State Of Nevada
Department of Health and Human Services

GRANTS MANAGEMENT UNIT

REQUEST for APPLICATIONS
STATE FISCAL YEARS 2009-2010

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STATE OF NEVADA
DEPARTMENT OF HEALTH and HUMAN SERVICES – DIRECTOR'S OFFICE
GRANTS MANAGEMENT UNIT
SFY 2009-2010
REQUEST for APPLICATIONS (RFA) and INSTRUCTIONS

Note: This RFA is also available online at http://dhhs.nv.gov/Grants/GrantsManagement.htm

BACKGROUND

Source and Purpose of Funds

This RFA is for competitive applications for combined funding under the Children's Trust Fund (CTF), the Fund for a Healthy Nevada (FHN), and Title XX Non-State Social Services Block Grant Funds (TXXN) for state fiscal years (SFY) 2009 and 2010. While the intent is to streamline the process, with a single Request for Applications (RFA) to incorporate multiple funding sources, each of the funding sources will retain specific regulatory requirements.

The Children's Trust Account was created under Chapter 432 of Nevada Revised Statutes (NRS) in 1985. Monies from the account must be used to fund programs and services designed to prevent abuse and neglect of children. State revenues for the Children's Trust Account are derived from a $3.00 fee on Nevada birth and death certificates. These funds enable the state to leverage Community-Based Child Abuse Prevention (CBCAP) federal funds that combine to provide comprehensive services.

The CBCAP grant award (CFDA 93.590) is funded under Title II of the Federal Child Abuse Prevention and Treatment Act for the following purposes: (1) to support State efforts to develop, operate, expand, and enhance a network of community-based, prevention-focused, family resource and support programs that coordinate resources among a range of existing public and private organizations; and (2) to foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Both the Children's Trust Account and the CBCAP grant award are administered by the Department of Health and Human Services (Department), with advisory support from the Grants Management Advisory Committee (GMAC). Grantees receiving these funds **will be required** to: 1) Attend quarterly meetings of Prevent Child Abuse Nevada; 2) Conduct Client Satisfaction Surveys; and 3) Support meaningful involvement of parents in the planning, implementation, and evaluation of prevention programs.

Projected available funding for competitive grants from the combined Children's Trust Account and the CBCAP grant award is approximately $950,000 in FY09 and $950,000 in FY10.

The Fund for a Healthy Nevada was created in 1999 under NRS 439.620 with 50% of the state's share of the national Master Settlement Agreement with the tobacco industry. The 50% is further split into the following allocations **effective 7/1/08**: Senior Rx – 30%; Independent Living Grants for Seniors – 30%; Tobacco Control – 15%; Children's Health – 10%; Disability Services – 10%; Disability Rx – 5%. Healthy Nevada funds in this RFA specifically target Tobacco Control, Children's Health and Disability Services.

The Grants Management Advisory Committee holds statutory authority under NRS 439.630 to advise the Director to allocate these funds and to develop policies and procedures for the administration and distribution of the grants. The funds are administered under the Department. Grantees receiving tobacco control funds **will be required** to participate in a statewide evaluation program.

Projected available funding for competitive grants from the Fund for a Healthy Nevada categories is as follows:

Tobacco Control – Approximately $3,433,884 in FY09
Children's Health – Approximately $2,289,256 in FY09
Disability Services – Approximately $2,289,256 in FY09

The Social Services Block Grant – Title XX of the Federal Social Security Act (CFDA 93.667) may be used for any of the following purposes: Achieve or maintain economic self-support to prevent, reduce or eliminate dependency; Achieve or maintain self-sufficiency, including reduction or prevention of dependency; Prevent or remedy neglect, abuse or exploitation of children and adults unable to protect their own interests or preserve, rehabilitate, or reunite families; Prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and Secure referral or admission for institutional care when other forms of care are not appropriate or provide services to individuals in institutions. Approximately 90% of these funds are allocated to state programs through the legislative budgeting process. The remaining funds are available for non-state grants.

These funds are administered by the Department, with advisory support from the GMAC. Grantees receiving TXX Funds **will be required** to report unduplicated clients served with demographic data.

Projected available funding for new competitive grants from TXX non-state funds is approximately $1,200,000 in FY09 and $1,200,000 in FY10.

