

Clark County Community Resources Management is soliciting **OAG Department Initiative Applications** for Fiscal Year 2023/2024 funding. Only those agencies who meet the application submittal requirements will be eligible to be considered. After the review of all eligible applications, applicants will be notified at a later date of any funding recommendation decisions. **GRANT APPLICATIONS CAN ONLY BE ACCEPTED FROM NON-PROFIT ORGANIZATIONS AND LOCAL GOVERNMENT ENTITIES, NOT BY INDIVIDUALS OR BY FOR-PROFIT FIRMS.**

To be eligible for funding, a program must provide services and assistance that substantially benefits Clark County residents (NRS 244.1505). Programs that provide a substantial benefit are programs or services needed by disadvantaged citizens to increase their self-sufficiency and personal independence, programs or events that foster community pride or cohesiveness, and programs that strengthen the community's infrastructure. Generally, OAG funds are intended to supplement services provided directly by the County or are funded in lieu of the need for the County to establish such programs. Clark County OAG funds will be made available to Board of County Commissioners' approved programs from July 1, 2023 to June 30, 2024.

There are TWO application tracks, each with a tentative allocation of \$1.5 million. **Please note that the amount is usually \$1.5 million but we're uncertain this year how much, if any, will be made available given the County's budget constraints.** Further, this is a very competitive application with approximately 120 agencies applying for this limited funding.

### **These are the instructions for the Department Initiative Track:**

DEPARTMENT INITIATIVE— (\$1.5 million) Programs that address specific needs of Clark County Departments: Family Services, Juvenile Justice Services, and/or Social Service; either by filling gaps in services to Clark County's most vulnerable populations and/or by complementing services currently provided by County departments. Programs must request a minimum of \$30,000 to be considered for funding. There is no maximum dollar amount limit; however, please consider the total funding available for Department Initiatives. It is your agency's responsibility to reach out to each County Department regarding their gaps and needs.

**Only agencies that have been funded in the past as a Department Initiative may apply for the Department Initiative track. Agencies may choose to apply for both tracks if they qualify but may not submit the same program to both tracks — doing so will disqualify your application in both tracks.** Agencies may submit a maximum of three different program applications for the Department Initiative track. Department Initiative applications that are not selected will be placed into the Community Initiative track to be considered. The application can be accessed via a web link found on the Clark County Community Resources Management webpage at: [https://www.clarkcountynv.gov/residents/assistance\\_programs/community\\_resources\\_management/outside\\_agency\\_grant\\_oag.php](https://www.clarkcountynv.gov/residents/assistance_programs/community_resources_management/outside_agency_grant_oag.php)

**PRE-APPLICATION deadline is  
Wednesday, December 7, 2022 at 11:59PM, PST**

**DEADLINE FOR COMPLETING ENTIRE OAG APPLICATION  
is Thursday, December 22, 2022 at 4:00PM, PST**

**ZoomGrants Tips:**

- 1) **The person that initiates the pre-application is the only one that can upload documents and submit the application.** (Note, if selected for funding, you will need to maintain login information and access to the application portal for the duration of the grant cycle.)
- 2) **Use Google Chrome as your Internet browser when completing the application.**
- 3) Make sure to check your email spam folder for ZoomGrants emails.
- 4) You may submit applications any time prior to the due date. Clark County is not responsible for any online submission issues related to your internet connectivity or computer system limitations. Submit your application early in order to ensure it is received.

**In Order to Properly Submit Two or More Applications**

Log on to ZoomGrants to complete and submit a Pre-Application. Log out of ZoomGrants and close the Internet browser. After an email confirmation is received indicating the Pre-Application was approved or declined, log back in to ZoomGrants and complete a second Pre-Application.

**ZoomGrants How-to and Points of Contact**

Additional application information for new ZoomGrants applicants can be obtained here:  
<https://www.zoomgrants.com/welcome/applicantslideshow.pdf> and  
<http://help.zoomgrants.com/index.php/article-categories/applicantkbs/>

Technical questions can be asked by emailing: [Questions@ZoomGrants.com](mailto:Questions@ZoomGrants.com).

If applicant needs accommodations to access a computer, scanner, or printer to complete the application please email Community Resources Management at [CRMInfo@ClarkCountyNV.gov](mailto:CRMInfo@ClarkCountyNV.gov) and put "OAG Application" in the subject line of the email. No advisory assistance will be given on the content of the application questions.

## APPLICATION INSTRUCTIONS

All questions need to be answered before submitting your application. If the question does not apply to you, type N/A. There are additional instructions in the online application. This document supplements those instructions. **HINT: DO NOT wait until the last minute to submit your Application.**

- a. **REMINDER: the username and password used to initiate the application is the only username and password that can submit the application.**
- b. There is a minimum request requirement of \$30,000 for Department Initiatives.
- c. You must include more than one point of contact for each application to include name, email address, and phone number for the organization.
- d. Questions have character limits, so if preparing answers in a Word Document (*recommended*) and then cutting and pasting into ZoomGrants, please ensure that words are not cut off.

