



**State of Nevada**  
**Department of Health and Human Services**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Food Security  
400 West King St., Suite 300  
Carson City, Nevada 89703  
Telephone (775) 684-2205  
<http://dhhs.nv.gov>

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**NOTICE OF FUNDING OPPORTUNITY (NOFO):**

**FOR**

**FUND FOR A HEALTHY NEVADA (FHN):**

Wellness/Hunger Services

Release Date: December 22, 2020

***Updated January 12, 2021***

**Letter of Intent (LOI) to be Submitted: On or before January 19, 2021, 5:00 p.m. PST**

Must be submitted to [lurban@health.nv.gov](mailto:lurban@health.nv.gov)  
with 'NOFO-FHN: Wellness LOI' in subject line.

**DEADLINE FOR APPLICATION SUBMISSION: February 5, 2021, 5:00 p.m. PST**

Must be submitted to [lurban@health.nv.gov](mailto:lurban@health.nv.gov)  
with 'NOFO-FHN: Wellness Submission' in subject line.

***For additional information, please contact:***

Office of Food Security  
Department of Health and Human Services  
[lurban@health.nv.gov](mailto:lurban@health.nv.gov)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**NOTICE OF FUNDING OPPORTUNITY (NOFO) SUMMARY**

**Notice of Funding Type:** New Award

Any applicant who wants to be considered for funding under the Fund for a Healthy Nevada funds must submit a proposal in compliance with this NOFO. This includes any applicant currently receiving FHN funds for same programs. This NOFO may also be used for future state or federal subgrant awards should additional funds become available.

**Funding Opportunity Award Type:** Subgrant

**Project Period:** As part of the application process, a scope of work with timeline and budget must be submitted for each project period: July 1, 2021 – June 30, 2022 and July 1, 2022 – June 30, 2023.

**Estimated Dollar Available:** \$2,000,000 Annually

**Reporting Periods:** Quarterly

**Award Restrictions:** Ensure all budget and scope proposals are in compliance with Nevada Department of Health and Human Services, Grant Instructions and Requirements (GIRS). All funding is subject to change, based on the availability of funds, federal awards, and the state’s needs. By submitting a proposal or responding to this NOFO, there is no guarantee of funding or funding at the level requested.

NOFO Timeline	
Task	Due Date/Time*
NOFO Released	December 22, 2020
Letter of Intent due	January 19, 2021, 5:00 p.m. PST
Questions due	January 22, 2021, 5:00 p.m. PST
Applications due	February 5, 2021, 5:00 p.m. PST
Application review and scored by evaluation committee	February 8 – February 26, 2021
Report funding results	March 2021
Grant Management Advisory Committee (GMAC) Recommendation	March 2021
Finalize work plans for awards	April 1, 2021
Office of Food Security disseminates funding	July 1, 2021

*\*Subject to change.*

## FUNDING OPPORTUNITY INTRODUCTION

### Background

The Nevada Department of Health and Human Service (DHHS) is responsible to administer the Funds for Healthy Nevada (FHN), to supplement and not supplant existing funding. The FHN is a source of state revenue funded through tobacco settlement monies received or recovered by the State of Nevada. The DHHS uses FHN funds to support health and social services activities aligning with legislatively defined priority areas to address gaps identified in various needs assessments across the State of Nevada to promote public health and improve health services for children, senior citizens, and persons with disabilities.

### Purpose

This Notice of Funding Opportunity (NOFO) is published by the DHHS Division of Public and Behavioral Health (DPBH), Office of Food Security (OFS). FHN Wellness funds support initiatives and programming aimed to reduce hunger throughout Nevada communities. This NOFO supports multiple goals of the [2018 Food Security in Nevada: Nevada's Plan for Action](#), including:

- Align and enhance collaboration efforts of state and non-state agencies to strengthen statewide food security strategies;
- Support strategies that increase participation in state/federal nutrition programs;
- Support client-centered strategies that increase access to nutrition programs and resources that address determinants of hunger; and
- Establish evaluation and reporting processes to enhance data collection to drive future strategies and track progress in improving food security in Nevada.

All proposed projects must align with the following objectives:

- Provide cost effective services accessible, available, and responsive to the needs of individuals, families, and their communities;
- Foster a service delivery system responsive to the individual and cultural diversity of the people and communities served;
- Provide a comprehensive and integrated system of services to promote self- sufficiency; and
- Conduct a systematic evaluation of program activities to improve the effectiveness of the FHN funds.