FUNDING PRIORITIES
Members of the GMAC have worked through a subcommittee process to develop the priority areas for this RFA, as described in the table below:

Activities	Strategies	Target Populations
OVERALL PRIORITY FOR GMAC		
1) Access to services through 211	1) All grantees must submit information to 211 line	No Exceptions
Subcommittee 1: Independent Living, Housing/Homelessness, and Positive Behavior Support		
1) Life Skills including vocational rehabilitation 2) Transitional Housing 3) Adaptive Resources 4) Transportation 5) Positive Behavior Support	1) Case management and collaboration must be integrated with all activities. 2) Provide training on job preparation	Low-income populations with disabilities are to be targeted for all activities in this category, as practicable.
Subcommittee 2: Health, Fitness and Nutrition		
1) Health Literacy 2) Immunization of Children 3) Fitness and Nutrition 4) Oral Health	1) Public education to influence attitudes and behaviors. Coordinate with Medicaid to increase parent and provider knowledge and use of Early Periodic Screening Diagnosis and Treatment (EPSDT). 2) (a) Maximize immunization for children	Healthy Nevada funds in this category must be targeted to children

	birth to 35 months. (b) Conduct outreach and training to providers on immunization standards and WEB IZ (c) Identify gaps and target outcomes to address the gaps; Coordinate with Nevada State Health Division Immunization Program to promote *earliest interval vaccination schedule* and *reminder recall systems.* 3) (a) Educational programs to increase awareness of fitness and nutrition targeted to elementary school children. (b) Conduct pre/post tests, as applicable, in the 1st and 3rd quarters. 4) Oral health should emphasize preventive measures although treatment services for children would also be eligible for funding; preventive services should include follow up for outcomes; education efforts should be linked with other priority areas.	
Subcommittee 3: Tobacco Control		
1) Tobacco prevention and treatment activities	1) Fund evidence-based programs as identified by CDC and in accordance with the State Tobacco Control Plan 2) Participate in Nevada Tobacco Prevention Coalition and report on benefit 3) Incorporate Battelle recommendations	Healthy Nevada funds in this category are specifically targeted to tobacco-related programs.
Subcommittee 4: Child Abuse Prevention, Family Support, and Respite		
1) Parent Training 2) Child Self-Protection Training 3) Crisis Intervention 4) Respite Care 5) Public Awareness	1) Bilingual service capacity 2) Demonstrate accountability for collaboration 3) Parent training programs must use evidence-based, evidence-informed, and emerging programs and practices. 4) Limit Case Management to tertiary prevention programs, i.e., crisis intervention. 5) Survey all clients for satisfaction and program improvement.	CTF funds must specifically target children; Healthy Nevada funds for respite must target families with disabilities.

Specific program guidelines and outcome measures associated with the priority activities are elaborated in Appendix B.

Eligibility

All nonprofit and public agencies (including state and local governmental agencies, universities and community colleges) can apply if interested in providing services to Nevada residents.

Awarding and Funding Process

Department staff will review applications in a two-step process. A technical review of applicant information, program summary, budget forms, and the fiscal management checklist will be conducted **online**, with a **limited** opportunity for applicants to correct any technical problems, prior to submission of the full application. The full application will include program narrative, outputs and outcomes, a budget summary, and an opportunity to update information or budget forms.

Once the full application is submitted, **no further adjustments will be accepted prior to the negotiation period**. Department staff will read and score the proposals in accordance with a scoring matrix (See Appendix A). Summaries of the applications, with scores and categorical rankings will be forwarded to subcommittee members for review.

Due to the expected high volume of applications, those ranked below 70 percent may not be reviewed at the Subcommittee meeting. Ranking information will be provided to applicants in advance of the meeting.

Each of the four Subcommittees will hold public meetings to discuss the merits of the applications and get clarification from applicants regarding the proposed projects. The Department expects all applicants to attend the Subcommittee meetings. All of the meetings will be videoconferenced to facilitate public access.

FAILURE TO ATTEND THE SUBCOMMITTEE MEETING FOR YOUR APPLICATION WILL REDUCE YOUR CHANCES TO RECEIVE AN AWARD.

Subcommittee recommendations will then be forwarded to the Grants Management Advisory Committee for final recommendations.

Funding decisions will be documented by staff, based on the following factors: 1) GMAC members' scores; 2) Geographic distribution of the proposed grant awards; 3) Conflicts or redundancy with other federal, state or locally funded programs, or supplanting of existing funding; and 4) The overall service funding mix. If an award is made which reduces the overall proposed budget, it is recommended that the Subcommittees identify specific budget areas to be revised.

