

State Of Nevada
Task Force for the Fund for a Healthy Nevada

FUND FOR A HEALTHY NEVADA

GRANT APPLICATION GUIDE
FISCAL YEARS 2001 AND 2002

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STATE OF NEVADA
TASK FORCE FOR THE FUND FOR A HEALTHY NEVADA

FY 2001 AND 2002
GRANT ANNOUNCEMENT

FAQ SHEET

1. What is the source of these funds?

The tobacco industry nationally agreed in 1998 to pay \$206 billion to the states over the next 25 years as a settlement for health related costs incurred by the states. Nevada's share is estimated at \$1.2 billion over the next 25 years and a portion is to be distributed by the Task Force for grants to prevent, reduce or treat the use of tobacco and healthcare grants for the disabled and children. The Department of Human Resources (Department) will administer these grants.

2. What are the project purposes?

The overall goal is to increase public health for Nevadans.

3. Are these funds in addition to the Department's regular Federal and State allocations?

Yes. The Department receives numerous federal and state allocations each year that are in addition to the Tobacco Settlement monies. The Healthy Fund grants are intended for new or expanded programs. The Task Force is prohibited from funding programs that supplant existing methods of funding that are available to non-profit or public agencies. Applications must clearly demonstrate the proposed program or project will be an expansion of an existing program or project, or will be a new program or project.

4. How much funding will be available and over what period of time?

The Tobacco Settlement payout schedule is projected over a 25-year period but the level of funding to all states, including Nevada, will be dependent upon the level of tobacco sales nationally each year. It is estimated that \$3 million will be awarded for programs that prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. An additional \$3 million will be available each year for programs that improve health services for children and for persons with disabilities. It is anticipated this level of funding will continue for the next few years.

This application only requires a detailed budget for the first year even though the grant period will cover two years. Those selected for funding consideration will

be required to submit additional budget information covering the second grant year during grant negotiations prior to the issuing of the official grant award.

Project support beyond this two-year period will depend on the overall availability of funds, service priorities based on an annual reassessment of community needs, and comparative project performance.

5. Who is eligible to apply and what types of services can be funded?

All nonprofit and public agencies (including other state and local governmental agencies, universities and community colleges), can apply if interested in providing services to Nevada residents consistent with statute. In accordance with NRS 439.630 (1e. & f), the projects eligible for the Healthy Nevada Fund grants are projects to 1) improve health services for children and for persons with disabilities, and 2) prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. Separate applications must be prepared for each type of project.

6. What restrictions exist on the use of these funds?

These funds are not Federal and few restrictions apply so applicants are encouraged to be innovative and creative. Matching funds are not required, however, match and collaboration are encouraged. These funds can be used to match other funds, including Federal funds.

7. How will funding decisions be made and on what basis?

Staff will summarize and process the applications. This analysis will be provided to the Task Force in writing and will be based on the following:

- Degree to which a proposed project's goals and objectives will help meet unmet needs or underserved populations.
- Eligibility of the costs included in the applicant budget and whether the amount requested is within the Task Forces' funding maximums for the type of services proposed.
- Extent to which an application complements or enhances projects funded or under consideration for funding by the Task Force.
- How well it meets the Task Force standards for consistency, clarity, and comprehensiveness.

Applicants will receive an opportunity to correct any problems with the application that are noticed by Staff.

Staff will score the project narrative categories and, based on these scores, rank the applicants. Staff will also identify each application's strengths and weaknesses.

Staff will then send the summarization and all related materials to the Task Force for its independent review. Approval by the Task Force will be based on the following five factors:

1. The Task Force's rankings and identification of applicant strengths and weaknesses, based on the 9 categories listed below:
 - Importance and impact of project purpose.
 - Meeting the unmet needs of those to be served.
 - Size of population served
 - Documenting and measuring outcomes.
 - Cost effectiveness of the project.
 - Innovation
 - Collaboration
 - Leverage
 - Potential for ongoing sustainability of the project
2. Staff's written analysis and summarization.
3. Geographic distribution of the proposed grant awards.
4. Conflicts or redundancy with other federal, state and locally funded programs, or supplanting of existing funding; and
5. The Task Force's overall service funding mix.

After the Task Force has made grant funding recommendations, negotiations can take place between the Department and the applicant. The Task Force will identify any specific issues for the Department to negotiate. The Department will also provide the applicant with a copy of the grant administrative procedures at this time.

At the time of negotiations, the applicant will also be asked to submit a detailed budget for the second year of the grant. The applicant may also be asked to clarify specific items in the application, such as any areas of weakness identified by the Task Force and/or staff.

