

**State of Nevada**  
**Aging and Disability Services Division**

Notice of Funding Opportunity

**Older Adult Nutrition Services**

Applications Due: June 30, 2021

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## State of Nevada

### Aging and Disability Services Division

<b>Funding Opportunity Title:</b>	Older Adult Nutrition Services
<b>Project Period:</b>	October 1, 2021 – September 30, 2023
<b>Budget Period:</b>	October 1, 2021 – September 30, 2022
<b>Due Date for Applications:</b>	June 30, 2021

### Funding Opportunity Description

#### Background

The Aging and Disability Services Division (“ADSD”) is seeking partner organizations to provide congregate and home-delivered meal services to older adults in Nevada, through funding from the Older Americans Act (“OAA”) and State General Funds. This Notice of Funding Opportunity (“NOFO”) establishes the requirements an applicant must meet to be considered for funding. The Older Americans Act, Reauthorization Act of 2020 establishes the framework for funding allocations to states to support services for older adults, age 60 or older. You may visit <https://www.acl.gov/about-acl/authorizing-statutes/older-americans-act> for more information about the Older Americans Act.

The Older Americans Act authorizes nutrition services under Title III-C to promote health and well-being of older adults. According to the Administration for Community Living (ACL), the services should address:

- Hunger, food insecurity, and malnutrition of older adults.
- Socialization of older adults.
- Promotion of health and well-being of older adults.

Meals are provided to older adults in congregate settings or through the provision of home-delivered meals. In addition to meals, services that are included in these programs include nutrition counseling, education and assessment.

There is a recognized need for nutrition programs to modernize services to increase participation and health outcomes for older adults. The Administration on Aging within the ACL has been funding innovation projects since 2017. In addition, nationally, programs are looking at new service delivery models such as pop-up congregate sites, restaurant vouchers, and other innovations to meet desired program outcomes.

#### Current Challenges

During the COVID-19 pandemic, home-delivered meal programs became a cornerstone service for older adults who were social distancing. As congregate meal programs shut down

for the health and well-being of participants, the home-delivered meal programs saw demand rise dramatically. In addition, the pandemic and social distancing measures forced many older adults to seek home-delivered meals, who had not previously considered this service. As Nevada programs and businesses reopen, nutrition services will continue to play a vital role for older adults' health and well-being, whether they are in a congregate setting or home delivered. In addition to the summaries below, additional resources for applicants are on page 6.

### Social Isolation

Based on data in the Elders Count Nevada 2021 report, approximately 14% of all individuals aged 65 and older in Nevada live alone. The COVID-19 pandemic highlighted the importance of congregate meals to help address social needs of older adults. Many providers had to look at new innovative ways to provide socialization in a digital or socially distanced manner. Socialization is critical to many older adult's mental health, daily functioning, and overall health. For these individuals, the congregate meal programs helped to meet that need by not only providing a meal, but also offering opportunities for additional activities.

At the same time, as more of the Baby Boomer generation has aged into service eligibility, many congregate sites have started to see decreases in census, with this generation not wanting to participate in the traditional congregate programs. While the long-term effect is not yet known for this new generation, there is a recognized need to modernize traditional nutrition programs to reach this younger generation of older adults.

Likewise, the rate of suicide among older adults is significantly higher in Nevada, compared to the U.S. rate. Additionally, based on data in the Elders Count Nevada 2021 report, there is a significant decline of the number of people aged 65 and older who seek mental health services. The cause for this decline cannot be pinpointed but coupled with the higher rate of suicide among older adults, highlights the criticalness of social support, inherent in both congregate and home delivered meals. With limited funding and increasing costs, nutrition providers must seek innovative, new service delivery models to offer socialization opportunities for older Nevadans.