Culturally competent care and services are a DHHS core value; all applicants are expected to gather and utilize knowledge, information, and data about individuals, families, communities, and groups and integrate this information into organizational practices, standards, skills, service approaches, techniques, and evidenced-based initiatives to best address each client's needs.

### Problem/Burden

The United States Department of Agriculture (USDA) defines food insecurity as households uncertain of having, or unable to acquire, enough food to meet the needs of household members due to insufficient resources for food. Food insecurity is a significant public health concern associated with adverse health outcomes and a poor quality of life, including chronic diseases and mental health issues. According to the USDA report *Household Food Insecurity in the United States*, approximately one in eight Nevada households were food insecure at least one time during 2019, where the food intake of one or more household members was reduced and their eating patterns disrupted at times because the household lacked money or other resources for obtaining food.

The novel coronavirus (COVID-19) has exacerbated the existing issue of food insecurity in Nevada. A recent Feeding America report, [The Impact of the Coronavirus on Food Insecurity in 2020](#), projected Nevada to be among the top five states nationally with the highest projected food insecurity rates for 2020, and among the top three states that would have the largest percent change in food insecurity rate between 2018 and 2020. The same report also projects Nevada to

be tied with Louisiana for the number one state with the highest rates of projected child food insecurity in 2020 versus 2018.

### Eligible Entities

Eligible entities include public and private non-profit organizations located in Nevada. Applicants must demonstrate adequate systems to properly administer the grant both financially and programmatically. Not all applicants will be provided funding for all potential service areas. The Grants Management Unit (GMU) will bring recommendations for funding to the Grants Management Advisory Committee (GMAC) for consideration and recommendation to the DHHS Director. The recommendation will ensure geographic distribution of funds and activities statewide.

### Funding Requirements/Considerations

- **Collaborative partnerships:** *Only applications from collaborative partnerships involving two or more community organizations will be considered.* One lead agency within the collaboration will submit the application on behalf of the partnership. Partnerships must be formalized through Memorandums of Understanding (MOUs). Signed MOUs are to be included within the submission packet.
- **Comprehensive food security solutions:** Proposed initiatives should address both short-term and long-term solutions to food insecurity, including offering immediate food assistance and linkage to additional social services and programs that support and encourage self-sufficiency. Proposed initiatives outside of traditional food distribution/pantry models, at minimum, must be a practice-tested intervention (i.e. Interventions that have evidence derived from practice in the form of evaluation data or reports). Previous successes and/or evaluation/data reports should be included within the Project Narrative: Project Design and Implementation Section of the application.
- **Target populations:** Initiatives must serve Nevadans of all ages. Applicants are encouraged to consider populations disproportionately impacted by food insecurity.
- **Nutrition education:** Applications are encouraged to supplement proposed initiatives with evidence-based nutrition education opportunities for the populations served. ***FHN funds will not be allocated to directly fund nutrition education, including printed and/or additional materials or personnel.*** Applicants are encouraged to collaborate with existing initiatives/programming, including those offered through the Nevada Supplemental Nutrition Assistance Program – Education (SNAP-Ed) implementing agencies. To learn more about current SNAP-Ed initiatives, go [here](#).
- **Evaluation and data collection:** ***All subrecipients will be required to collect client demographic data, including race, gender, and age, to the best of their ability.*** All sub-recipients will be required to collect and report additional core data elements, which are outlined within the Project Narrative requirements.

### Program Income

Under Section 2 CFR §200.80, program income is defined as gross income earned by an organization that is directly generated by a supported activity or earned as result of the federal or state award during a specific period of performance. For programs receiving FHN funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. Program income must be identified by monthly progress reporting.

### Licenses and Certifications

The applicant, employees, and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications, and/or licensures applicable for defined mental health direct services for children/youth and/or adults. Prior to award issuance, if selected, DHHS reserves the right to request that agencies provide documentation of all licenses and certifications.

## APPLICATION AND SUBMISSION INFORMATION

### 1. Technical Requirements

- A. Completed Letter of Intent (LOI) template must be submitted via email to the OFS no later than **Tuesday, January 12, 2021, by 5:00 PM (Pacific Standard Time)**. The applicant must complete \_\_\_\_\_

and submit the LOI template provided in Appendix A.

- B. Completed applications must be submitted via email to the OFS no later than **Friday, February 5, 2021, by 5:00 PM, Pacific Standard Time (PST)**. The applicant must complete and submit the Application template provided in Appendix B.

Complete LOI and application must be delivered via email in PDF format to: [lurban@health.nv.gov](mailto:lurban@health.nv.gov). If you do not receive an acknowledgement of application receipt within 48 business hours, please send an email with **Notification Status** in the subject line.