Not all applicants who are contacted for final negotiation will necessarily receive an award. All questions and concerns must be resolved to the satisfaction of the Task Force before a grant will be awarded. Only upon successful conclusion of any such negotiation will an official Notice of Grant Award be issued.

To receive funding for the second year, the applicant will be required to complete a non-competitive application that documents the progress of the program and supplies other information as the Task Force deems necessary.

8. Does the application have to conform to a specific format?

Yes, it needs to conform to the following requirements:

- The application needs to be concise and no more than 15 pages, excluding only the application checklist, with no attachments such as newspaper clippings, etc.
- Applications MUST be typed or computer generated. This sentence is in 12-point font. Do not use a font size smaller than this.
- The application must be on 8 ½ X 11 paper, single sided, numbered, and not bound. Please staple in top left corner.
- The Task Force is not responsible for any costs incurred in the preparation of the application and applications become the property of the Task Force.
- The Task Force reserves the right to accept or reject any or all applications. Applications accepted for funding will be those deemed best for the people of the State of Nevada.
- Those submitting qualified applications will be notified of their status by October 2, 2000.

9. When is the application for funding due and where is it to be submitted?

One original and ten copies must be postmarked no later than August 22, 2000, and mailed to the:
Department of Human Resources
Fund for a Healthy Nevada
505 E. King St., Rm. 600
Carson City, NV 89701

Failure to meet the August 22th deadline either by postmark or hand delivery will eliminate the application from consideration in this funding cycle. No faxed applications will be accepted.

10. Who to call for more information?

Please call the following office and ask to speak to a Fund for a Healthy Nevada representative:
Department of Human Resources
505 E. King St., Rm. 600
Carson City, NV 89701
(775) 684-4000

11. Will there be an appeal process open to those not funded?

No.

12. When will orientation sessions be held?

Orientation sessions will be held via tele-conference in Carson City and Las Vegas on August 3, 2000, at 9:30 a.m at the following locations:

Carson City
Legislative Building, 401 South Carson St., Rm. 4100

Las Vegas
Grant Sawyer State Office Building, 555 East Washington Ave., Rm. 4401

Orientation sessions will be held in Elko and Ely via tele-conference on August 7, 2000, at 9:30 a.m. at the following locations:

Elko
Nevada Dept. of Transportation
1951 Idaho St., Conference Room

Ely
Nevada Dept. of Transportation
1401 E. Aultman Street

COMPLETING THE GRANT APPLICATION

The following information must be submitted for an application to be considered for funding:

Applicant Information

Agency/Organization Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Legal Status: State Agency _____ Local Government _____

(Check One)

University or Community College _____

Nonprofit _____ Tax ID#: _____

Project Contact Person: _____ Telephone: _____

Authorizing Official Signature: _____

Date
Title: _____

Request: Year One \$ _____ Match: \$ _____ Total Project Cost: \$ _____
Year Two \$ _____ Match: \$ _____ Total Project Cost: \$ _____

Funding requested for
(Check One)

Tobacco Programs or

Health Programs for Children &
the Disabled

Does your agency have a tobacco-use policy? If so, please explain what the policy is and how it is enforced.

Executive Summary

Please organize a one page executive summary covering the following eight topics:

1. Brief description of the project andthe need(s) it plans to address.
2. What services will be offered and by whom.
3. Who will receive services, the size of the population served, and where they will be living.
4. The funding requested for year one and year two, and the amount and source of matching support, if applicable.
5. How the project accomplishments will be documented and project outcomes measured.
6. Brief description of collaboration efforts with existing programs or forming new partnerships to provide the proposed services.
7. Brief description of any innovative methods this program will use to service target population.
8. Describe future potential of the program.

THE BUDGET

Budget Form A

Indicate the amount of funds being requested from the Task Force to support the first year of the proposed project in the “Task Force Funding” column. Additional cash and in-kind equivalents available to support this project should be listed in the “Other Funding” column. If selected for funding consideration, a budget for the second year of the grant period will be required. Round all numbers to the nearest \$1.

| Expense Category (As Described on Page 9) | Task Force Funding | Other Funding | | Total Cost |
|----------------------------------------------|-----------------------|---------------|---------|------------|
| | | Cash | In-Kind | |
| 1. Personnel | | | | |
| 2. Fringe Benefits | | | | |
| 3. Contractual/Consultant | | | | |
| 4. Staff Travel/Per Diem | | | | |
| 5. Equipment | | | | |

- 6. *Supplies*
- 7. *Occupancy*
- 8. *Public Information*
- 9. *Other Expenses*
- 10. *Grand Total – lines 1-9*

-

Budget Form B

Identify the sources of CASH (including program income) and IN-KIND funding listed above. This information is requested ONLY in relation to this project. In the “Status of Funding” column, indicate whether funding is pending, funded, or restricted.