### Nutrition and Health

Since 2017, the Administration for Community Living has been looking at innovations to not only address socialization and meal needs, but also to improve health outcomes. In Nevada, heart disease and other chronic conditions continue to be the leading causes of death. Increasing education and access to programs aimed at supporting healthy aging and management of chronic health conditions is a critical role of nutrition programs. Across the nation, nutrition programs and community providers are looking at ways to collaborate to not only increase enrollment in nutrition services, but also to increase participation in chronic disease management programs.

As a result of limited resources and gaps in services, nutrition education has significantly declined, despite the value to participants in nutrition programs. As Nevada focuses on programming that focuses on health in aging, greater emphasis on education and health support is necessary to improve health outcomes for older adults.

### Food Insecurity

Based on data available from the Nevada Office of Food Security, the baby boomer generation is the most food insecure population in the United States. Food insecurity is especially prevalent among older Nevadans and the state is prioritizing efforts to address this concern. The Office of Food Security identifies poor health conditions, lack of reliable social support and transportation, low fixed incomes, and functional limitations to obtain and prepare food as primary causes of food insecurity among older adults. These nutrition programs are critical to helping to address food insecurity and health outcomes for older Nevadans.

### Funding Description

Funding for this opportunity comes from Title III-C of the Older Americans Act and State General Funds. ADSD anticipates the availability of approximately \$2.2 million for congregate meals and \$8.2 million for home-delivered meals in year-one of the two-year project period. Budgetary support for subrecipients in the second year will depend upon the overall availability of funds, program performance, program reporting, and service priorities established by the Division.

ADSD may be able to assist with and provide funding for the establishment of new meal services. Priority will be given to new programs serving the Las Vegas valley or rural Nevada.

Nutrition programs are typically awarded on a fixed-fee basis. This means sub-recipients are reimbursed based on an established rate for the meal service. Existing rates are available on the ADSD website, however rates for FY22 are \$3.20 for congregate meals and \$3.65 for home-delivered meals.

Some nutrition programs are awarded funds on a categorical basis. This option is typically approved for small, rural programs. These programs submit the line-item budget without being tied to the fixed rate per meal for reimbursement; however each line item/expense is heavily inspected to ensure expenses are reasonable and necessary for the service provided.

### Eligible Applicants

Non-profits, public agencies, and for-profit businesses may apply if interested in providing services outlined in this funding opportunity.

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.

**Meals must be prepared in a commercial kitchen, that has a current food establishment permit. Kitchens must be inspected by the local health authority on a regular basis, receive an acceptable grade and remedy demerits immediately, as applicable.**

### Applicant Assistance

The Nevada Grants Office is available to provide pre-award assistance to applicants including but not limited to application project management and application reviews. More information about their services and contact information is available at: <http://grant.nv.gov/>.

### Resources

The following resources provide more information about Older Adult Nutrition Services:

- [Nutrition Services | ACL Administration for Community Living](#)
- [Innovations in Nutrition Programs | ACL](#)
- [Nevada ADSD III-C Nutrition Regulations and Resources \(nv.gov\)](#)
- [Nevada Office of Food Security | Hunger among Older Nevadans Report](#)
- [Elders Count Nevada 2021 Report](#)

## Award Information

### Service Types and Priorities

This Notice of Funding Opportunity is seeking applications to provide two services:

- Congregate Meals
- Home-Delivered Meals

Applicants may apply to provide both services but must submit a separate application for each service they wish to provide.

Based on the current challenges and needs of Older Adults in Nevada, ADSD is also prioritizing applications that offer an emphasis on nutrition education.

### Subrecipient Responsibilities

These awards are competitive, and applications will be evaluated, in part, on the applicants' stated plan of action and their demonstrated capacity to begin effectively and expeditiously implementing their subaward activities within sixty days of their 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:

- *ADSD General Service Specifications* provide program standards for all funded programs, unless noted as exempt in the Notice of Subaward (NOSA). Nutrition Services also have service-specific specifications that must be followed. <http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>
- *Requirements and Procedures for Grant Programs (RPGPs)* are statements of ADSD policy that ensure fiscal compliance with statutes, regulations, and/or rules.

