

**NEVADA
GOVERNOR'S COUNCIL ON
DEVELOPMENTAL DISABILITIES**



Grants Manual
2007

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GLOSSARY OF TERMS

The following are definitions of terms most commonly used in the award of the Council on Developmental Disabilities grants and contracts:

Budget - A planned program for a fiscal period in terms of:

- estimated costs, obligations and expenditures of funds required for support of designated services, materials and other allowable cost items.
- sources of funds for financing, including project income, reimbursement anticipated and other resources to be applied.
- explanatory and workload data on the projected program and activities.

Cost, Direct - A cost which can be specifically identified with a project. Direct costs include salaries and wages of employees assigned to the project and the costs of materials, services and travel incurred in carrying out the project.

Cost, Indirect - A cost which is not readily identifiable with a project, but is necessary for the overall operation of the project. Indirect costs include costs of administration, data processing and accounting activities. The specific costs to be included in this category are determined by Federal agencies or the Office through direct negotiation.

Cost-sharing or Matching - The actual monetary value of resources used by the grantee to fund the approved project costs not borne by the office. The cost-sharing requirement is typically referred to as a ratio which indicates the required percentages of office and non-office financial support.

Cost, Total Project - The allowable direct costs and indirect costs incurred by the grantee in carrying out the requirements of the grant, less any applicable credits. The total project costs consist of those paid with both Office and required cost-sharing funds.

Council - Refers to the Governor's Council on Developmental Disabilities.

Financial Audit - Review of an organization's financial records and systems for the purpose of issuing an opinion on the permissibility of the costs and the accuracy of the organization's financial statements in accordance with generally accepted accounting principles.

Grant Period - The interval of time, usually 12 months, for which the project is funded.

In-Kind Contribution - The value of non-cash contributions provided by the grantee or third parties. In-kind contributions may include donated space, use or lease charges for property and equipment, or the value of goods and services directly benefiting and specifically identifiable to a project.

Prior Approval - Written permission to use grant funds for certain purposes not included in the approved budget, or to change certain aspects of the project in a way not originally planned. This approval must be obtained from the Council before undertaking the proposed action.

Project - The collection of services and associated activities funded under the grant.

Project Income - That part of project funding derived by the grantee from any activities conducted in the performance of the grant. Examples of project income include client fees. The State share of project income is determined by the percentage of State participation in the grant that generated that income.

Third Party Revenue - Any funds received for payment of services from someone other than the service provider or service recipient. Examples of third party funds include payments by Medicaid, Medicare, Blue Cross, and other health insurers.

GRANT APPLICATION REQUIREMENTS

Who may apply? To apply for a project grant from the Council on Developmental Disabilities, an organization must be a non-profit entity (as described in Section 501(C) Internal Revenue Code), for profit corporations, educational institution, state agency, or local governmental agency performing or anticipating performing a function relevant to program goals of the Council. Corporations must be registered with the Nevada Secretary of State and licensed to do business in Nevada. Individuals and unincorporated entities are not eligible for consideration. Questions concerning eligibility of project proposals and deadlines for submittal should be directed to the Council on Developmental Disabilities.

Excluded Parties - It is the policy of the Council to enforce Executive Order # 12549 which requires that no contractors or sub-recipients of Federal funding are to be found on the Lists of Parties Excluded from Federal Procurement or Non-procurement Programs. The list of debarred parties can be found on the Internet site at [HTTP://epls.arnet.gov](http://epls.arnet.gov).

How and where are applications filed? Applications must be completed on forms included in the electronic application packet provided by the Council. Forms must be downloaded to the applicant's computer hard drive, all forms must be completed and saved to the applicant's computer hard drive, and a copy **e-mailed** to the Council on or before the deadline. One set of hard copy documents must be **post marked and mailed** on or before the deadline. The application packet consists of four separate forms: Project Data Sheet; Project Outline; Project Work Plan; and, Project Budget Plan and instructions for completing. Samples of the forms and instructions for completing are included as Attachment 1. To obtain the application packet, call the Council office at (775) 687-4452 or e-mail rweathermon@dhhs.nv.gov.

What is the required format? Each grant submitted must contain the following. Sections:

Project Data Sheet. This section includes identifying information about the applicant; project information; project funding formula; contact information and signatory authority.