**The OFS is not responsible for issues or delays in mail or e-mail service.** Any applications received after the deadline will be disqualified from review. Therefore, the OFS encourages organizations to submit their applications well before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.

A complete application will require all items listed in the Application Checklist.

- C. Applicants are required to use **12-point, Times New Roman font, with 1.0" margins, double-spaced (unless specifically referenced as single spaced) and convert all items into one PDF document format. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification from review.**
- D. Do not submit unsolicited materials as part of your application. Any unsolicited materials mailed, delivered, or e-mailed to OFS will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- E. Complete the Application Checklist prior to submitting. **The Application Checklist is for the benefit of the applicants and is not required to be included in submission packet.** The Application Checklist can be found in Appendix F.

Once the application is submitted, no corrections or adjustments may be made. OFS will consider corrections or adjustments prior to the issuance of a subgrant, should both the OFS and the applicant agree on such changes or adjustments.

## 2. Proposal Submission Requirements

Proposals wishing to be furthered to the evaluation phase must submit a completed application. Applications are considered complete when they include signatures, signed assurances, and the following:

- A. Abstract
- B. Project Application Form
- C. Project Narrative
- D. Scope of Work
- E. Budget Narrative
- F. Project Manager Resume

Description and requirements of each application component is outlined below:

### A. Abstract (5 points possible)

A one-page abstract (not to exceed one-page) should serve as a succinct description of the proposed project and must include the target area, services provided, project partners, total budget, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and the legislature. Write a clear, accurate, and concise abstract without reference to other parts of the application. Personal

identifying information should be excluded from the abstract. **Abstract must be single-spaced, and not exceed 500 words.**

**B. Project Application Form (10 points possible)**

All applicants must complete the Project Application Form (included in this NOFO). Each letter corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application. **Not to exceed five pages.**

- a. **Organization Type:** Check the type of organization that is requesting funds.
- b. **Geographic Area of Service:** Check only one type of geographic area and provide a brief description of that area (up to 100 words).
- c. **Applicant Organization:** Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the nine-digit zip code is required). The OFS will consider the application incomplete if the Federal Tax ID field or DUNS/EI field is incomplete.
- d. **Project Point of Contact (POC):** This field refers to the identified person at the applicant organization the OFS will contact for follow-up questions about the application. This is also the person the OFS will contact for questions about quarterly reports, monthly financial claim forms, etc.
- e. **Fiscal Officer:** Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone other than the Project Point of Contact.
- f. **Key Personnel:** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide identified services. List all such personnel in the provided table, adding additional rows as necessary. Include an up-to-date résumé and a copy of all required licenses for each person as an addendum to the application.
- g. **Program Experience:** Organizations are required to select one option that most closely describes the program activities being proposed in the application.
- h. **Third-Party Payers:** Some organizations bill third-party payers (e.g. insurance companies) for services. If the applicant does not bill any third-party payers, check the **No** box, and continue to field I. Otherwise, confirm by checking the **Yes** box and for each third-party payer organization provide the specified financial information for the applicant’s most recent, complete reporting period. Add rows to the table, if necessary.
- i. **Current Funding:** Some organizations receive funding (e.g. Federal grant dollars, foundation grants, donations, etc.) for similar services. If the applicant does not receive funding from another source for proposed services, check the **No** box, and continue to field J. Otherwise, confirm by checking the **Yes** box and for each funding source, provide the name, type of funding, project period end date, and whole dollar amount. Add rows to the table, if necessary.
- j. **Certification by Authorized Official:** The administrator, director, or other official ultimately responsible for this project/program must sign this document.

**C. Project Narrative (65 points possible)**

The applicant must provide a Project Narrative that articulates in detail the content requirements provided below and those outlined on page four. Please include the title “Project Narrative” at the beginning of the Project Narrative. The narrative must not exceed a total of **ten pages** double-spaced. **Page numbers, headings and subheadings are required.**

Ensure the project narrative includes ‘subheadings’ for each of the sections below. *Do not reference the evaluator to read another section, as no points will be awarded in this instance.* Complete each section providing detailed information for the items being requested in that section. The Project Narrative must include the following information under each subheading:

**a. Organization Description (five points possible)**

The Organization Description should include a brief history of your organization demonstrating not less than two years of operation, its structure, information about major accomplishments of the organization, relevant experience, and an explanation of how the description you provide makes your organization an appropriate grantee.

**b. Project Design and Implementation (20 points possible)**

The Project Design and Implementation must provide a detailed description of the program to be funded. This section must include the goal(s) of the projects as well as the objectives and activities that will be completed to achieve the goal(s). Describe how the Explain how the project will address the needs of the target population, racial and rural disparities, and number of individuals expected to be assisted should your proposal be funded.