<http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf>

- *Reporting Schedule* includes monthly Requests for Reimbursement and Quarterly Programmatic Reports. Other reports may be required depending on the service category. <http://adsd.nv.gov/Programs/Grant/Reporting/Instructions/>
  - All programs are required to report client demographic and monthly program service data in the Social Assistance Management System (SAMS).
  - Programs that utilize volunteers must maintain insurance, including, but not limited to worker's compensation insurance for those individuals. With proper paperwork, ADSD can include volunteers of funded programs in the state's workers compensation coverage at no cost to the subrecipient. Insurance requirements are listed in the General Service Specifications (Appendix B) at <http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ServSpecs/GeneralServiceSpecifications.pdf>.
  - Failure to comply with reporting requirements can place a subrecipient's funding in jeopardy.
- Programs awarded funding must provide any requested revisions to ADSD by September 15, 2021. A NOSA cannot be issued without requested revisions.
- The application and NOSA must be signed by the head of the agency. ADSD must have a letter on file authorizing the signer if it is not the head of the non-profit board, for-profit agency, or public entity, depending on the type of organization.
- The Request for Reimbursement (RFR) form must be submitted in accordance with the Reporting Schedule, including all required backup documentation.
- All subrecipients 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 subrecipient address changes, the subrecipient must submit a Vendor Information Update and/or Additional Remittance Form to the State's Controller's office. ADSD must be notified of address changes to avoid any delay in receiving funds.

ADSD staff agrees to the responsibilities outlined below:

- ADSD team members will provide reporting instructions to all subrecipients.
- All subrecipients will be assigned a Grants and Projects Specialist (GPS) who is available to aid with aspects of subaward management, service-specific technical assistance, and program development. Fiscal Auditors are available to address questions regarding fiscal matters.
- The assigned GPS will contact subrecipients regarding requested revisions before a Notice of Subaward (NOSA) can be issued.
- NOSAs will be distributed to funded programs in late September, or as soon as possible pending receipt of requested revisions.
  - The Request for Reimbursement file will be distributed with the NOSA.
- Programs will be assessed to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, client satisfaction, and adherence to all

regulations, statues, and/or rules. Programmatic and fiscal monitoring will be scheduled in accordance with Department of Health and Human Services (DHHS) policies.

### Cost Sharing or Matching

Matching funds are required for all subawards. The match required is 15% of the ADSD-requested funding. Match can be cash or in-kind. Program income cannot be used as match.

Examples of cash match include other funding sources to support this service. An example of in-kind match would be volunteer time. See page 16 and the [Requirement and Procedures for Grant Programs](#) for additional information regarding match.

## Application and Submission Information

Applicants must submit a separate application for each service they wish to apply for under this Notice of Funding Opportunity.

### 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](mailto:ADSDGrants@adsd.nv.gov)

Questions and answers that are helpful for all applicants will be posted online at [http://adsd.nv.gov/Programs/Grant/Notices\\_of\\_Funding\\_Opportunities/](http://adsd.nv.gov/Programs/Grant/Notices_of_Funding_Opportunities/) as received, through June 21, 2021.

### Application Forms and Submission Information

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. MS Excel File: ADSD Subaward Application–Nutrition Services FY22 Part 1
  2. MS Word File: ADSD Subaward Application–Nutrition Services FY22 Part 2
  3. PDF File: DHHS Subrecipient Questionnaire
- Additionally, applicants must submit attachments as request within the [Application Checklist](#). Attachments are categorized by “mandatory,” “optional” or “if applicable.”

**Deadline:** Wednesday, June 30, 2021 (by 11:59 pm, PST)

- Applications must be emailed to [ADSDGrants@adsd.nv.gov](mailto: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 in June/July 2021.

- 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.

### Review and Selection Process

After application screening, the Grants and Project Specialists and independent reviewers will review all applications for each service and make initial funding recommendations based on scoring criteria in the following section.