Project Outline. This section includes general information and a description of the project being proposed. The applicant will be asked to provide a one paragraph abstract that clearly states the goals and major activities of the proposed project and the impact it will have on people with developmental disabilities; a description of the organization's qualifications to implement a proposed project; a detailed narrative about the proposed project including specific information on the methodology to be used and an overview of project activities and the major expected accomplishments of the project and a timeline for completion.

Project Budget. The budget section includes a summary section that is self-calculating, and an itemized section containing projections of costs for personnel, consultation/subcontracted services, travel, supplies and publications, space occupancy, other direct costs and indirect costs. Several sections of the budget are self-calculating.

Successful applicants will be required to complete Office of Disability Services form DS-10, which details how expenditure items are calculated, signed assurances of compliance with federal and state laws, and original signatures of individuals authorized to accept grants on behalf of the organization.

Supplemental Information

Attachments. You can include “up to” 5 pages of relevant support materials, including samples of newspaper articles, letters of support, etc. In addition, any charts, graphs, statistical information or substantiating documentation of statements listed in the text of the grant should be included in the list of attachments. Programs that received funding in previous grant period will be required to include a summary of the project outcomes in order to be considered for continued funding.

If assistance is required to develop a formal grant request, please contact the Council on Developmental Disabilities.

APPLICATION REVIEW

Following are the minimum requirements for the evaluation and selection of applications to be funded. Grants must be awarded only for appropriate purposes and to eligible programs. The minimum evaluation criteria are:

- proposal's response to goals identified in Council's Notice of Funds Available.
- capacity of organization or provider to achieve the proposed results
- past performance of applicant relating to the grant focus
- cost-to-benefit analysis
- the relationship of the grant to Council Performance Indicators
- Independent Audit Report from previous year for the applicant organization
- existing staffing pattern of organization and projected changes with grant funding
- program eligibility (501(C)3, State Certificate of Incorporation, Business License, Professional License

review to make certain that applicant is not on the Federal List of Excluded Parties (see Grant Application Requirements)

AWARDING AND PAYMENT PROCEDURES

Grant applications which are recommended for funding will complete Form DS-10 to be forwarded to DHHS Fiscal Management for processing. The application is processed and a Notice of Grant Award sheet (DS-12) is prepared by the Office of Disability Services summarizing the grant. The DS-12 is forwarded to the grantee for signature and then forwarded to the Chief of the Office of Disability Services for review. The Director of the Department of Health and Human Services has final signature approval for each grant.

A. Notification to Applicant - The Notice of Grant Award is forwarded to the grantee, who in turn is responsible for notifying that organization's Project Director and/or Project Accountant of the responsibilities entailed by grant acceptance.

This notice indicates the grant number, the project period, the amount being awarded, the level of support and any special conditions under which the grant is awarded.

B. Project Period - The initial date of the project period is the earliest that funds may be obligated or expended. The termination date of the project period is the latest that funds may be obligated or expended, except to liquidate obligations incurred during the project period.

C. Level of Support - The application form provides for estimates of financial requirements to support the project for the project period. Actual amounts awarded will be determined by anticipated need, funds remaining from awards previously made for project support, anticipated availability of Federal or State funds, and Council priorities.

A. Payment of Funds - Payment for an approved project will be made monthly by way of reimbursement unless otherwise specified and based on the actual expenditures for each month. (Form DS-14)

In specific instances approved by the Council, the payment of limited funds in advance to a grantee may be made. In those instances, it is the intent of the Council to provide necessary funds to the grantee while, at the same time, insuring that state and federal funds in the grantees' accounts do not unreasonably exceed the amount required to meet the immediate grant objectives at any given time.

It is required that the grantee submit a financial report and request for reimbursement (Form DS-14) monthly to the Council during the entire project period including the final month even in those instances where funds are not requested for that month. In this way, any advance funds paid by the Council to the grantee will be replenished regularly, thereby satisfying any need the grantee may have for cash flow for grant supported expenditures. Toward the end of the project period, the availability of funds from the advance will offset any need for further reimbursement by the Council to the grantee, since those funds will already be in the grantee's account.

E. Withholding of Payment - The Council reserves the right to withhold funds pending project audits, both fiscal and program, or pending compliance by grantee with Council requirements. Grantees will be notified in writing that such actions are being taken and what

will be required in order to reinstate funding. The grantee may appeal such action in writing to the Chairperson, Council on Developmental Disabilities.

