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| --- | --- |
| **Applicant Name:** |       |

**Project Narrative**

1. **Proposed Intervention:**

1. **Target Population and Service Area:**

1. **Organizational Capacity and Partnerships:**

1. **Cost-Effectiveness and Sustainability:**

1. **Evaluation:**

**GOALS AND OBJECTIVES**

|  |  |  |
| --- | --- | --- |
| **Objective** | **Activities** | **Outcomes** |
|       |       |       |
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**ORGANIZATIONAL STANDARDS and APPLICANT QUESTIONNAIRE**

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| **Provide a detailed answer to each of the following questions, or choose N/A, as applicable:** |
| 1. **When was the agency incorporated?**
 |       |
| 1. **Does the agency have bylaws?**

*(If so, ADSD may request a copy at a later date.)* | **[ ]  Yes** **[ ]  No [ ]  N/A** |
| 1. **Is the agency a:**
 |
|  **[ ]  Public agency - Identify governing body:**       |
|  **[ ]**  **Private, for-profit agency** **- Identify headquarters/legal ownership:**       |
|  **[ ]**  **Private, non-profit agency – select option below** |
| **[ ]**  **Check the box if you agree to this statement:** **The agency has a Board of Directors that is active, responsible and holds regular meetings. Members have no material conflicts of interest and serve without compensation.** |
| **If the above box for non-profit Board of Directors is not checked, explain the reason and plan of action to remedy the situation:**       |
| 1. **Financial Accountability:**
 |
| **[ ]**  **Check the box if you agree to this statement:** **Agency has a system for generating profit/loss statement (if for-profit) or statement of activities (if non-profit/governmental) and a detailed transaction report. Agency has a separate accounting for each subaward, if more than one.** |
| **If the above box for financial accountability is not checked, explain the reason and plan of action to remedy the situation:**       |
| 1. **What are the agency’s days and hours of operation?**

**Proposed service hours, if different:**       **[ ]  N/A – Same as agency** |
| 1. **Is the agency closed on days other than state and/or federal holidays, when services would not be available to clients? If yes, list the tentative dates in FY21 and explain the reason for the closure. [ ]  N/A – No other office closures**
 |
|       |
| 1. **Does the agency agree to give service priority to eligible individuals referred by ADSD who are at risk of institutional placement or have been a victim of abuse?**

**[ ]  Yes [ ]  No – Explanation Required:**       |
| 1. **If the agency is currently providing this service, please answer the following questions: [ ]  N/A – Agency is not currently providing this service. (Skip to #9)**
 |
| **# of Clients Served\*:**      ;  **# of Units of Service\*:**      ***(\* Used [ ]  Calendar Year 2019 -or- [ ]  Fiscal Year 2020)***  |
| **What funding sources were used?**       |
| **Does the program use a sliding-fee scale or a cost-sharing procedure?****[ ]  Yes****[ ]  No** |
| **What is the suggested donation amount, by unit of service?** $      **Comments:**      **[ ]  Not Established** |
| **Is there currently a waiting list for this service?****[ ]  Yes: # of people**       **Average Wait Time:**      **[ ]  No** |
| **Has a resource listing been posted to** [**www.Nevada211.org**](http://www.Nevada211.org)**, which contains accurate and up-to-date information for the agency and this service?****[ ]  Yes [ ]  No – Explanation Required:**       **[ ]  N/A: Not Currently ADSD-Funded** |
| 1. **If the proposed program is not currently in operation, when will service provision begin and when will the program become fully functional?**
 |
|       **[ ]  N/A – Program is fully functional and providing the service** |
| 1. **What percentage of the total cost of providing this service would the ADSD requested amount represent?**      **% Comments:**
 |
| 1. **If the agency is not currently funded by ADSD, list three professional references below (name, address, phone number and business affiliation with your agency).**

 **[ ]  N/A: Current ADSD Subrecipient** |
|       |       |       |