Funding decisions will be made by the Administrator based on application scores, funding availability and regional allocations. 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.

The Administrator's decision is final.

### Scoring Criteria

Competitive applications will be scored according to the following matrix (45-point total):

1. Service area, outreach plans and proposed service delivery to target populations (10 points).
  - Items are not defined/described and are unrelated to the proposed service – Score 0 points
  - Items are all poorly or partially defined/described and/or mostly unrelated to the proposed service – Score between 1 and 4 points
  - Items are mostly defined/described, with some areas lacking, and/or partially unrelated to the proposed service – Score between 5 and 6 points
  - Items are satisfactorily defined/described and mostly related to the proposed service – Score between 7 and 9 points
  - Items are thoroughly defined/described and undoubtedly related to the proposed service and stated priorities of this NOFO – Score 10 points
2. Applicant's capacity to provide the service, its experience and existing or proposed partnerships (10 points).
  - No experience and lack of capacity and partnerships – Score 0 points
  - Some experience, but lack of capacity and/or partnerships (or vice versa) – Score between 1 and 5 points
  - Good experience, but lack of capacity and/or partnerships (or vice versa) – Score between 6 and 9 points

- Exceptional experience, capacity, and existing partnerships, with plans to seek new partnerships – Score 10 points
3. Other funding, sustainability goals, and reasonableness of cost per client, unit of service and program expenses (10 points).
    - No other funding or sustainability goals; unreasonable cost per client, unit of service and program expenses – Score 0 points
    - Limited other funding and/or sustainability goals; slightly unreasonable cost per client, unit of service and program expenses with poor expense justification – Score between 1 and 4 points
    - Satisfactory other funding and/or sustainability goals; slightly unreasonable cost per client, unit of service and program expenses with poor expense justification (or vice versa) – Score between 5 and 6 points
    - Satisfactory other funding and/or sustainability goals; mostly reasonable cost per client, unit of service and program expenses and justification – Score between 7 and 9 points
    - Abundant other funding and/or sustainability goals; all costs are reasonable and justified – Score 10 points
  4. Relevance, achievability and impact of the proposed goals and objectives, as well as evaluation of outcomes (10 points).
    - Goals, objectives, and evaluation of outcomes are not related to the program, unachievable and do not show impact – Score 0 points
    - Goals, objectives, and evaluation of outcomes are slightly related to the program, achievable and impactful – Score between 1 and 4 points
    - Goals, objectives, and evaluation of outcomes are mostly related to the program, achievable and impactful – Score between 5 and 6 points
    - Goals, objectives, and evaluation of outcomes are adequately related to the program, achievable and impactful – Score between 7 and 9 points
    - Goals, objectives, and evaluation of outcomes are strongly related to the program, achievable and impactful – Score 10 points
  5. Adherence to application instructions and accurate completion of forms (5 points).
    - Instructions not followed and forms not complete – Score 0 points
    - Some instructions followed and some forms not complete – Score between 1 and 2
    - Most instructions followed and forms are complete – Score between 3 and 4
    - All instructions followed and forms are complete – Score 5 points

#### [Anticipated Announcement Award Date](#)

Subaward decisions will be announced via email in mid-August. Requested application revisions must be received and approved by ADSD no later than September 15, 2021.

Notices of Subawards will be distributed in late September, or as ADSD receives requested subrecipient revisions, as applicable.

## Subrecipient Training

ADSD will make training available to all subrecipients prior to the beginning of the fiscal year. This training will include the Request for Reimbursement process and other reporting requirements.

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

## Form Instructions

### Application Format

The application **MUST** conform to the following requirements to be considered for funding:

- Applications must be computer-generated.
- The application must be concise and no more than 38 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 – Older Adult Nutrition, FY22 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](#) and saved as a PDF document. Applicants who are not able to submit one file may follow the instructions on the [Application Checklist](#) to submit the application in sections.