**c. Community Organizations and Partnerships (15 points possible)**

The Community Organizations and Partnerships must provide detailed descriptions of the community organizations currently providing similar services in the geographic service area your proposal depicts. Provide details describing existing partnerships and coordination to reduce duplication of service. Describe formal collaborations and/or existing Memorandums of Understanding with established partners and relationships that will be important to carrying out the activities proposed. *Signed MOUs must be included within the submission packet and will not count towards page requirements for this section.*

**d. Capabilities and Competencies (15 points possible)**

Describe the capabilities of the applicant, the subrecipients, and/or contractors to successfully implement the project. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project. Describe organization's background, qualifications, and experiences with the implementation of projects similar in scope and complexity to the proposed project. Provide at least three examples of the applicant's success.

**e. Data Collection and Evaluation (10 points possible)**

Describe the process for collecting data and measuring project performance. Identify what data will be collected, who will collect and analyze data/performance measurement, and how the information will be used to guide and evaluate the proposed project's impact.

All sub-recipients will be required to collect and report, at minimum, the following core data elements:

- Number of unduplicated individuals served;
- Number of duplicated individuals served;
- Demographics of all individuals served, including race, gender, and age;
- Pounds of food distributed;
- Number of meals provided as a result of the project (per the United States Department of Agriculture [USDA] 1.2 pounds of food for every meal);
- Number and percent of unduplicated individuals who reported they did not need to skip meals in the month following the food and referral assistance as a result of the proposed project;
- Number and percent of unduplicated individuals who were successfully linked with additional nutrition and/or social programs that support self-sufficiency.

If selected, the subrecipient may be required to report on additional data indicators, specific to the proposed initiative.

**D. Scope of Work (15 points possible)**

Complete and submit the Scope of Work form provided to describe the services proposed, including goals, implementation timeline with key dates, activities, and deliverables. The Scope of Work Template will be provided once the LOI is received. ***Maximum of five pages, single spaced.***

**E. Budget and Budget Narrative (5 points possible)**

Provide a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for program activities). **All proposals must include a detailed project budget for each of the project periods.** The budget should be an accurate representation of the funds necessary to carry out the proposed *Scope of Work* and achieve the projected outcomes over the grant period. If the project is not fully funded, the DHHS will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants **must** use the Budget Template form (Excel spreadsheet) provided for this NOFO. The budget template will be provided once the LOI is received.

**Budget Funding Limitations:** *All subrecipients must allocate 50% of requested funds towards procurement of foods that support a healthy diet.* Up to 40% of the requested funds may be used for case management and personnel. Up to 10% of the funded amount may be reimbursed for indirect costs.

1. **Personnel:** Employees who provide direct services are included here. The Personnel section is for staff that are responsible, who work as part of the applicant organization, for whom the applicant organization provides a furnished workspace, tools, and the organization determines the means and the method of service delivery. Contractors include those staff who provide products or services independently and provide their own workspace, tools, means, and methods for completion and are listed in the Contractor category. Up to 42% of the requested funds can be used for case management and personnel.

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs.

2. **Travel:** Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 57.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>. In the current COVID-19 environment, travel expenditures should be minimal.
3. **Operating:** List and justify tangible and expendable property necessary to carry-out the proposed program.
4. **Equipment:** Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.
5. **Contractual/Consultant Services:** Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these agreements in accordance with all requirements identified for grants administered under the DHHS.
6. **Other Expenses:** Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as client transportation, conference registrations, stipends, scholarships, etc.
7. **Indirect Costs:** Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function, or activity, but are necessary for the ~~general operation of the organization and the conduct of activities it performs.~~ Indirect costs include,



but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration staff, human resources, accounting, payroll, legal, and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. If agencies have a federally approved indirect cost rate, that rate must be used. All other agencies may use the Modified Total Direct Cost Base and Exclusions, currently at 10%.

**F. Project Manager Resume (0 points possible)**

Provide the resume of the key staff member with the licensure or expertise in providing evidence-based services. This resume should not be more than two pages long and should represent experience related to the proposed project. The OFS receives the right to request additional resumes based on the proposed project (also included in the Project Information Form).

**SELECTION PROCESS**

The DHHS has selected to use the competitive NOFO process.

- The application must request funding within programmatic funding constraints.
- The application must be responsive to the scope of the solicitation and the evaluator tool.
- The application must include all items designated as basic minimum requirements.