Applicants will be notified of their status after decisions have been made. GMU staff will conduct negotiations with the applicants recommended for funding, to address any specific issues identified by the subcommittees. Adjustment of budgets and goals may be required at that time.

Not all applicants who are contacted for final negotiation will necessarily receive an award. All questions and concerns must be resolved before a grant will be awarded. Upon successful conclusion of negotiations, GMU staff will issue notices of grant award, general conditions, and grant instructions to grantees. There will be **no appeal process**.

ALL FUNDING IS CONTINGENT UPON AVAILABILITY OF FUNDS

Contact Information

For additional information on the grants or application process, contact the Department of Health and Human Services, Grants Management Unit, at (775) 684-3470 or via email to gmu@dhhs.nv.gov.

Application Questions and Answers

Questions may be submitted to the GMU email: gmu@dhhs.nv.gov, through February 2008, and will be posted to the Web site http://dhhs.nv.gov/Grants/GrantsManagement.htm, with responses, through the application period.

Submission of Applications

The schedule for submission of applications is outlined in the Timetable below. **Failure to submit applications in accordance with the Timetable below will result in disqualification.**

TIMETABLE

2/1/2008	Publish Request for Applications
February 2008	Application Orientation Sessions
3/3/08	Post final Q & A for RFA
3/10/08	**Technical elements of application due**: Stage 1 online application includes Organization Information, Project Summary, and Fiscal Management Checklist, Budget Forms and other attachments
3/24/08	**Full application due**: Stage 2 online application includes Program Narrative, Outputs and Outcomes, and any revised forms to be attached and submitted online.
4/7/08	GMU technical notes forwarded to Subcommittees, with Applications
April 2008	Subcommittee Recommendations – (Meetings open to public)
May 2008	GMAC Funding Allocations (Meeting open to public)
May – June 2008	Grant Negotiations and finalization of Grant Agreements

ORIENTATION SESSIONS

NOTE: All applicants must attend at least one orientation session to be eligible for funding.

DATE/TIME	LOCATION	VIDEOCONFERENCE
February 7, 2008 (Thursday) 1:00 p.m. to 3:00 p.m.	Nevada State Health Division 4150 Technology Way Public Hearing Room (3rd Fl) Carson City, NV	TBD Pending repair of equipment
February 8, 2008 (Friday) 9:00 a.m. to 11:00 a.m.	Nevada State Health Division 4150 Technology Way Public Hearing Room (3rd Fl) Carson City, NV	TBD Pending repair of equipment

February 11, 2008 (Monday) 1:00 p.m. to 3:00 p.m.	Legislative Building 401 S. Carson Street Room 2135 Carson City, NV	Grant Sawyer State Building 555 E. Washington Ave, Rm 4412 Las Vegas, NV AND Great Basin College 1500 College Parkway, GTA 118 Elko, NV
February 13, 2008 (Wednesday) 3:00 p.m. to 5:00 p.m.	Grant Sawyer State Building 555 E. Washington Ave. Room 4412 Las Vegas, NV	Legislative Building 401 S. Carson Street, Rm 2135 Carson City, NV AND Great Basin College 1500 College Parkway, GTA 118 Elko, NV

NOTE: The Department is not responsible for any costs incurred in the preparation of the application and applications become the property of the Department. The Department, in coordination with the GMAC, reserves the right to accept or reject any or all applications. Projects awarded funding are those deemed best for the people of the State of Nevada.

INSTRUCTIONS

Technical Elements – Stage 1

All technical elements are to be completed and/or submitted online through the stage1 application process.

Organization Information, Project Summary, Fiscal Management, and Assurances are all completed online. To access the Stage 1 application, log on to the following site: https://www.GrantRequest.com/SID_839?SA=SNA&FID=35008 You will need to establish an account with your email address and you will also need your organization's tax ID to access the application. Complete all fields indicated as required. Additional fields are optional. There will be an opportunity to update information in the stage 2 application process.

Budget Forms

You will be required to attach Budget forms as part of the online stage 1 application, and there will be an opportunity to update information in the stage 2 application. Please complete all budget forms in Microsoft Excel. These forms may be downloaded from our website as a separate Excel file, with separate tabs for detail and summary. Using the budget definitions below, complete Budget Narrative Form 3. This spreadsheet contains formulas to automatically calculate totals, and links to Budget Summary Form 4 to automatically complete budget totals in Column A. **Do not override formulas**.