BUDGET REVISION REQUIREMENTS

Grantees must notify the Council on Developmental Disabilities of any revision to the grant per the following conditions.

1. If a budget revision amounts to 20% or less of the category the grantee can transfer the funds providing the Council is notified immediately thereafter in writing. Such a transfer must not exceed 20% of either category involved in the transfer.
2. If a budget revision amounts to greater than 20% of the category the grantee must notify the Council in writing and receive approval before the transfer of funds.
3. If a revision seeks to change the scope or objectives of the grant or grant period the grantee must notify the Council on Developmental Disabilities in writing and receive approval prior to making that change.
4. If a revision indicates a need for additional or decreased State funding the grantee must notify the Council on Developmental Disabilities in writing and receive approval prior to making that revision. If a revision involves any purpose originally disapproved or restricted as a condition of the award the grantee must notify the Council on Developmental Disabilities in writing and receive approval prior to making that revision.

Revision requests are to be submitted to the Council Director by the grantee on Form DS-10 with required attachments (including narrative justification). The DS-10 GREV form must show each revised budget item in bold italics. Revision requests requiring relatively few or easily explained changes can be accepted via a letter containing the required information and signed by the grantee.

Any revision request must include how the revision will impact or benefit the intent/objectives of the original grant; and if there is a transfer of funds the request must indicate what category the funds are being taken from and why the funds are available for transfer.

All revision requests must be made **no later than 60** days prior to the end of a project period. All revisions require prior approval in writing.

INSTRUCTIONS FOR COMPLETING MONTHLY FINANCIAL REPORT AND REQUEST FOR GRANT FUNDS

(See DS-14 Form following this section)

PART I - FINANCIAL REPORT (Due monthly no later than 15 days following reporting period unless an exception has been authorized in writing by the Executive Director for a grantee due to extenuating circumstances. The grantee must submit a letter itemizing the circumstance[s] preventing them from meeting the time limit and requesting a revised time limit. Authorization or an extended time limit applies only to the grantee requesting the exception.)

Lines 1 - 6

Column A - Enter the approved amounts by category in lines 1-6 from the Notice of Grant Award.

Column B - Enter the total expenditures by category for the month being reported. For example, if your project begins July 1, and you are reporting for the first month, enter the total expenditures on your books from July 1 through July 31. If you are reporting for the end of the second month, enter the total expenditures posted for the remaining months from August 1 through August 30, and so on months.

Column C - Enter the total cumulative expenditures for all months from the beginning of the period to date, including amounts in Column B.

Column D - Subtract Column C from Column A by category and enter the remainder.

Column E - Divide each of the amounts in Lines 1 through 6 in Column C by the budgeted amounts in Column A. Extend percentage to one-tenth of a percent.

Note: If the grantee is requesting reimbursement for travel expenses incurred during the report period, the actual travel expenses for the report period must be detailed on the Travel Detail Report (DS-14-TD). The grantee is instructed to use actual costs in completing the DS-14-TD. Maximum rates per mile for the use of a vehicle as well as maximum established rates for per diem are administratively set by the State of Nevada. The grantee should contact the grantor to determine the current established rate for each of these expenses.

Note: The grantee may request an Excel File from the Council's fiscal manager at ODS that is designed to self-calculate monthly draws by entering current month expenditures.

PART II - REQUEST FOR STATE FUNDS

7. Enter the State share from Grant Award.
8. Subtract any amounts received as cash advances.
9. Subtract actual State funds claimed (not including the advance in Line 8).
10. Enter the remainder of Line 7 less total of Lines 8 and 9.
11. Enter the State share of the cumulative expenditure by multiplying the total expenditure on Line 6, Column C, times the State sharing ratio.
12. Enter the total of prior reimbursements claimed (Line 9).
13. Enter the amount requested for reimbursement (Line 11 minus Line 12).
14. Enter any adjustments on the line and describe the adjustments.
15. Enter the total request, the sum of Line 13, plus or minus adjustments from Line 14.
16. Enter the remainder of Line 10 minus Line 15.