**1. NOFO Review Process**

Proposals received by the deadline will be reviewed as follows:

**A. Technical Review**

The DHHS/OFS staff will perform a technical review of each proposal to ensure minimum standards are met.

Proposals may be disqualified if they:

- Are missing fundamental elements (i.e. abstract, application, narrative, scope of work, or budget);
- Do not meet the intent of the NOFO; or
- Are submitted by an entity that is financially unstable as evidenced by information gleaned from the submitted fiscal documents.

**Application Requirements**

<i>Field Name</i>	<i>Scoring Points or TR*</i>	<i>Page Limit</i>	
A. Abstract	5	1	Single-spaced, 500 words, Times New Roman, 12-point font
B. Project Application	10	5	Must use template provided*
C. Project Narrative	65	10	Double-spaced, page-numbered with headings and subheadings, Times New Roman, 12-point font (Tables may be single spaced)
D. Scope of Work	15	5	Must use included format, single-spaced, Times New Roman, 12-point font
E. Proposed Project Budget and Narrative	5	NA	Must use template provided*
F. Project Manager Resume	0	2	Project Manager with experience
Total	100		

*\*Template will be provided once LOI is received*

## B. Evaluation

Applications meeting minimum standards will be forwarded to a review team selected by the DHHS OFS. The review team will be comprised of a panel of three scorers. The Nevada OFS and GMAC will each provide a subject matter expert. The third reviewer will be provided by a nutrition program expert within the DHHS Nutrition Unit. Reviewers will score each application, using the Evaluator Tool. In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the scoring process. Proposals must stand on their own merit.

An example of the Technical Review Tool can be found in Appendix C. An example of the Evaluator Tool can be found in the Appendix D.

## C. Notification and Negotiation Process

The Evaluation Committee will recommend successful applicants to the GMAC, who in turn recommends applicants to the DHHS Director's Office.

Final decisions will be made by the DHHS Director based on the following factors:

- a. Scores on the scoring matrix;
- b. Geographic distribution to ensure statewide service and activities;
- c. Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
- d. Availability of funding.

Upon approval, applicants will be notified of their award status. The State of Nevada, DPBH OFS staff will conduct negotiations with the applicants recommended for funding to address any specific issues identified by the Evaluation Committee. Scopes of Work and/or indicators will then be adapted from finalized work plans. Adjustment of the budget and activities may be required at that time.

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. **All funding is contingent upon availability of funds.** Upon successful conclusion of negotiations, the DHHS staff will complete a written subgrant agreement in the form of a Notice of Subaward (NOSA). The NOSA and any supporting documents will be distributed to the subrecipient upon approval of the Subaward.

## 2. Disclaimer

The DHHS reserves the right to accept or reject any or all applications. This NOFO does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel solicitation if it is in its best interest.

## 3. Upon Approval of Award

### A. Monthly Financial Status and Request for Reimbursement Reports

The DHHS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. **The monthly reports will be due by the 15th of the following month.**

### B. Performance Reporting

Applicants who receive an award must collaborate with the DHHS in reporting quarterly on progress in meeting goals. Additional performance reports may be requested as instructed by the DHHS. **Quarterly progress reports will be due by the 15th of the month following the end of the reporting quarter.**

### C. Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to

provide ongoing technical support to subrecipients and gather information reportable by DHHS to the state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. The subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the monitoring.

**D. Compliance with changes to Federal and State Laws**

As federal and state laws change and affect either the DHHS process or the requirements of recipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

**E. Applicant Risk**

Pursuant to the Part 200 Uniform Requirements, before award decisions are made, DHHS also reviews information related to the degree of risk posed by the applicant. Among other things to help assess whether an applicant that has one or more prior federal awards and has a satisfactory record with respect to performance, integrity, and business ethics, DHHS checks whether the applicant is listed as excluded from receiving a federal award. In addition, if DHHS anticipates that an award will exceed \$250,000 in federal funds, DHHS also must review and consider any information about the applicant that appears in the nonpublic segment of the integrity and performance system accessible through the Federal Awardee Performance and Integrity Information System, (FAPIIS).

## Appendix A: Letter of Intent Form

Submit to the Office of Food Security via email at [lurban@health.nv.gov](mailto:lurban@health.nv.gov) or mail to: Division of Public and Behavioral Health – Nevada Office of Food Security, 400 W. King Street, Suite 300, Carson City NV 89703.