Be sure to identify administrative costs for each budget category, providing a total amount and percentage for indirect costs at the end of the Budget Narrative. **The column for extensions should only include funds you are requesting in this application. Budget items funded through other sources should be included in the budget narrative description, but not in the extension column.**

Be sure all figures add up correctly and that totals match within and between all forms and sections.

Budget Definitions

NOTE:
Not more than 8 percent of the grant may be used for indirect costs.

Indirect costs are those costs that are not readily identifiable with a single project or activity, but rather are necessary for the overall operation of the organization. Examples might include: general administrative support (Personnel); space rental (Operating); or audit costs (Other).

Any budget items that are not specific to this proposed project must be identified as indirect, and the total must not exceed 8% of the overall budget. You may spread these costs throughout different budget categories, or you may simply identify a budget line item as "8% indirect costs" under the "Other" budget category. In the latter case, this would simply be 8% of the overall budget, and you would not be able to claim any specific indirect costs in the preceding budget categories.

If your organization has a predetermined indirect cost rate, you may only charge up to 8% to this project, and any items included in the indirect cost pool may not be charged directly to this project.

Personnel:
Staff who are employees of the applicant organization should be identified here. The following criteria are useful in distinguishing employees from contractors:

CONTRACTOR	EMPLOYEE
Delivers product	Your organization is responsible for product
Furnishes tools and/or equipment	Your organization furnishes work space & tools
Determines means and methods	Your organization determines means and methods

List direct and indirect staff separately (positions and percent of time to be spent on the project) and total cost. Calculate the total personnel cost. Any class of personnel included in an indirect pool may not be charged directly to this project.

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. List fringe benefits for indirect positions separate from direct positions. Any class of fringe benefits included in an indirect pool may not be charged directly to this project.

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. Typically, there should be no indirect costs in this category. 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 sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the GMU. You must provide a copy of written agreements with any and all partners.

Staff Travel/Per Diem:
Travel costs must provide direct benefit to this project. Identify staff who will travel, the purpose,

frequency, and projected costs. State rates for per diem, lodging and mileage should be used. Out-of-state travel or nonstandard fares or rates require special justification. There should be no indirect costs in this category.

Equipment:
List equipment to purchase or lease costing $1000 or more and justify these expenditures. "Equipment" costing less than $1000 should be listed under "Supplies." Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled and tracked as such.

OPERATING COSTS
Supplies:
List and justify tangible and expendable property, such as office supplies, program supplies, etc. As a general rule, specific supplies do not need to be priced individually, but a list of typical program supplies is helpful. Items that have particularly high costs should be identified specifically. Supplies that are not purchased specifically for the project, but are part of shared costs, must be identified as indirect.

Occupancy:
Identify and justify any facilities costs associated with the project, such as rent, maintenance expenses, insurance, as well as utilities such as power and water. Typically, these costs are indirect because they serve multiple program purposes and are not specific to any one project. However, costs for installing or maintaining services <u>specifically for this project purpose</u> are direct and can be charged accordingly.

Communications:
Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

Public Information:
Identify and justify any costs for brochures, project promotion, media buys, etc. There should be no indirect costs in this category.

Other Expenses:
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards. mini-grants, stipends or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Administrative or Other Indirect Costs:
At the end of the budget narrative forms, please include the total dollar amount for indirect costs and show it as a percentage of the total funds being requested through the GMU. Examples include: depreciation and use allowances, facility operation and maintenance, and general administrative expenses such as accounting, payroll, legal and data processing expenses. Indirect costs may not exceed 8% of the total funds being requested.

Complete Budget Summary Form 4. If you downloaded electronic forms, Column A of Form 4 should automatically update with the category totals from Budget Narrative Form 3. Column A should reflect only the amount you are requesting under this application. All other funding sources for this specific project must be identified in the remaining columns, with a separate column for each separate source, including in-kind, volunteer, or cash donations. Funding from each source must be identified as "Pending" or "Secured."

Complete Item B of the form if you anticipate other funding for this project, but it is not yet secured. Note when a funding decision is expected for any amounts of your budget that are pending, other than the amount requested through the GMU.

Complete Item C of the form if you anticipate any program income through this project. Provide an explanation of how you are calculating that income.

Additional Resources (In-Kind, Volunteer, or Cash Donations)
Additional resources are not required as a condition of these grants but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party:	Funding Source administered by the GMU
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
Program income means gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the grant award. For programs receiving federal funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives.

