

Application: Section III

3.1 APPLICATION INSTRUCTIONS

- A. Completed application are due no later than **Wednesday, April 28, 2021, by 5:00 PM**. Application must be submitted online by emailing all required documents in a single email to k.garcia@health.nv.gov In the subject line of the email place the RFA title, "Problem Gambling Prevention RFA Response from [name of applicant]".

If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal of the application then more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., "Part 1 of 3").

If you do not receive an acknowledgement of application receipt with 72 hours, please contact Kim Garcia via e-mail at k.garcia@health.nv.gov or via telephone at (775) 443-8106.

- B. A complete application will require the following list of items to be included in the proposal. **Convert all items into PDF document format:**
- Application Form / Description of Applicant Organization
 - Service Description / Proposal Narrative (*15-page maximum, 1.0" margins, 11-pt Arial font*)
 - Completed Scope of Work Form located in Appendix C
 - Subrecipient Questionnaire
 - Proof of agency liability insurance
 - Proof of workers' compensation insurance
 - Most recent Single Audit and Management Letter (if agency receives more than \$750,000 annually in federal funds) OR most recent year-end financial statements (if federal audit is not applicable.)
 - Copy of key personnel up-to-date résumé
 - As applicable, copy of agency's IRS 501(c)(3) Letter of Determination
 - As applicable, Letters of Agreement or Memorandums of Understanding
 - As applicable, Draft Agreements with Sub-awardees
 - As applicable, Board of Directors or Other Governing Board Roster, including member affiliations and terms of office
 - As applicable, copy of agency licenses and certifications

- C. There is no option to attach unsolicited materials to the online application. Any unsolicited materials mailed, delivered or e-mailed to the BHWP will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- D. Complete the Application Checklist located in Appendix B prior to scanning/submitting. The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.
- E. Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.

3.2 APPLICATION FORM

Note: A completed Application Form is mandatory. If the Application Form is not completed in full the application may be rejected or for minor deficiencies may receive a 5-point reduction in the scoring total.

Instructions: Complete each item. Add extra rows if more space is needed to provide complete response.

A. Organization Type For-Profit 501(c)(3) Nonprofit Government Agency

B. Geographic Area of Service (Check applicable boxes & provide brief narrative of service area)

City County Region Statewide

C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City & State		Zip (9-digit)
Federal Tax ID #		
State Vendor ID#		
DUNS #		

D. Program Point of Contact

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

E. Fiscal Officer

Name & Title	
Phone & Email	

F. Subcontracting of Services

Does your organization subcontract its services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subcontractor	
Mailing Address	
Physical Address	
City	Zip (9-digit)
Federal Tax ID #	

G. Key Personnel

Name	Title	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

J. Current Funding

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

K. 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 detailed within legislation governing the grant as indicated by BHWP 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 Notice of Subaward and accompanying documents.

Name (type/print)

Phone

Title

Email

Signature

Date

3.3 PROPOSAL NARRATIVE

Instructions: Content defined in this section must be submitted by each applicant. The applicant is limited to a total of 15 pages. Pages must be formatted to use 1.0" margins and 11-point Arial font. The page limits exclude the Application Form (3.2) and attachments required under section 3.1.

I: Executive Summary (0 points)

Provide an overview of your organization and the services you propose.

II: Services Proposed (40 points)

The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.

(a) Provide the program names or project titles for which funds are being requested; then briefly describe each proposed initiative. For each initiative proposed:

- Explain why you chose the program/initiative. What is your project justification?
- What is your service delivery plan? Provide a justification for the proposed methods including any empirical support.

(b) Describe your evaluation methods including:

- Program/initiative outputs and outcomes.
- Process for tracking program activities, and how evaluation is built into the project strategy.

(c) Describe how the proposed program/initiative fits with the DHHS Problem Gambling Services Strategic Plan. If applicable, describe how the proposed project(s) may ultimately produce statewide impacts.

(d) If funded, who will your organization be collaborating with? List the following.

- Organization name.
- Level of collaboration (referral, planning, shared resources, integrated procedures, etc.).
- Whether collaboration is already in place or is proposed.
- The type of agreements that are in place with existing partners. (Note that MOUs

outlining responsibilities of each agency are required for partnerships that produce outcomes relative to your stated goals.)

- If funded, would a portion of the award be sub-granted to another agency?

(e) Complete Appendix C, Scope of Work, and attach to the application.

Note, successful applicants will have the opportunity to revise the proposed Scope of Work if (a) there are discrepancies between funding requested and funding awarded or (b) at the request of DHHS or (c) at the request of the grantee with DHHS approval

III: Populations Served (20 points)

(a) Describe the geographical area served. If Statewide, what actions will be implemented to ensure rural/frontier participation/access?

(b) Describe any populations the proposed projects will be targeting and address the following:

- Explain why you chose to place focused effort on this population including any research or other evidence that supports your decision.
- Explain how the project will identify, target and verify the special populations indicated?
- What measures will the project take to ensure methods and materials are culturally specific and responsive?

IV: Organization and Staff (20 points)

(a) Provide an overview of your organization. How long have you been in business? How has the organization grown through the years? Is there a business plan in place? Does your organization have experience in the field of problem gambling? Does your organization have experience in the field of prevention or public awareness services?

(b) Describe how your organization's philosophy fits within the current Problem Gambling Services Strategic Plan's Guiding Principles (Section III.B.).

(c) Briefly describe the experience and roles of staff proposed to work on this project. Explain how project staff; (i) possess the necessary skill set, (ii) are trained, supported, encouraged, and motivated, (iii) have good supervision and a cohesive and collaborative team, and (iv) are culturally sensitive / appropriate to target populations.

V: Funding Request (20 points)

Does the proposed project line item budget differ between SFY2022 and SFY2023? No ___ Yes ___

If yes, submit the below information for each fiscal year (SFY2022 & SFY2023).

(a) Proposed Project Budget

Category	Amount Requested (\$)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
Indirect	
Total Funding Requested (\$)	

(b) Proposed Budget Narrative. For each budget category, provide a budget justification.

(i) Personnel: For personnel costs complete the table below and insert a new row for each position funded under the proposed grant award: list staff, positions, percent of time to be spend on the project, rate of pay, fringe rate, and total cost to this grant. Use the table below:

Name of employee	Position	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
1a.						
1b. Insert details to describe position duties as it relates to the funding:						
2a.						
2b. Insert details to describe position duties as it relates to the funding:						
Total Amount Requested for Personnel						\$

(ii) Travel/Training. Provide total requested, item details, and line item justification.

(iii) Operating. Provide total requested, item details, and line item justification.

(iv) Equipment. Provide total requested, item details, and line item justification.

(v) Contractual/Consultant. Provide total requested, item details, and line item justification.

(vi) Other. Provide total requested, item details, and line item justification.

(vii) Indirect. Provide total requested, item details, and line item justification up to 8%.