If restricted, please explain: _____

| <i>Name of Income Source</i> | <i>Status of Funding</i> | <i>Amount of Income</i> |
|------------------------------|--------------------------|-------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| <i>Total</i> | <i>N/A</i> | |

NOTE: Total amount should equal the amount of “Other Funding” on Budget Form A.

Budget Narrative

Describe in 2 pages or less the expenses in each of the budget categories that are included on Budget Form A, using the following instructions as a guide to describe each category of expense. Be sure to explain how each expense is related to the proposed project and identify any one-time costs. Limit the narrative response to two pages.

NOTE: Not more than 8 percent of the grant may be used for administrative expenses or other indirect costs. (NRS 439.630 (1.i)) Please provide a breakdown of administrative costs by percentage of grant request.

Personnel:

- List program administrative staff (positions and % of time to be spent on the project) and total cost.
- List program non-administrative staff (positions and % of time) and total cost.
- Calculate the total personnel cost.

Fringe Benefits:

- List each position and provide a breakdown of the amounts and percentages comprising the fringe benefits provided such as health insurance, FICA, etc.

Contractual/Consultant Services:

Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs.

Staff Travel/Per Diem:

Identify staff who will travel, the purpose, frequency, and projected costs.

Equipment:

List equipment to purchase or lease costing \$500 or more, and justify these expenditures. "Equipment" costing less than \$500 should be listed under "Other Expenses."

Supplies:

List tangible and expendable personal property, such as office supplies, program supplies, etc. Justify these expenditures.

Occupancy:

Identify and justify any facilities costs associated with the project, such as rent, maintenance expenses, insurance, as well as utilities such as power, water, and telephone.

Public Information:

Identify and justify any such costs (printing of brochures, etc.). This category can also include costs for appropriate project promotion, such as media buys, etc.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, transportation, etc.

Matching Funds

Matching funds are not required as a condition of these grants. Matching funds will be considered as a favorable factor, but not a determining factor, by the Task Force when awarding grants.

The applicant's matching contributions for these grants may be in the form of CASH or IN-KIND contributions, such as volunteer time. IN-KIND items must be non-depreciated or new assets with an established monetary value.

Definition of IN-KIND: Any property or service provided without charge by a third party to a second party are IN-KIND contributions.

| | |
|---------------|-----------------------------------------------------------------|
| First Party: | Fund for A Healthy Nevada |
| Second Party: | The grantee (and sub-grantee of project supported by the grant) |
| Third Party: | Everyone else |

If the grantee (second party) provides the property or services, then it is considered "cash" contributions, since only third parties can provide IN-KIND contributions.

When costing out volunteer time, remember to calculate the cost based on the duties, not the volunteer's qualifications. For example, an attorney may donate his or her time to drive clients a certain number of hours per month but the donation is to be calculated on the normal and expected pay received by drivers, not attorneys!

Program Income

These grant funds are not federal and the project can require reasonable fees/subsidies/costs to be paid by recipients of services. Any estimated cash income generated

in such a way must be identified and reported on Budget Form B. Also describe if the project plans to have a sliding fee schedule.

-

PROJECT NARRATIVE

Organize the project narrative into nine *categories* corresponding to the nine headings below. Specific instructions for each can be found in the titled boxes that follow. *The total project narrative cannot exceed 10 pages (11 pages if the budget narrative is only one page long rather than the allowed two pages).*

- .. Importance and impact of project purpose.
- .. Meeting the unmet needs of those to be served.
- .. Size of population served.
- .. Documenting and measuring outcomes.
- .. Cost effectiveness of the project.
- .. Innovation.
- .. Collaboration.
- .. Leverage.
- .. Potential for ongoing sustainability of the project.

IMPORTANT !!!

One of the biggest mistakes applicants make in writing the project narrative is to treat each narrative *category* as a separate and distinct writing task. These *categories* should be viewed as stages in a coherent and convincing presentation. Check for spelling mistakes, stylistic inconsistencies, redundancies, factual omissions, and *unsupported* assumptions. Before submitting the application, a good strategy is to let someone unfamiliar with the project read and critique the project narrative.

When developing the grant application, keep in mind that the only programs or projects that this grant money may be awarded for are:

- Programs or projects that prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco; and
- Programs or projects that improve health services for children and for other persons with disabilities.

| | |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IMPORTANCE AND IMPACT OF PROJECT PURPOSE | |
| <u>Instructions:</u> | |
| • | Describe the public health problem or unmet public health need that makes the project necessary and document the scope of the need within the area to be served. Cite the source and date of any statistics or other supporting data used. |
| • | Describe the impact the project will have in meeting the need within the area to be served. Cite the source and date of any statistics or other supporting data used. |

MEETING THE UNMET NEEDS OF THOSE TO BE SERVED

Instructions:

- Describe how the project will resolve the problem or fulfill the unmet need.
- If the project is to expand existing services, indicate whether the existing project has a waiting list and the number of prospective clients on the list.