Your program may charge 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 4. Also note whether the project plans to have a sliding fee schedule, and if so, describe that schedule.

Full Narrative Application – Stage 2
You will select a Stage 2 application online according to the priority area you are proposing to address. This will automatically establish predetermined measures that are required for each priority area.

You will not be able to submit Stage 2 of the application until Stage 1 has been approved.

Stage 2 will allow you to provide narrative information regarding your proposed program in response to a series of questions. You will also be able to review and update organizational, contact and budget information within the Stage 2 application.

APPENDIX A

Scoring Matrix and Guidelines

Information Only

GMU –Scoring Matrix

Each of the sections in the required grant narrative will be scored as follows:

1. Service Delivery (20 points)

• Unclear how the problem or need will be addressed.	1-5
• Problem or need addressed, insufficient documentation of services and methods.	6-10
• Limited documentation of services, methods, and degree to which needs are met.	11-15
• Services, methods, and degree to which needs are met are well documented.	16-20

2. Target Population (10 points)

• Unclear, minimal or inappropriate target population	1-3
• Target population is clear, significant and appropriate	4-8
• Additionally, a waitlist or community need is documented	9-10

3. Cost Effectiveness (20 points)

• Minimal additional resources or cost savings indicated.	1 - 5
• Documented additional resources and cost savings.	6 - 10
• Significant additional resources, cost savings, and per unit cost documented.	11 - 15
• Significant leveraged funding sources proposed or secured.	16 - 20

4. Sustainability (15 points possible)

• Minimal resources or planning for sustainability.	1 - 5
• Limited resources or planning for sustainability.	6 – 10
• Significant resources or planning for sustainability.	11 - 15

5. Collaboration (15 points possible)

• Collaboration encouraged, no specific partners proposed.	1 - 5
• Specific partners proposed at multiple levels.	6 - 10
• Clear documentation that existing partners are integrated at multiple levels.	11 - 15

6. Documenting and Measuring Outcomes (20 points possible)

• Documentation procedures for measurement are unclear or insufficient	1 - 5
• Documentation procedures for measurement are sufficient	6 - 10
• Procedures are sufficient and goals are both achievable and appropriate	11 - 15
• Comprehensive procedures with achievable and appropriate goals	16 - 20

A P P E N D I X B

Guidelines for Priority Areas

Information Only

CASE MANAGEMENT

In order to address multiple barriers experienced by at-risk populations, case management **will be required** for a number of priority activities targeted through this RFA. To meet this requirement a case manager must:

- Be knowledgeable about the range of services available in the community;
- Formally assess the needs of individual clients and develop appropriate case plans; and
- Follow up with the client to ensure that the case plan is implemented.

All grantees **will be required** to collaborate with Family Resource Centers (FRCs) if they do not have the capacity to provide case management services. FRCs are located throughout the state and are required to provide case management as well as information and referral to at-risk populations.

Go to http://dhhs.nv.gov/Grants/FRC/State%20FRC%20list.doc for a listing of FRC sites.

INFORMATION and REFERRAL

In order to provide a single point of entry to assist consumers and families with reliable, appropriate information, referral and assistance, a 2-1-1 information and referral line has been established. All grantees **will be required** to provide information to the 2-1-1 line service providers for their areas. HELP of Southern Nevada (Las Vegas) and Crisis Call Center (Reno) have been designated to provide service in their respective regions to jointly cover most of Nevada.

INDEPENDENT LIVING, HOUSING/HOMELESSNESS, POSITIVE BEHAVIOR SUPPORT

Eligibility Criteria: All grants in this category must be targeted to individuals with a disability. For the purposes of these grants, a person with a disability is defined as follows:

> Person who is a recipient of Social Security Disability Insurance (SSDI), OR, due to any illness or medical condition, possesses limitations to independently perform any combination of three (3) or more ADLs or IADLs.
>
> Note: This definition does not apply to clients in the Positive Behavior Support program.
>
> **Activities of Daily Living (ADL) -** Activities of daily living are activities related to personal care and include:
>
> - Bed mobility
> - Transfer
> - Locomotion
> - Dressing
> - Eating/Feeding
> - Hygiene
> - Bathing
> - Bladder care
> - Bowel care

Instrumental activities of daily living (IADL) - Activities related to independent living and include:

- Preparing meals
- Managing money
- Shopping for groceries or personal items
- Performing light or heavy housework
- Using a telephone

.