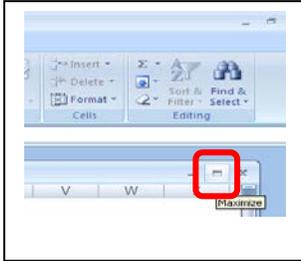
### Form Instructions

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

- Applicant Information
- Budget Narrative, 10-page limit
- Budget Summary
- Site Information
- Projected Output Measures

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, 10-page limit
- Organizational Standards and Applicant Questionnaire, 5-page limit
- Goals and Objectives, 3-page limit

The **Subrecipient Questionnaire** (PDF file) is pre-set at 6 pages. Provide an answer to each question.

## Excel File Instructions

### APPLICANT INFORMATION

Box #	Instructions
1	Check the box next to the type of application. If the application is for a subaward that is currently funded by ADSD, enter the award number, which can be found on the NOSA as the Agency Ref # in the top right corner.
2	No action required. The amount requested will auto-fill once the Budget Narrative is complete.
3	Select the agency's organization type.
4	<p>Enter Subrecipient and Program information, as requested on the form. Complete both sections. <i>Subrecipients</i> are entities that are responsible for the funds awarded. Additional information on Subrecipients (grantees) is in <u>RPGPs</u>. <i>Programs</i> are entities that provide service delivery under the subaward. The subrecipient contact and program director must not be the same person for accountability purposes. <b>For non-profit organizations, the Subrecipient contact must be the President of the Board of Directors, even if another person has been delegated as an authorized signatory.</b></p> <p>Enter the agency's State Vendor number, if one exists, and the address associated with the number if it is different than the Subrecipient address.</p> <p>Enter the agency's Employer Identification Number (EIN) or Federal Tax Identification Number.</p> <p>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 <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>.</p>
5	No action required. The funding source has been determined by ADSD.
6	Choose the type of service for which your agency is applying.
7	List the program's region(s) for the proposed service.
8	List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.
9	Choose the type of subaward (categorical or fixed-fee). Currently funded programs should choose the type for which they are currently funded. New programs may choose either type. ADSD will determine the final type of (potential) subaward upon review of the application.
10	List the components of the proposed service that will be ADSD-funded. You may list more than one component per line, if needed.
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 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 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 percentage of the direct project costs requested from ADSD. 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 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. Information entered in the Budget Narrative tab will populate the *ADSD Funds* column. Applicants will input additional funding information in the orange cells.

**Matching Funds Requirements:** 15% of the ADSD requested amount. 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.

Identify sources of match in box C 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. 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. Congregate and Home-Delivered Meals funded under the Older Americans Act are prohibited from implementing cost sharing 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/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>.

#### Site Information

The agency name and type of service will auto-fill from information entered on the Applicant Information page.

Enter site name(s) - one per box unless the agency has more than eight sites. For each site, complete the congregate section or the home-delivered section, as applicable to the type of service chosen in the grant application. Comprehensible abbreviations are acceptable if full words will not fit into a particular field.

<b>Congregate #</b>	<b>Instructions</b>
1	Enter the days of the week that a meal is served (e.g., Monday-Friday, Weds. only, etc.)
2	Enter the time frame meals are served on the days specified in #1 (e.g., 11:30-12:30, 12-1 p.m., etc.)
3	Indicate the total number of meals the site plans to serve during the fiscal year.

Home-Delivered #	Instructions
1	Enter the days of the week that meals will be delivered to clients.
2	Enter the total number of delivery routes.
3	Indicate the delivery/service area of the site for delivering meals.
4	Indicate the number of meals each client will receive each week.
5	Indicate how many total meals are anticipated to be a hot, fresh meal in the fiscal year.
6	Indicate how many total meals are anticipated to be a cold, fresh meal in the fiscal year.
7	Indicate how many total meals are anticipated to be a frozen meal in the fiscal year.
8	Indicate how many total shelf stable meals are anticipated to be delivered in the fiscal year.
9	Indicate the month(s) that the site will deliver shelf stable meals to clients.