PART III - SHARING REQUIREMENTS

17. Compute the total local share of expenditure on Line 6, Column C, by multiplying the total expenditure by the local sharing percentage.
18. Enter the total of local cash contributed by donors, local governments, and from sources noted in the Grant Application.
19. Enter the total of documented third party in-kind donations of property, services, etc., from sources noted in the Grant Application.
20. Enter the total of project income from client fees or other sources produced as a result of the grant.
1. Enter the total of Lines 18, 19 and 20. This total must equal or exceed the amount shown in Line 17 in order that the State share may be drawn.

The DS-14 should be completed by the grantee, signed and dated by the Chief Executive Officer of the grantee organization, and forwarded to the Council for review and approval accompanied by supporting documentation. **Supporting records of grant expenditures must be in sufficient detail to show the exact nature of expenditures.**

The completed MONTHLY FINANCIAL REPORT AND REQUEST FOR GRANT FUNDS (RD - 14) should be returned to the Granting bureau/office no later than 15 days following the end of the reporting period, unless an exception has been authorized by the Council Director.

AUDIT

Governor's Council on Developmental Disabilities grants are subject to inspection and audit by representatives of the Council, Office of Disability Services, Nevada Department of Health and Human Services, or other appropriate State or Federal agencies to (a) verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures; (b) as whether certain policies, plans and procedures are being followed; (c) provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and (d) determine reliability of financial aspects of the conduct of the project. The audit will be performed in accordance with generally accepted auditing standards to determine that there is proper accounting for and use of grant funds. The independent audit or alternate independent financial audit report will become part of the overall grant monitoring process and will be retained as part of the ongoing administrative record of grant activities.

It is the policy of the Council on Developmental Disabilities (as well as a federal requirement in OMB Circular A-133) to require that each grantee receiving at least \$500,000 in federal and/or state funding have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. Any auditor's management letters which result from the latest independent audit will accompany the current auditor's report. The grantee agrees, upon receipt of the audit report, to immediately forward a copy of the independent audit and any accompanying management letters to the Council on Developmental Disabilities.

Where OMB Circular A-133 does not apply to a particular sub-recipient the grantee will provide, on a yearly basis, an alternate independent financial audit report to show evidence that the sub-recipient abides by standards of sound fiscal practice and should continue receiving grant funding.

Upon receipt of the independent audit or alternate audit report, the Council Director will forward a copy to the ODS Fiscal Manager who will review the document for its sufficiency and compliance with the appropriate circular. Any findings, deficiencies, questioned costs or other reportable conditions will be identified and brought to the attention of the bureau/office and sub-grantee in writing. The Director will notify the sub-grantee of the corrective action required and the expected timelines for resolution, in writing. Final reports of expenditures are accepted by the Office of Disability Services SUBJECT TO AUDIT.

IT IS THE RESPONSIBILITY OF THE GRANTEE TO ASSURE THE SAFEKEEPING OF ALL PROJECT RECORDS AND TO BE ABLE TO PROMPTLY PRODUCE THEM UPON THE REQUEST OF STATE OR FEDERAL REPRESENTATIVES.

Grant Monitoring Policies

PURPOSE

The purpose of the Grant Monitoring process is to insure that resources and funds received by the Council on Developmental Disabilities are effectively and efficiently utilized in the provision of services to benefit the designated population. The Grant Monitoring process will further insure the timely and accurate information regarding sub-recipient performance so as to effectively direct the use of those resources.

The intent of the Grant Monitoring process for the Council on Developmental Disabilities is to provide a timely and consistent, multi-level analysis of the performance of each grantee. The process will consider the purpose and focus of each grant, while assuring compliance with all applicable State and Federal fiscal guidelines and requirements. The process will also encourage sub-recipient redirection as needed to attain the best utilization of resources.

As extensively as practicable, these grant monitoring procedures will have, as their basis, requirements for internal accounting and administrative controls in compliance with NRS 353A.020, the Nevada Department of Administration, Internal Control System, and any appropriate Federal mandates for fiscal reporting.

RESPONSIBILITY

Monitoring of sub-recipients will be conducted as a function under the direction of the Executive Director of the Council on Developmental Disabilities. It is understood that the overall process of monitoring the utilization of resources and the resulting benefit to the designated population will involve a range of input from the Council, DHHS fiscal Management, and the DHHS auditors.

The overall grant monitoring process will be threefold and consist of:

ONGOING PROGRAM ANALYSIS: ongoing routine program activity conducted by staff and accounting staff that routinely interact with the grantee will provide for a normal review of interaction, feedback and transactions to monitor for unusual or out-of-the ordinary program activity.