In addition, these grants should be targeted to **low-income** populations to the extent practicable. You will need to describe how your project will identify, target and verify low-income populations within the narrative section of your application.

Requirements: All grantees providing this service must conduct client surveys. A standard tool will be developed by Grants Management Unit staff for implementation in the first year of the grant.

LIFE SKILLS TRAINING with CASE MANAGEMENT

Program Components: These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. Grantees must provide case management or link with FRC for case management.

Vocational rehabilitation has been added this grant cycle to support the leveraging of federal funds through the Department of Employment Training and Rehabilitation (DETR) at approximately a 4:1 match. Applicants interested in related services should coordinate with DETR staff to develop a proposal as DETR is the only entity eligible for the federal matching funds. Contact Cecilia Colling, Deputy Administrator, Rehabilitation Division, via email: cgcolling@nvdetr.org.

Outcome Measures: Must document increased self-sufficiency and independence at program completion and again at 3-6 months follow up. Must include measures on client satisfaction and cost effectiveness. If providing vocational rehabilitation services, you must document the percentage of participants gaining and maintaining competitive employment at 3 – 6 months following program completion.

TRANSITIONAL HOUSING with CASE MANAGEMENT

Program Components: Comprehensive housing and supportive assistance provided to individuals and families in order to transition them to stable housing and self-sufficiency. Programs should link with other service providers to select appropriate clients, identify appropriate transitional housing for clients, and facilitate transition to ensure continuous housing for client. Intervention must be a time-limited service and must provide case management, or link with FRC for case management

Outcome Measures: Must document a decrease in the time that clients wait to access services. Grantees must include documentation of successful placements resulting in long-term housing, measure client satisfaction, and cost effectiveness.

ADAPTIVE RESOURCES

Program Components: Adaptive Resources may include adaptive housing and/or assistive technology. Adaptive housing services include appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with significant disabilities. Assistive technology includes equipment or systems to assist people with disabilities to increase, maintain or improve functional capacity.

Outcome Measures: Must document an increase in self-sufficiency and ability to maintain independence at time of discharge from program and again at 3-6 months following discharge. Must include measures on client satisfaction and cost effectiveness.

If a policy exists for reuse or recycling of equipment, please include this information in the narrative section of the application. Also, if there is a depreciation schedule for equipment, please attach the schedule with your application.

TRANSPORTATION SERVICES

Program Components: Transportation services to assist in getting to medical appointments, work, shopping centers, etc.

Outcome Measures: Must document an increase in access to public transportation. Must include measures on client satisfaction and cost effectiveness.

POSITIVE BEHAVIOR SUPPORT

Definition: Positive Behavior Support (PBS) is an empirically validated, function-based approach to developing and employing a plan of support for individuals whose disability is accompanied by problem behavior. PBS focuses on proactive and educative strategies to expand an individual's behavior repertoire and systems change methods to redesign environments to first enhance a person's lifestyle and second to minimize problem behavior.

Program Components include:

- The assembly and participation of a team that has agreed to support the individual;
- Person-centered planning regarding lifestyle ambitions of the family or participant with a description of goals for improved lifestyle;
- Functional assessment to identify possible relevant antecedent and maintaining stimuli, and all major environments in which the behavior occurs;
- Direct observation relevant to confirmation of hypotheses regarding the function of the problem behavior; and
- The development of a multi-component plan.

Outcome Measures: For programs providing training, measures must include documentation of program implementation. For programs providing direct services, measures must include an increase in self-sufficiency and ability to maintain independence at time of discharge from program and again at 3-6 months following discharge. Must include measures on client satisfaction and cost effectiveness.

For more information on PBS go to the following online links: www.pbsnv.org; www.pbis.org; www.catchword.com/titles/10983007.htm; or www.challengingbehavior.org

HEALTH, FITNESS and NUTRITION

Eligibility Criteria: The majority of competitive funds available in this category come from the Fund for a Healthy Nevada, which specifically targets children's health. Therefore, the majority of grants must target children's health.

HEALTH LITERACY

Program Components: Emphasize access to health care by addressing awareness of health issues and how to prevent health-related problems.

NOTE: The funding priority to increase enrollments in Nevada Check-Up has been removed due to statewide budget cuts resulting in capping the number of NCU enrollments.

Strategies: Emphasize community outreach programs to increase awareness of public health issues and to influence public attitudes and behavior related to these issues. Focus on public education, particularly as related to Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Promote linking children and families to a medical home.

