application scores, funding availability, and regional allocations. As noted above, the ADSD Administrator's decision is final.

Scoring Criteria

Competitive applications will be scored according to the following matrix (50-point total) based on all application components:

1. Project Relevance, Current Need, and Priority Populations (up to 10 points)

- The applicant clearly identifies the proposed project, project relevance, as well as the unmet needs and service gaps that will be addressed by the applicant's project.
- The targeting plan is well defined and expands awareness and access to the service.
- The applicant identifies priority populations to be served. Priority is given to underserved and the most vulnerable populations which may include individuals who are frail, homebound, isolated, low-income, a minority, and/or living in rural or frontier areas.
- The applicant describes anticipated barriers and plans to address barriers.

2. Capacity and Approach (up to 15 points)

- The applicant clearly describes the proposed project, including their approach and specific activities to be completed. Activities to reach priority populations are included.
- The applicant demonstrates their experience and ability to complete the proposed project.
- The applicant identifies and defines the role of key staff, partnerships, and other resources that will have a significant role in completing project activities.
- The project describes new or innovative approaches that will help expand their capacity to increase access to the service.

3. Cost Effectiveness and Sustainability (up to 10 points)

- The submitted budget is complete, and the applicant's projected costs are reasonable.
- There are other funding sources identified to help support the project.
- The level of funding requested is explained and justified within the proposal.
- The applicant demonstrates cost-effectiveness and financial accountability.
- Projected costs are relevant to project activities.

4. Project Impact (up to 10 points)

- Project goals, objectives, and intended outcomes are clearly stated.
- The applicant describes methods of documenting and evaluating project effectiveness, quality of service delivery, and impact on target populations.

- Goals and objectives are relevant to the intent of funding and address identified gaps and needs.
- Goals and objectives support activities that help improve access to services and promote program awareness.
- The goals, objectives, and activities of the project have an established timeline that is reasonable.

5. Adherence to application instructions and accurate completion of forms (up to 5 points).

- The applicant followed the instructions. Required forms/sections were completed accurately and completely.
- Responses are detailed and concise.

Anticipated Announcement Award Date

Subaward decisions will be announced via email in May 2025. Requested application revisions must be received and approved by ADSD promptly, by the date requested in the email correspondence.

Notices of Subaward (NOSAs) will be distributed in June 2025, or as soon as possible once ADSD receives requested subrecipient revisions, as applicable.

Form Instructions

Application Format

All applications **MUST** conform to the following requirements to be considered for funding: Applications must be computer-generated on ADSD's Application Forms.

- The three files required for all competitive applications must be formatted as stated below and compiled according to the [Application Checklist](#).
 - ADSD Subaward Application – Competitive with Project Narrative (**PDF**)
 - ADSD Subaward Budget Template (**Excel**)
 - ADSD Work Plan (**Word**)
- All application forms have pre-set formatting including fonts, line spacing, and margins.
- Expand rows on the Budget (Excel file) so that all text entered is visible.
- Project Narratives must be submitted with the ADSD Subaward Application Form as one PDF document.
- Project Narratives must be concise and no more than 5 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.
- Applications are expected to be free of spelling and grammatical errors.
- Budget line item (row) calculations must be included where required and accurate to the penny.
- Submitted applications must be assembled according to the instructions on the [Application Checklist](#).
- All applicable sections of the Subaward Application must be signed and dated.

ADSD Subaward Application – PDF Document

A. Organization Information

This section captures information regarding the subrecipient organization. The Organization Name is the subrecipient agency that will 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 State 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 sign and submit an application on behalf of the organization. The AOR 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 NOSAs, Amendments, or other documents.
- Changes to the approved 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. Authorized Signer letters are valid for one (1) year.
- 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 (Assisted Living Supportive Services), proposed service (Establishment, Expansion and/or Operation), physical address of the project, and areas to be served (statewide, county, or city to be served). This section should also list the Project Director assigned as the manager/coordinator/lead for this project. The Project Director is the day-to-day contact for the ADSD Program Coordinator.

C. Applicant Certifications

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

Project Narrative

A project narrative is required for every application.

Provide detailed, (but concise) responses to each section of the project narrative using the guidance below and throughout this Notice of Funding Opportunity. **Page Limit:** 5 pages

The project narrative is the main description of the proposed project and includes five sections:

- Challenges and Need
- Proposed Intervention
- Organizational Capacity and Partnerships
- Cost-Effectiveness and Sustainability
- Outcomes and Evaluation

Challenges and Needs

Describe, in both quantitative and qualitative terms, the nature and scope of the particular problem(s), challenge(s), need(s), and/or issue(s) the proposed intervention is designed to address. Include information about unmet needs, service gaps, and specific challenges the proposed intervention will address. Describe how the proposed intervention will potentially impact older adults, individuals with disabilities, family members and caregivers. Identify marginalized and traditionally underserved populations within the proposed service area as well as challenges to serving these populations.

Proposed Intervention

Describe clearly and concisely how your organization plans to carry out this service. Include a detailed description of specific activities planned that address the challenges and needs identified above, how your organization will overcome these challenges.

Describe the proposed service area and target population(s) to be served. Document if the proposed intervention will target and serve historically underserved populations. Describe strategies that will be used to reach target population(s). Identify any barriers that may prevent service delivery.

Provide details of new and innovative strategies (services and outreach activities) that will be used, including information regarding your organization's existing efforts, lessons learned, service gaps, and any statistical information to support proposed intervention(s). Discuss the anticipated impact of proposed intervention strategies.