QUARTERLY Reports Grantees will be required to complete quarterly electronic reports on forms provided by the Council. The purpose of the quarterly report is to provide the Council with program information in a timely manner to allow decision-making and program redirection prior to total disbursement of grant funds. The Council Director/Council staff will review the quarterly reports and prepare a summary for presentation at the Council's quarterly meetings. The reviews will include:

- funding utilized
- compliance with federal grant guidelines and assurances
- outcome/objectives measures status
- follow-up on any recommendations from previous quarter
- areas of concern/recommendations for intervention
- exception DHHS Auditor.

YEARLY PROGRAM/GRANT REVIEW: A yearly review of all levels of service activity, fiscal activity, record keeping and overall program performance as compared to the objectives and goals of the grant, direct customer feedback, independent audit results and recommendations will be conducted by the Council on Developmental Disabilities

CONSUMER SATISFACTION SURVEYS: Grantees will be required to conduct a consumer satisfaction survey developed by the Council to assess participant satisfaction with grant activities.

GRANT MONITORING FORMAT/FORM: Because of the variety of programs and organizations potentially receiving grants through the Council on Developmental Disabilities, the monitoring device and format for the yearly program/grant review will vary with each grant.

GRANT COMPLETION PROVISIONS: At the completion of the grant period the grantor and grantee agree that the following provisions survive termination until satisfied:

1. The grantee will account for and present to the grantor, all claims for expenses properly accrued under the terms of the grant but not submitted for reimbursement at the time of grant completion or termination.
2. The grantor will pay those properly accrued and presented expenses as allowed within the framework of the grant.
3. The grantee will satisfactorily complete work in progress at the agreed rate (or a pro rated basis if necessary) if so requested by the grantor.
4. Neither the grantor nor the grantee will withhold performance based in these provisions solely based on nonpayment of fees or expenses accrued up to the time of completion or termination of the grant.
5. The grantor will provide access to appropriate documentation as related to the performance of the grant, as requested by the grantor and as required by the grantor for final grant performance review and reporting.
6. The Grantee will retain all books, records, reports and statements relevant to this Grant for a minimum of three years. The retention period runs from the date of payment for the relevant goods or services by the State or from the date of termination of the Grant, whichever is later. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

ATTACHMENT A

Instructions for Using the Electronic Application Forms

In order to complete the electronic application forms, it is recommended that you use MS Word 2002 software or a later release.

Important – Special Instructions for Completing the Electronic Application Forms

There are a number of preliminary steps that must be taken prior to opening and completing electronic application forms. These steps are necessary because the forms include macros and other hidden data that are needed to accurately interface with the Council's grants management software. Following the steps below will alleviate potential user problems with the forms.

Macro Security Level

The macro security level on Microsoft Word for each computer accessing the forms must be set to "Low" in order for the macros in the application forms to work properly. Complete these initial steps before opening any forms.

1. Open Microsoft Word.
2. Select "Tools," "Macro," and "Security."
3. Select the "Security Level" tab.
4. Set security level "Low" and select "OK."

Opening Forms

All forms must be saved to a hard drive or network drive before opening for use. Do not attempt to complete forms directly from an e-mail attachment or a floppy or CD drive as memory and macro problems may result.

Using Electronic Application Forms in Microsoft Word

To navigate and enter data into the application forms, the most common methods are listed below:

Using the "Tab" key will bring you to the next field. To maneuver from one field to the next use the "Tab" key or use your mouse to select the field you want to enter data into. The Scroll bar allows the user to scroll up and down the screen. By scrolling, fields for entering information can then be selected with your mouse.

Pressing "Shift + "Tab" keys will return the user to the prior field. This is useful for moving back to previous sections, and for moving from the beginning of the document to the end of the document.

Some Information Can't be Changed in Certain Fields

The application forms are created with macros that allow information to be imported into the Council's data management software. The forms allow access to required data entry fields only. Certain system fields are protected in order to avoid data corruption.

Tips & Tricks

Question: When using the Application Forms, how can I increase the font size?

Answer: All Microsoft Word documents can be viewed larger by selecting View > Zoom... from the menu bar and selecting the zoom level desired, from 10% to 500% of normal. Users can also select the desired zoom level from the zoom dropdown list on the Standard toolbar.