General information regarding EPSDT can be accessed online at http://www/hrsa.gov/epsdt. Nevada specific information on EPSDT can be accessed online at http://dhcfp.state.nv.us/epsdt.htm. There is also a toolkit available online at the following link on the state health division website: http://health.nv.gov/index.php?option=com_content&task=view&id=469&Itemid=787

These outreach efforts should be coordinated with state staff. Applicants interested in this area should contact EPSDT staff at the Division of Health Care Finance and Policy at 775 684-3676 or staff with the Children with Special Health Care Needs program at 1-866-254-3964.

Outcome Measures: Must document one or more of the following:

- Increased linkage to medical home among target population
- Increased awareness and utilization of EPSDT among target population
- Increase in knowledge and awareness of other health issues, such as but not limited to proper fitness and nutrition

IMMUNIZATION of CHILDREN

Program Components: Increase immunization rates for children age 0 to 35 months of age in Nevada through targeted outreach to immunization providers.

Strategies:

- Coordinate with Nevada State Health Division Immunization Program (775 684-5900) to identify gaps and target outcomes to address the gap areas:
    - Encourage providers to utilize WEB IZ registry system as soon as possible*;
    - Assist providers in developing reminder recall systems;
    - Work with providers to implement earliest interval vaccination schedule

*AB410 from 2007 Legislative Session requires providers to report to the Health Division administered vaccines to those under18 years of age effective July 1, 2009. WEB IZ will help meet this requirement.

Outcome Measures: Must document an increase in the percentage of children in the target population who are fully immunized, meaning they have received all of the shots specified in the public health immunization guidelines.

FITNESS and NUTRITION

Program Components: Fitness and nutrition programs targeted to children as preventive measures for long-term health impacts.

Strategies:

- Educational programs to increase awareness of fitness and nutrition targeted to elementary school children;
- Improved fitness and nutrition programs targeted to elementary school children;
- Promote linkage, coordination and awareness of key stakeholders around the state in order to build greater public and political will to address fitness and nutrition issues.

Outcome Measures: Must document one or more of the following:

- Increased number of hours of physical activity;
- Increased percentage of elementary school age children who receive a healthy breakfast and lunch;
- Improved Body Mass Index (BMI) of children
- Increased consumption of fruits, vegetables and other healthy foods.

Programs other than direct provision of food **must also conduct pre and post tests to document change in knowledge, attitude or behavior.** (Pre and post tests should be conducted in the 1st and 3rd quarters if possible)

ORAL HEALTH

Program Components: Oral health with an emphasis on prevention of oral disease

Strategies:

- Emphasis should be on preventive measures such as oral screening, dental sealants and tooth varnish for children, although treatment services for children would also be eligible for funding;
- When preventive services are provided, programs should conduct a one-year follow-up with the children served (to the extent possible) in order to check the effect of the preventive activities on the children's oral health. This parameter does not apply to treatment services;
- Oral health education efforts should be linked to health education activities across the other priorities, e.g. nutrition and immunization.

Outcome Measures: Must document the following:

- Decrease in oral disease in school-aged children among target population, identified by indicators such as percentage of children with untreated tooth decay, average number of teeth with decay, and percentage of children with periodontal (gum) disease.
- Costs per child for sealants and varnish must be tracked and compared to efficacy rates for each method of prevention.

TOBACCO CONTROL

Eligibility

Excerpt from NRS 439.630: Allocate, by contract or grant, for expenditure not more than 15 percent of available revenues for programs that prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco.

TOBACCO PREVENTION, CESSATION and TREATMENT

The Centers for Disease Control and Prevention (CDC) recently updated their publication on Best Practices, which can be downloaded at www.cdc.gov/tobacco. In addition, the state Tobacco Control program administered under the Nevada State Health Division, Bureau of Community Health has published the Nevada Tobacco Prevention and Education Plan that is available online at http://health.nv.gov/tobacco/stratplan.pdf

All tobacco control grantees **must** integrate the Best Practices within their grant-funded programs, and should be consistent with the state plan referenced above. **Please note that although CDC Best Practices include policy and regulatory action, these activities are prohibited by the Fund for a Healthy Nevada policy on lobbying.**

General requirements:

- Membership in Nevada Tobacco Prevention Coalition (meetings will be video conferenced to facilitate participation).
- Compliance with technical assistance and recommendations provided by Battelle Memorial Institute (current grantees may respond to Battelle report cards within the narrative section of the application).
- Letter of Agreement or Memorandum of Understanding with the Helpline, **if** reporting on Helpline referrals.