### Projected Output Measures

The applicant name, subaward and service type will auto-fill from information entered on the Applicant Information page.

Applicants are required to submit projected output measures to illustrate the proposed number of unduplicated clients and units of service they plan to serve and document the estimated number of outreach events at which the program will be promoted.

**To avoid unnecessary confusion, complete the Projected Output Measures page after all other Excel tabs have been completed.** Shaded cells will populate from data entered in other parts of the file.

### Word File Instructions

#### PROJECT NARRATIVE

Provide detailed but concise responses to each section of the project narrative using guidance below and throughout this document. Page Limit: 10 pages

#### **A. Target Population, Service Area and Targeting Plan**

Describe the proposed service area, including opportunities and challenges unique to the service area. Include information regarding the organization’s existing efforts in this service area or how the organization will expand if it is a new service area.

Describe the population(s) to be served, specifically any underserved populations. Identify methods to reach the population(s) to be served. Identify any barriers that may prevent service delivery.

Describe how the organization plans to communicate and collaborate with civic and minority organizations, as well as other service providers and partners, to better reach ADSD’s target populations. Describe the types of outreach to be conducted to promote the service.

## **B. Proposed Intervention**

Describe clearly and concisely, how your organization plans to carry out the requirements of this service. Include specific types of assistance to be provided including priorities based on the needs of the proposed service area. Include a description of specific activities planned, and any anticipated challenges and how the organization plans to overcome those challenges. Also describe any anticipated technical assistance needs. Identify new or innovative approaches to services that will be implemented (or continued).

Include a description of the nutrition education that will be part of your project. What efforts, if any, are focused on nutrition counseling? How do you assess individual nutrition risk? Identify strategies to maximize services and resources, which can include remote services, utilizing volunteers, or any other strategies.

## **C. Organizational Capacity and Partnerships**

Describe the organization's capacity to perform the proposed service. Include past experiences or anticipated increased capacity as a result of this funding. Describe the professional staff and specific responsibilities under this service as well as the facilities and other resources in place to support this service. 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 help to coordinate services for the target population in the service area. Include partnerships with government entities as well as other community partners that will help serve the target populations and accommodate those with disabilities (hearing impaired, vision impaired, reading and writing limitations) and language barriers. Letters of Commitment can be attached and do not count towards the application page limit.

## **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? Include a description of sources of match and efforts to expand services to people with disabilities through additional resources.

Describe other efforts to deliver this service efficiently, including but not limited to volunteer services and the role of any contractual organization(s).

## **E. Evaluation**

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

Include at least 2 anticipated outcomes as a result of this service for the target populations.

## **ORGANIZATIONAL STANDARDS and APPLICANT QUESTIONNAIRE**

Read the form and respond accordingly.

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.

If the program will use volunteers, please review required insurance information in [Subrecipient Responsibilities](#).

Page Limit: 5 pages.

#### GOALS AND OBJECTIVES

Describe the top two goals and related major objectives, activities, due dates, staff responsibilities and documentation for this project. Multiple objectives may be included within a row if there are not enough rows to meet your needs. Include objectives and projections related to serving the counties specified within the service region services are proposed.

Goal 3 has been added by ADSD for completion by the applicant; additional objectives and activities may be added. Information from this section may be directly added to the NOSA Scope of Work at ADSD's discretion.

Page Limit: 3 pages.

## 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)
- Site Information (Excel Document)
- Projected Output Measures (Excel Document)
- Project Narrative (Word Document)
- Organizational Standards and Applicant Questionnaire (Word Document)
- Goals and Objectives (Word Document)
- Subrecipient Questionnaire (PDF Document)

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

- Resumes and Letters of Commitment (*optional for all services*)
- Contracts or Memorandums of Understanding (*if applicable to the program/service*)
- 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*).