SIZE OF POPULATION SERVED

Instructions:

- Estimate the number *and age* of persons to be served by the project and their geographic location (city, county, rural area, etc.).

DOCUMENTING AND MEASURING OUTCOMES

Instructions:

- Project benefits must be expressed in terms of desired outcomes. “Outcomes” are the changed state or condition that the project hopes to incur in its target population.
- Outcomes as benefits are often difficult to measure directly. In those cases, the project can use outputs, which are easier to measure, as indicators of the level of achievement of these changes. For example, if the project’s goals required the increased nutritional wellbeing of disabled persons as a desired outcome, that may be too difficult for the project to measure directly. Instead, the project could track a relevant output associated with this outcome, such as the increase in the extent and quality of home-delivered meals to these persons during the project period.
- If the project plans to track outputs as a substitute for or in addition to outcomes, the relevancy of these outputs to the project’s desired outcomes needs to be explained. Relevant outputs could be a unit of service or product of the project’s activities, e.g., number of training classes held, number of client referrals, the number of clients served, or service units provided, etc. If service units are used then what constitutes a measurable “unit” must be defined.

THE COST EFFECTIVENESS OF THE PROJECT

Instructions:

- Describe *resources* other than a grant from the Fund for a Healthy Nevada that will be used to create, sustain, or expand the service. These can include, but are not limited to, cash and in-kind support, staff and volunteer hours, and collaborative efforts with other agencies.
 - Document any expected cost savings associated with project services such as in-home care vs. hospitalization or nursing home care. Cite the source and date of any statistics or other supporting data used.
-
- Provide cost per unit of service delivered; e.g., cost per person served, cost per person reached in announcements.

INNOVATION

Instructions:

- Describe how this program is different from existing programs provided by nonprofit or public agencies to: 1) improve health services for children and for persons with disabilities; or, 2) prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco.

COLLABORATION

Instructions:

- Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services.

LEVERAGE

Instructions:

- Describe whether this grant money will be used as a matching contribution to obtain additional money from another source.
- Describe other grant resources that have been examined to maximize expenditures through local, federal and private matching contributions.
- Provide information regarding grant funding that your organization receives from any source.

POTENTIAL FOR ONGOING SUSTAINABILITY OF THE PROJECT

Instructions:

- Describe how the project will grow to be self-supporting. This would include a description of the anticipated future resources for the project and the rationale as to why these are considered adequate. Also include actual or expected qualifications of key personnel.
- Provide information on how long your agency has been in operation.
- Provide an implementation schedule that identifies major project tasks and includes a clear timeline with milestones based on these tasks.

ASSURANCES

- A signature below indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.
- 1. Sufficient funds have been earmarked to provide liability insurance for the project, including adequate fire and extended coverage insurance to cover all capital assets, such as project equipment.
 - 2. Bonding insurance will be purchased to cover all employees who handle or have access to cash, project checking accounts, or other project monies.
 - 3. Required information and documentation will be provided in a timely manner upon request by the Department.
 - 4. Project service and fiscal records will be maintained for three years after completion of the project.
 - 5. All necessary accommodations will be made to meet the needs of persons with disabilities in accordance with the Americans with Disabilities Act (ADA).
 - 6. All employees and volunteers associated with the project will adhere to appropriate standards of confidentiality and professional practice.
 - 7. The project understands that *on-site* evaluations by Department staff will occur at least once a year for purposes of determining project progress and compliance with grant conditions.
 - 8. The project also understands that significant and unjustified lack of progress in achieving its goals and/or major noncompliance with grant conditions may result in action ranging from withholding of funds to termination of the grant award prior to the end of the project period.

Signature of Authorized Representative

Date

Name and Title (typed)

APPLICATION CHECKLIST

Please assemble the application in the order shown below, put a check for each item completed, and sign below.

- ___ **Applicant Information**
- ___ **Executive Summary**
- ___ **Budget Forms A & B**
- ___ **Budget Narrative**
- ___ **Importance and Impact of Project Purpose**
- ___ **Meeting the Unmet Needs of Those to be Served**
- ___ **Size of Population Served**

_____ **Documenting and Measuring Outcomes**

_____ **Cost Effectiveness of the Project**

_____ **Innovation**

_____ **Collaboration**

_____ **Leverage**

_____ **Potential for Ongoing Sustainability of the Project**

_____ **Assurances**

_____ **Application Checklist**

Applicant Agency:_____

Authorized Signature:_____

Title:_____

Date:_____