Treatment programs: Only licensed, certified counselors or certified alcohol and drug counselor interns may serve as nicotine dependence interventionists in Nevada, per NRS 641C and NAC 641C. Must track target populations over time to determine efficacy through changes in knowledge, attitudes or behaviors.

Prevention programs: Must track target populations over time to determine efficacy through changes in knowledge, attitudes or behaviors.

NOTE: Pending renewal of the evaluation and technical assistance contract, assistance may be provided to track youth cohorts within the grant period.

Counter-marketing programs: A coordinated, regional approach should be taken on counter-marketing activities that seek to educate the public on preventing and eliminating tobacco use.

Counter-marketing programs currently operating in Clark and Washoe Counties are able to leverage greater resources in their large urban markets and have been very successful in developing effective counter-marketing campaigns. The remaining areas of the state have struggled independently to develop counter-marketing campaigns with limited funds and limited success.

New applicants for counter-marketing campaigns **must** develop a single proposal that will coordinate the rural regions of the state to create economies of scale that will effectively leverage resources for substantial media buys, while developing media that specifically target rural areas of the state. The proposal **must** include collaboration with one or more tobacco coalitions in each rural area.

CHILD ABUSE PREVENTION, FAMILY SUPPORT, and RESPITE

Requirements: Grantees under the Children's Trust Fund **will be required** to attend quarterly meetings of Prevent Child Abuse Nevada, conduct Client Satisfaction Surveys and Pre/Post Assessments for direct service programs, and support the meaningful involvement of parents in the planning, implementation and evaluation of prevention programs. CTF grants are only for primary and secondary prevention programs. **Primary prevention** consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any allegations of abuse and neglect. **Secondary prevention** consists of activities targeted to families that have one or more risk factors including families with substance abuse, teen parents, parents of special need children, single parents, and low-income families. **Primary and Secondary prevention are activities supported by CBCAP programs.**

Tertiary prevention consists of activities targeted to families that have confirmed or unconfirmed child abuse and neglect reports. These are families that qualify for services under child welfare programs and are **not** a focus of CBCAP programs. Tertiary prevention programs must include case management through collaboration with FRC's in their community or document case management capacity within their own organization.

PARENT TRAINING

Program components: Classes or support groups for parents of children age birth –17 to teach child development milestones and appropriate child discipline approaches to prevent child abuse and neglect. Programs must use a curriculum which is evidence-based, evidence informed or is an emerging program. Information on evidence-based, evidence-informed and emerging programs can be accessed online through the GMU website at http://dhhs.nv.gov/Grants/GrantsManagement.htm.

Outcome measures: Must document one or more of the following measures:

- Improvement in parenting knowledge, beliefs, expectations, perceptions, behaviors, and skills;
- Increase in number of families who are aware of family support services and are able to access supportive services.

CHILD SELF-PROTECTION TRAINING

Program components: Provide skills-based curriculum for students to recognize potential abuse situations and to learn skills to use to protect themselves from abusive situations they may encounter with strangers and known and trusted people.

Outcome measures: Must include method to measure and demonstrate increased knowledge and acquired skills. May also include reduction in number of first-time victims of abuse among target population, if grantee has ability to track this information.

CRISIS INTERVENTION

Program components: Must document a critical need related to imminent crisis in the area to be served and how this service will be linked to other services to avoid duplication. Contact must be made within 72 hours of crisis and the intervention must be a time-limited service.

Outcome measures: Must be able to document that the intervention successfully linked clients to long-term support to prevent destabilization of the family, or one or more family members. Must also document improved well-being of child and family functioning. May also document cost effectiveness.

RESPITE CARE

Eligibility criteria: Families, including foster families, providing in-home care for one or more members with a disability or special need. (See definition for disability under Independent Living, above.)

Program components: Temporary relief for the primary caregiver of persons with disabilities. Short-term care is provided within or outside the home and is intended to alleviate stressors on caregivers.

Outcome measures: Improvement in family stress levels, client satisfaction and cost effectiveness. Results of client surveys should be reported on the first and third quarter progress reports.

PUBLIC AWARENESS

Program components: Statewide public education activities to raise awareness of what constitutes child abuse, how to report it, and how to prevent it. Program must build upon/enhance existing state public awareness campaign.

Outcome measures: Document increased awareness or other impact of campaign.