Question: When using the Application Forms, how can I remove the shaded background?

Answer: To remove shading from form fields, you need to use the Forms toolbar. If it isn't visible, you can select View > Toolbars > Forms. Click on the Form Field Shading button to turn the shading on or off.

Instructions for Completing Individual Application Forms

Instructions for Project Data Sheet

If the form is closed without all the required fields completed an error warning will alert you that certain fields need to be completed. The form can be saved and closed and re-opened at a later period to complete the required information.

1. Applicant Information

Project Number – Leave blank (Assigned by Council)

Application Number – Leave blank (Assigned by Council)

Project Name – Provide a short descriptive name for the proposed project (55 character limit)

Organization Name – Applicant’s legal name

Organization Website – If applicable, provide the applicant’s website address

Organization Address – Street and floor or suite number

Organization City/State – City and State

Organization Zip Code – five or nine digit zip code

Taxpayer ID Number – Provide taxpayer identification number (TIN)

Project Period – Month/Day/Year. Use numbers. (i.e., XX/XX/XXXX)

Council Member – Leave blank (Assigned by Council)

Council Staff – Leave blank (Assigned by Council)

1. Project Information

Type of Applicant – Select the type of applicant from the pull down menu (i.e., Non-profit, School District, County, etc.) Select only one. *Partnerships/collaborations must choose one organization as the primary applicant.*

Type of Project – Leave blank (Assigned by Council)

3. Project Funding – The “Total Project Costs” must equal the total of “Council Funds” plus “Applicant Matching Funds” (if provided).

Grant Type – Select Poverty or Non-Poverty from the pull down menu. The U.S. Census Bureau provides information on the percent of persons in poverty by state and county. Go to www.census.gov/. In the “People” section, click on “Poverty”. Click on “Small Area Income and Poverty Estimates” to access the state and county data.

1. Contact Information – List the appropriate individuals with whom the Council will communicate for the indicated purposes. Use the check box to auto-fill repetitive information for a contact. The auto-fill information can be over written if necessary (i.e. email addresses).

5. Signatory Authority – Identify the organization Director (CEO or equivalent) who can legally enter into a contractual agreement on behalf of the applicant.

Instructions for Project Outline

If the form is closed without all the required fields completed an error warning will alert you that certain fields need to be completed. The form can be saved and closed and re-opened at a later period to complete the required information.

Applicants will provide the narrative description of their proposed projects on the Project Outline form. Respond to all the components as indicated. Do not exceed the character limits given for each section. The macros in the forms prevent some Word tools from functioning, such as spell checks and underlining. Applicants may want to complete the narrative in a separate document, then copy and paste the final version into the Project Outline form.

1. General Information

Project Number – Leave blank (Assigned by Council)

2. Questions

1. Abstract

Provide a one paragraph abstract that clearly states the project goal, the major activities of the project and the impact it will have on people with developmental disabilities.

2. Qualifications

Describe your organization's qualifications to implement the proposed project, including your experience working with people with developmental disabilities.

Identify any organizations that will be collaborating on the project, and provide a brief description of their role.

3. Methodology

Provide a detailed narrative about the project, including information on the methodology to be used and an overview of project activities.

Provide a timeline and major milestones in achieving goals.

Explain how the proposed project is consistent with the Council's mission.

State who the target population is and why it is being targeted.

Specify if the project targets individuals in a federally identified poverty area(s).

Describe the role of people with developmental disabilities in the project.

Provide a brief description of project functions for each staff member and any subcontractors identified for the project.

4. Accomplishments

Describe the major expected accomplishments of the project, and how successful completion of the project will impact people with developmental disabilities.

Describe how activities will continue after the project is completed.

Instructions for Project Work Plan

If the form is closed without all the required fields completed an error warning will alert you that certain fields need to be completed. The form can be saved and closed and re-opened at a later period to complete the required information.

Applicants must review the *Federal Areas of Emphasis and Performance Measures for Developmental Disabilities Councils* and include as many Performance Measures in their application as relate to the proposed project. The Council recognizes that some performance measures cannot be obtained until after the project period has ended. It is the intent of the Council to conduct follow-up activities as appropriate in an effort to identify these post-project performance measures.