**To:** State of Nevada, Division of Public and Behavioral Health (DPBH), Office of Food Security (OFS):

**Date Completed:** \_\_\_\_\_

**Legal Name of Organization/Applicant:** \_\_\_\_\_

Street Address/Suite/Building: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Primary Contact Person/Title:** \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Dear State of Nevada, OFS:

Please accept this letter as notification that the Organization/Applicant named above is interested in applying for Funds for a Healthy Nevada (FHN) - Wellness funding from the State of Nevada, DPBH OFS for a period of performance from July 1, 2021 through June 30, 2022 (FFY2021-2022).

The Organization/Applicant named above understands that signing this letter of interest **does not** formally or informally bind nor promise that the organization or applicant will submit an application for FHN Wellness funds.

The Organization/Applicant named above understands by submitting this letter of interest, the OFS will add the primary contact person to a communication list and agrees to receive future emails and phone calls related to Nevada OFS and to this funding opportunity unless the Organization/Applicant named above requests to be removed from the communication list.

Additional notes from Organization/Applicant (optional): \_\_\_\_\_

\_\_\_\_\_

### What counties do you intend to serve if an application is submitted?

- |                                      |                                    |                                   |                                  |                                   |                                     |
|--------------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Douglas   | <input type="checkbox"/> Eureka   | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Nye      | <input type="checkbox"/> Washoe     |
| <input type="checkbox"/> Churchill   | <input type="checkbox"/> Elko      | <input type="checkbox"/> Humboldt | <input type="checkbox"/> Lyon    | <input type="checkbox"/> Pershing | <input type="checkbox"/> White Pine |
| <input type="checkbox"/> Clark       | <input type="checkbox"/> Esmeralda | <input type="checkbox"/> Lander   | <input type="checkbox"/> Mineral | <input type="checkbox"/> Storey   |                                     |

## Appendix B: Application Form

Applicants may submit more than one application. Checking more than one program will result in disqualification. Applicants must select at least one.

### A. Organization Type

Public Agency       501(c)(3) Nonprofit

### B. Geographic Area of Service

<input type="checkbox"/> Town/City	
<input type="checkbox"/> County	
<input type="checkbox"/> Region	

### C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID #	(xx-xxxxxxx)	
DUNS No.		

### D. Program Point of Contact

Name		
Title		
Phone		
Email		
Same mailing address as section B?	Yes	No, use below address information
Address		
City		NV
Zip (9-digit zip required)		

**E. Fiscal Officer**

Name		
Title		
Phone		
Email		
Same mailing address as section B?	<input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information	
Address		
City		NV
Zip (9-digit zip required)		

**F. Key Personnel (Add Rows if Required)**

Name	Title	Licensed?
Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscal Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**G. Program Experience (Must Select One). Select the box that most accurately describes the activities being proposed.**

- Organization is 3+ years, proposed program is new
- Existing Program 2-5 years old
- Existing Program 6-9 years old
- Existing Program 10+ years

Describe sustainability plan for services after 6/30/2023

**H. Third-Party Payers of Services**

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for family planning services? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> No			
Third-Party Payers	Period	Billables Received (\$)	Percentage of Operating Income (%)
<i>Best Health Insurance (example)</i>	<i>2017 YTD</i>	<i>130,000</i>	<i>10</i>

**I. Current Funding (federal, state, and private funding). Add rows as required. Describe all funding received for services and/or similar programs. If no additional funding is received, enter NOT APPLICABLE in this section.**

Funding	Type	Project Period End Date	Current or Previous Amount Awarded (\$)

**J. Certification by Authorized Official**

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the Fund for a Healthy Nevada and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the assurances.

**Name (type/print):**

**Phone**

**Title**

**Email**

**Signature**

**Date**

## Appendix C: Technical Review Tool Example

Department of Health and Human Services

### Subaward Application Technical Review - Done By NOFA TA

*Fund for a Healthy Nevada: Wellness/Hunger*

**Instructions:** For each listed technical requirement, select Y or N in the light orange cell to indicate if the application number meets the requirement. No other action is needed.

Section V	Criterion	Technical Requirement				
			1	2	3	4
<b><i>Failing to meet one (1) of the below priority technical requirements will result in a failed (non-responsive) application and be disqualified.</i></b>						
	Organization Type	Applicant organization has checked only one box to indicate it is either a local government agency or 501(c)(3) Nonprofit.	y	y	y	
	Applicant Organization	Applicant has provided its Federal Tax ID.	y	y	y	
	Geo and Target Area Identified	Applicant has completed both sections	y	y	y	
	3rd party payers	Applicant has answered this section	y	y	y	
	Current Funding	Applicant has answered this section	y	y	y	
	Application	All sections of the application form have been completed, including check boxes.	y	y	y	
	Certification by Authorized Official	Certification is signed.	y	y	y	
<b>Priority Technical Review Score</b>			<b>Pass</b>	<b>Pass</b>	<b>Pass</b>	