Identify anticipated technical assistance needs. Include specific types of assistance to be provided based on the needs of the proposed service area.

Organizational Capacity and Partnerships

Describe the organization's capacity to perform the proposed intervention(s). Include past experiences and/or anticipated increased capacity as a result of this funding. Identify the professional staff and their specific responsibilities under this project, as well as the facilities and other resources in place to support project activities. Describe how training and ongoing communication will be used to develop and maintain a well-trained, competent workforce consisting of paid staff, volunteers, and community partners.

Identify key partnerships and describe in detail how they will enhance coordination of services under this project. Include partnerships with government entities, as well as other community

partners. Letters of Commitment can be attached and do not count towards the application page limit.

Describe existing and planned efforts to collaborate with community, county, regional, or statewide organizations to meet project goals, enhance service delivery, increase outreach, and/or implement proposed intervention(s).

Cost-Effectiveness and Sustainability

Describe resources outside ADSD funding to be used to support this project. How will these resources be used to enhance service delivery and/or outreach? Provide a thorough justification for the level of funding requested from ADSD in this application. If an increase or decrease was requested for a current subaward, fully address the reason for the request.

Describe other efforts to deliver this service efficiently, including but not limited to volunteer services. Provide information about contractual organization(s) that will have a significant role in implementing and achieving outcomes.

Outcomes and Evaluation

Describe the methods, techniques, and tools that will be used to measure desired outcomes and the effectiveness of proposed intervention(s). Include at least 2 anticipated outcomes, based on this project's proposed intervention(s) that will directly impact target populations. Describe the techniques and tools to be used to determine the effectiveness, efficiency, quality, and/or success of project activities. Also, describe plans for evaluating the success of reaching project goals and achieving desired outcomes.

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, including expanding rows so all text is visible.


There are 2 forms (tabs) in this workbook: Budget Narrative and Budget Summary. Each form is a separate worksheet (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 window.

PLEASE NOTE: Do not use 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 can 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 Organizational Name and service type at the top of the page.

Describe program expenses requested from ADSD using the budget categories included in the Budget Narrative. Use the descriptions at the top of each budget section and the information listed below as a guide for each budget category. Be sure to provide detailed responses, justification where indicated, calculations as required, and explain how each expense is related to the proposed project. Identify any one-time costs. Follow the examples throughout the file.

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 for additional data entry. 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 a justification. If multiple trips are proposed, use copy and paste to include another in-state or out-of-state section in the budget 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," and provide an explanation of the cost calculation and the reason/justification 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. Also include in this category any computers or related equipment which cost less than \$10,000 per unit. Provide a calculation for each line.

EQUIPMENT: List equipment to purchase or lease, which costs \$10,000 or more (per item), and justify these expenditures. Equipment items that cost less than \$10,000 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 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 a Negotiated Indirect Cost Rate Agreement (NICRA).

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. Modified Direct Costs (de minimis rate of 15%) must be based upon expenses as outlined within 2 CFR 200.1. NICRA indirect amount must be based upon allowed expenses per your organization's current NICRA letter. Attach a copy of your NICRA letter to the application, as applicable. *Indirect for the Nevada System of Higher Education (NSHE) will adhere to requirements set forth by the most current State of Nevada Policy Directive, which outlines NSHE indirect rates approved by the Board of Examiners for state funding.*

Budget Summary

The applicant's Organizational 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: The match required is 15% of the ADSD-requested funding. The required match will calculate automatically. Break out match into 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.

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 and voluntary.

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 Work Plan – Word Document

The ADSD Work Plan should be reflective of and consistent with the Project Narrative and Budget.

The ADSD Workplan is revisable. Fill in the project's overall goals. The template lists Outreach as Goal 1 and Service Delivery as Goal 2. If there are additional goals for this project, add under Goal 3. The last section is to document projected output and expected outcomes based on activities and strategies to be implemented.

For each goal, list relevant objectives, activities, and strategies to be implemented to achieve objectives. Identify timeframes involved (including start and end dates) under "Timeline." Under "Evaluation Tool" list relevant tools, techniques, systems, and/or methods that will be used to collect, report, and measure outputs and outcomes.

Application Checklist

The ADSD Subaward Application – Competitive must be submitted as a PDF file (includes the Project Narrative). The ADSD Subaward Budget template must be submitted as an Excel File. The ADSD Work Plan must be submitted as a Word document.

If any of the following items are incomplete or missing, the application will be rejected. If the application is not received by the date requested (including revisions), funding may be delayed or may not be awarded.

- ADSD Subaward Application – Competitive (PDF Document)
- Project Narrative (PDF Document)
- Budget Narrative (Excel File)
- Budget Summary (Excel File)
- ADSD Work Plan (Word Document)

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

- Proof of Nevada 211 Listing - Agency and Service(s) (required upon funding approval)
- Sliding-Fee Scale/Cost Sharing Policy (required if applicant uses it for the service)
- Client donation policy (required per the Grant Instructions)
- Resumes for Project Director and Key Personnel (optional, but encouraged)
- Letters of Commitment/Support (optional, but encouraged)
- Contracts or Memorandums of Understanding (if applicable to the program/service)

The ADSD Subaward Application – Competitive and all attachments must be submitted via email to ADSDGrants@adsd.nv.gov.

Applications are due Monday, February 24, 2025.