1. Project Information

Project Number – Leave blank (Assigned by Council)

Project Name – Must be identical to the project name on the Project Data Sheet and Project Outline, not exceed the 55 character limit.

2. Project Details

Goal of the Project –The impact that the proposed project will have on people with developmental disabilities. (200 character limit)

Federal Area of Emphasis –Select one from the pull down menu.

Collaborators – Select any DD Network partners of the Developmental Disabilities Council with a checkmark next to the organization. List up to seven other collaborators in “Other”, and separate them with commas.

Primary Type of Project Activity - Select the one activity that best describes the project from the pull down menu. If ‘Other’ is selected, use the Tab key to move into the box below, and indicate only one activity.

2. Periodic Objectives

Enter information for one objective at a time. To add additional objectives, double click on the “Add next objective” button.

Objective Number – Automatically assigned by the form.

Objective– Describe the objective in outcome terms.

Activities Letter – Automatically assigned by the form.

Activities (Describe all activities for this objective) – For each objective, provide a short list of all the activities to be undertaken to achieve the objective. To add additional activities, double click on the “Add next activity” button.

Timelines – Provide realistic start and end dates for completing the objective.

Project Staff – List the primary personnel who will carry out the activities.

Performance Measures for this Objective – Review the *Federal Areas of Emphasis and Performance Measures for Developmental Disabilities Councils*. Indicate all

performance measures applicable to each objective and its related activities. Performance Measures do not have to come exclusively from one Federal Area of Emphasis. Use the pull down menus to select the prefix (Area of Emphasis) and measure number; then hit the Tab key. The form will automatically fill in the performance measure description and will move the cursor into the applicable field(s) for expected numbers. The form will prevent data entry into non-applicable fields by completely shading those fields.

Note: Applicants can include as many Performance Measure by Objective as needed, but should not include more than one of the same Performance Measures no matter how many Activities are included. For example: QA01 can be included in Objective 1, in any Activity, but not be repeated again in this Objective. QA01 can be repeated in subsequent Objectives.

Expected Number Individuals with DD (Developmental Disabilities) –

Estimate the number of people with disabilities who will benefit under the assigned performance measure.

Expected Number Family Members – Estimate the number of family members of people with disabilities who will benefit under assigned performance measure.

Expected Number Other – All other people who don't fit into the two preceding categories and all measures such as programs, dollars, homes, etc. that are not people measures.

To add additional performance measures, double click on the “Add Next Performance Measure” button.

To delete a performance measure, double click on the button in the “Del” column.

Instructions for Project Budget Plan

Develop a line item budget for the project. For each itemized category, specify the total project costs, description of expense, and the expense charged to Council funds. A line item expense under a category must include a description of the line item expense. Grant recipients are not required to provide a non-federal match, but they are encouraged to do so. If your organization is providing a match, identify the expenses under the Matching Funds column and identify the source of those funds.

1. Project Information

Project Number – Leave blank (Assigned by Council)

Project Name – Must be identical to the project name on the Project Data Sheet and Project Outline and not exceed the 55 character limit.

2. Budget Summary Section

Do not attempt to fill in this section. The form will automatically fill in this section as the itemized sections are completed.

3. Budget Itemization Section

The form will automatically calculate the totals at the end of each itemized category of this section. Itemize costs for the project under the following categories:

- 3a. Personnel with Fringe Benefits** - Indicate the applicant's fringe benefit rate. Identify each position by title and name. Under "Rate," include the hourly rate. Under "Time on Project," specify the number of hours dedicated for this project. After completing the list of positions, multiply the subtotal of personnel costs by the organization's standard percentage for fringe benefit costs, and enter the amounts in the appropriate lines on the "Fringe Benefits" row. The form will automatically calculate the percentage in the field above the category.
- 3b. Personnel without Fringe Benefits** - Provide the same information as above for personnel who do not receive fringe benefits.
- 3c. Consultation/Subcontracted Services** - Describe the cost under "Nature of Expense." Examples include Sign Language Interpreter and subcontractor positions. Under "Rate," include the hourly rate.
- 3d. Travel** -Transportation costs for personnel working on the project. Use the current maximum reimbursable rate allowed by the Internal Revenue Service for private auto mileage per mile. This allowance covers gas, tolls, and parking fees. If the applicant organization's current reimbursement rate is lower, the lower rate must be used.
- 3e. Supplies/Publications** - List all supplies and publications necessary to support the project.
- 3f. Space Occupancy** - Identify the type of space being charged to the project, such as office space or space rental for public meetings. For office space, under "Rate/Sq. Ft./Yr.," specify the annual charge per square foot; and under "Sq. Ft.," indicate the number of square feet. Under "# Months," enter the number of months space is used. If space is rented for 10 months, the form will calculate the percentage of the year that the space is rented, and calculate the total under "Project Costs." For example, if the annual rate/sq. ft. was \$2.00, the space rented was 100 sq. ft., and occupied for 10 months, the total project cost would equal (2 dollars/sq. ft./year X 100 sq. ft. X 10 months/12 months (or 0.833)) = \$16.67.
- 3g. Other Direct Costs** - List separately all other direct costs not already provided for that will be incurred during the project (e.g., telephone, postage, travel stipends for people with disabilities or family members, etc.).
- 3h. Indirect Costs** - Indirect costs are expenses which are incurred by the organization in the conduct of a number of projects and functions. The applicant may charge indirect costs to the project of no more than 10% of the subtotal for personnel, travel, supplies and other direct costs. When calculating the indirect cost base to be charged to Council funds, add the four categories above and multiply by 0.10. Do not include expenses for consultation/subcontracted services or space occupancy. If the applicant has an established indirect cost rate with a federal agency, the applicant may use the portion of that rate which exceeds 10% as a non-federal match. A copy of the established indirect cost rate must be submitted if this category is utilized.

ATTACHMENT B

Assurances

The applicant hereby assures that it will comply with the regulations, policies, guidelines and requirements as they relate to the application, acceptance and use of Federal funds for this federally-assisted project. Also the Applicant assures and certifies that it:

1. Possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing

the filing of the application, including all understandings and assurances contained therein, directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

1. Will agree to abide by all appropriate provisions and procedures of the Nevada Office of Disability Services **Grant Procedures Manual**, as amended, to include those accounting principles and guidelines appropriate to the funding recipient or sub-recipient as established by the Office of Management and Budget and specified in the Office of Disabilities Grant Procedures Manual.
2. Will, in accordance with appropriate sections of the Code of Federal Regulations, retain all program income earned during the grant period which is not utilized for matching costs, except royalties and proceeds from the sale of real or tangible personal property, and use for any purposes which further the objectives of the legislation under which the grant was made or as identified in the grant documents.
4. Will agree, if this is a training grant, to spend all tuition, fees or program income first before utilizing state funds to carry out the purposes of this grant.
5. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination based on race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Services Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) the applicable provisions of the Americans with Disabilities Act, (42 U.S.C. Section 12101 et. seq.); (j) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is made; and (k) the requirements of any other nondiscrimination statute(s) which may apply to the application.
6. Will comply with 31 U.S.C. 1352 (P.L. 101-121) prohibiting the use of Federal funds to influence Federal funding matters, each instance will be reported via completion and submittal of Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
7. Will comply with the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
8. Will comply with the provisions of the Hatch Act which limit the political activity of employees.
9. Will comply with the minimum wage, maximum hours and other provisions of the Federal Fair Labor Standards Act as applicable.

10. Will establish safeguards to prohibit employees from using their positions for a purpose that is or gives appearance of being motivated by a desire for private gain for themselves or others with whom they have family, business or other ties.
11. Will give the sponsoring agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers or documents related to the award.
12. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (PL 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 and OMB Circular A-133.
15. Will comply with ED 12549 regarding Debarment and Suspension in federal procurement activities.
16. Will comply with the requirements of the Drug Free Workplace Act of 1988 as appropriate.
17. Will comply with all applicable requirements of any other Federal laws, executive orders, regulations and policies governing this program.
18. Will submit monthly financial reports, a final program report and such other reports as the Council on Developmental Disabilities and the Office of Disability Services may require in order to administer the program.
1. Will agree that all program records and funds associated with the project, including the Council on Developmental Disabilities, will be accessible by the Office of Disabilities, DHR and the Nevada State Government for audits and site visits as required for project administration.
2. Will comply with all applicable requirements of OMB Circular No. A-122 "Cost Principles for Non-Profit Organizations".

 SIGNATURE AND OF CONTRACTOR OR GRANTEE
 DATE

 (Rev 3-2007)