***Failing to meet two (2) or more of the below technical requirements will result in a failed (non-responsive) application and be disqualified.***

		1	2	3	4
Application Submission	Applicant organization submitted application as a single PDF.	y	y	y	y



Application Submission	Applicant organization submitted application no later than 3:00 p.m. on Friday, February 5, 2021, 5:00 PM, PST	y	y	y	y
Abstract	Attached, does not exceed 500 words, single-spaced.	y	y	y	y
Narrative	Attached, Does not exceed 10 pages, double-spaced	y	Y	y	y
Narrative	Includes subheadings: Organization, Project Design and Implementation, Community Org and Partnerships, Capabilities and Data Collection	y	Y	y	y
Scope of Work	Attached, Does not exceed five pages	y	Y	y	y
Scope of Work/Budget	Attached, Does not contain Medicaid billable activities	y	Y	y	y
Budget	Mathematically Correct	y	Y	y	y
Budget	50% food procurement; 40% case management/personnel; 10% indirect	y	Y	y	y
Budget	Both project periods attached	y	Y	y	y
Resume	Resume attached, does not exceed two pages	Y	Y	y	y
Attachment	Assurances and Provisions, signed and attached	y	Y	y	y
Submission	Times New Roman, 12 point font and one inch margins retained	y	Y	y	y
<b>Overall Technical Review Score</b>		Pass	Pass	Pass	Pass

## Appendix D: Evaluation Review/Scoring Tool Example

Evaluators will be asked to score each section of the proposal and application. Points will be assigned to each section. An example of a scoring rubric is provided below:

- **Excellent** responses will receive 100% of available points
- **Strong** responses will receive 80% of available points
- **Average** responses will receive 60% of available points
- **Basic** responses will receive 40% of available points
- **Weak** responses will receive 20% of available points

The following is an example of the tool evaluators will be using, and what they will be looking for to score proposal sections:

Section : Application & Abstract		How well does the applicant (application number below) answer the question?				
Abstract		1	2	3	4	10
1	<i>Applicant must have submitted an abstract that is under 500 words that must include: 1) succinct program description; 2) target area; 3) service description; 4) project partners; and 5) budget total &amp; use</i>					
Application						
2	<i>To what extent does the applicant agency identify the previous level of experience with grant funding and processes? An applicant must have at least two years of previous grant funding.</i>					
3	<i>To be considered excellent, candidate must demonstrate less than 50% dependence on the Fund for a Healthy Nevada, with clear and complete plan for replacing funds after end of performance period.</i>					
0						
<b>Section : Application &amp; Abstract Score</b>						

Section : Narrative and Scope of Work		How well does the applicant (application number below) answer the question?				
Organization Description		1	2	3	4	10
4	<i>Applicant must include all elements: 1) brief history of the organization; 2) two years of experience; 3) describes relevant experience and major accomplishments; 4) qualifications to be selected as a subrecipient</i>					
<b>Project Design &amp; Implementation</b>						
5	<i>How well does the applicant describe the description of their program and how it meets the NOFO requirements, includes the target population and geographic area served, and how the proposed services meet the need?</i>					
6	<i>How well does the applicant tie project deliverables to objectives to include 1) how many individuals will be targeted; 2) the target population or subpopulation; 3) service areas; 4) how they will meet the deliverables; 5) capacity of organization (i.e. number of staff/clients, etc.)</i>					
<b>Community Organizations and Partnerships</b>						
7	<i>Must demonstrate community coordination. For a score of excellent, partnership must include 2 or more community partners providing referrals or services related to the population being served and benefit the project.</i>					
8	<i>Applicant must accurately describe similar services being provided in program delivery area. How well does applicant describe services as absent (or minimal) in proposed area.</i>					
<b>Capabilities and Competencies</b>						
9	<i>How well does the application describe the capabilities of the applicant, subrecipients, and/or contractors to implement the project. For a score of excellent, applicant should describe roles, experiences, and tenure of key employees.</i>					
10	<i>How well does the application describe the three (3) examples of success. For an excellent score this description must be complete, describing circumstance and level of success</i>					
<b>Plan for Collecting Data</b>						

11	How well does the applicant describe the process for collecting data? For a score of excellent, applicant should describe who is collecting the data, the system to collect data, whether or not the agency has a electronic health record system, and how that data will be used?					
12	How well does the applicant describe the project performance measures; who will be responsible for project performance; and how that information will be used to evaluate the project impact. Note: Data Collection is not project measurement.					
<b>Scope of Work</b>						
13	The Scope of Work must identify a goal that is consistent with the narrative; identify the objective with states how the goal will be accomplished; identifies at least one if not more specific activities to achieve that goal; the timeframe to submit; and the documentation required to provide that detail. Data collection activities are not goals or objectives, but could be included in strategies. The documentation is specific to what is going to be provided to prove that the metric was met (i.e. provide services for 20 women, the documentation would need to provide unduplicated number of women, demographics, services provided)					
<b>Section : Narrative and Scope of Work Score</b>						

<b>Section : Budget</b>		<b>How well does the applicant (application number below) answer the question?</b>				
<b>Budget Narrative</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>10</b>
14	How well does the proposed budget support the proposed goals and objectives?					
15	How thorough and reasonable is the proposed budget (i.e., balance of categorical spending, reasonable expenditures, etc.)?					
16	Given the project period, rate your confidence in the applicant's ability to provide the projected number of services with the budget amounts requested.					
<b>Section : Budget Score</b>						

<b>Total Possible Score: 100</b>	<b>Applicants' Total Scores (application number below)</b>
----------------------------------	--

	1	2	3	4	10

## Appendix E: GENERAL PROVISIONS AND ASSURANCES

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

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. NRS 218G - Legislative Audits
3. NRS 458 - Abuse of Alcohol & Drugs
4. NRS 616 A through D Industrial Insurance
5. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
6. GSA - General Services Administration for guidelines for travel
7. Grant Instructions and Requirements
8. State Licensure and certification
  - a. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
9. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
10. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of subrecipient, its officers, employees, and agents.
11. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
12. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
13. The subrecipient will report within 24 hours the occurrence of an incident, following DHHS policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.1533(e).
14. If the subrecipient is serving minors, background checks must be completed every 3 years on all staff, volunteers, and consultants occupying clinical and supportive roles.
15. Application to Nevada 211. As of October 1, 2017, the subrecipient will be required to submit an application to register with the Nevada 211 system.
16. The subrecipient agrees to fully cooperate with all DHHS sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
17. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
18. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS may reallocate funds to other programs to ensure that gaps in service are addressed.

19. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by DHHS staff or specified sub-contractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the DHHS will provide a written notice identifying the reduction of funds and the necessary steps.
20. "The subrecipients will NOT expend FHN funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over \$1,000 without approval from the DHHS. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS. g. To provide treatment services in penal or correctional institutions of the State.
21. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

### **Compliance with Notice of Funding Opportunity**

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

- A) If the applicant has not met performance measures of previous DHHS subgrants, DHHS reserves the right to not make additional awards.
- B) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
- C) DHHS reserves the right during the make funding recommendations and subgrant awards in a manner that ensure geographic coverage for services throughout Nevada.
- D) DHHS will not evaluate proposals that do not meet technical requirements of the NOFO.
- E) Applicant budgets must include a minimum of 80% funds used for direct services to the client; not more than 10% may be used for indirect costs; and not more than 10% may be used for program activity data collection and fiscal reporting.

Agreed to:

Signature: \_\_\_\_\_

Date: [Click here to enter a date.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text](#)

## Appendix F: Applicant Checklist

For own use (do not submit with application).

### Section A: Abstract (One page)

- Abstract is compliant with formatting (single spaced, under 500 words)
- Does not exceed one page

### Section B: Application Form (Does not exceed five pages). No modifications.

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions
- Certification is signed.

### Section C: Narrative (Does not exceed ten pages)

- Separate Headings for *Organization, Project Design and Implementation; Community Organizations and Partnerships; Capabilities; and Data Collection.*
- Does not exceed 10 pages, double-spaced.
- Times New Roman, 12-point font has been retained.
- One-inch margins have been retained.
- Signed MOUs (MOUs do not count towards the page limitations)

### Section D: Scope of Work (Does not exceed five pages)

- All sections are complete and matches the narrative.
- Single-spaced, Times New Roman 12-point font has been retained

### Section E: Budget (Existing Form – No modifications)

- Proposed Project Budget* is complete on the required form
- Proposed Project Budget* is mathematically correct.
- Proposed Project Budget* match numbers in the *Budget Narrative*.
- Justifications for *Budget Narrative* match the projected number of services identified in Narrative
- One-inch margins have been retained.

### Section F: Resume (Does not exceed two pages)

- Resume of Project Manager

### Attachments (Existing Forms – No modifications). Not in page count.

- Provisions and Assurances of Grant Award is signed

### Application Submission

- A single PDF will be emailed no later than February 5, 2021, 5:00 p.m. PST.