## Special Instructions for Governmental Entities

As a governmental entity (City, Health District, RJC, etc.) you **need not supply items that are not applicable**, such as the State of Nevada Certificate of Good Standing or Agency Disclosure form. Governmental Entities must answer all application questions and upload **only** these four documents:

- 1) Attachment #3: Program Outcomes and Performance Measurements
- 2) Attachment #4: Proposed Budget & Budget Justification
- 3) Attachment #5: Leveraged Resources
- 4) Written Memo stating the exception to Attachments (1-2 and 6-14) on official agency letterhead, with signature.

## PRE-APPLICATION

**Pre-Application deadline is Wednesday, December 7<sup>th</sup> at 11:59 PM PST**

Prior to starting your Pre-Application, complete the Summary tab.

**COMPLETE THE PRE-APPLICATION, SUBMIT, AND WAIT FOR APPROVAL PRIOR TO COMPLETING THE APPLICATION.** Answer all pre-application questions and submit by the deadline. The organization is required to have all information requested prior to submitting the Pre-Application. You cannot complete the full OAG application until your pre-application has been reviewed and approved. You will receive an email indicating whether your pre-application has been approved at which point you may proceed to completing the entire OAG

application. If you do not receive an email after 24 hours of submitting your Pre-Application, please email Community Resources Management at [CRMInfo@ClarkCountyNV.gov](mailto:CRMInfo@ClarkCountyNV.gov) and put "OAG Application" in the subject line of the email.

## **DEPARTMENT INITIATIVE PRE-APPLICATION QUESTIONS**

1. I am aware that the Pre-Application closes on Wednesday, December 7, 2022 at 11:59PM PST, and that the entire OAG Application closes on Thursday December 22, 2022 at 4:00PM PST. I agree that no paper applications are accepted, and no late submissions are allowed.
  - Yes
  - No
2. I have read and reviewed the Restrictions tab, the entire OAG 2023-2024 Application instructions, and understand that if recommended for funding, I am required to have an adequate financial management system. An adequate financial management system should have internal controls, budget controls, accounting controls, property controls, and procurement standards, which avoid conflicts of interest.
  - Yes
  - No
3. I understand if recommended for funding, up to two representatives from my agency (program and financial) would be required to attend a mandatory Reimbursement Guidelines Training, except for agencies who received OAG funding in the last grant cycle. All agencies are required to re-review Reimbursement Guideline materials every year.
  - Yes
  - No
4. To qualify as a Department Initiative applicant, you must have been awarded as a Department Initiative in the past. With which County Department does your DEPARTMENT INITIATIVE grant align?
  - Family Services
  - Juvenile Justice Services
  - Social Service
5. Are you a Public Organization (i.e., City, Health District, etc.) or a Non-Profit Organization?
  - Public Organization (i.e., City, RTC)
  - Non-Profit Organization

6. If you are applying as a non-profit organization, does your organization have a certificate of Good Standing from the Nevada Secretary of State OR a Business License with the State of Nevada? **(You will be required to attach one of these)**
  - Yes
  - No
  
7. If you are applying as a non-profit organization, does your organization have a Clark County Charitable Organization Certificate (CCCOC)? You may provide a copy of the County business license if you do not hold a CCCOC Certificate. **(You will be required to attach one of these and give yourself plenty of time to obtain this document)**
  - Yes
  - No
  
8. Does your organization's Board of Directors consist of three or more unrelated persons who meet at least quarterly? (please answer yes or no)
  - Your answer
  
9. Are any of your organization's Board of Directors paid? (please elaborate if any BOD are compensated)
  - Your answer
  
10. If recommended for funding, your agency agrees to submit adequate documentation of billings, transactions, and payments, in accordance with the provisions of the approved agreement, to substantiate your claims.
  - Yes
  - No
  
11. Does this request for OAG funds represent more than 50% of your agency's annual budget? Please answer yes or no and elaborate in a few sentences if answer is yes.
  - Your answer
  
12. BRIEF Program Summary. SUMMARIZE the PROGRAM for which you are requesting funds. Briefly describe the program goal, intended participants, and the planned use of OAG funds. This will serve as a summary of your program proposal for application reviewers. Do not forget to specifically outline how OAG funds will be used as part of your answer.
  - Your answer

**\*Required attachments for the Pre-Application are:** *(see instructions under Attachments)*

- #1 Certificate of Good Standing from the Nevada Secretary of State, (if governmental agency, upload memo stating that you are a government agency) **OR** Nevada State Business License.
- #2 Clark County Charitable Organization Certificate, (if governmental agency, upload memo stating that you are a government agency) **OR** Clark County Business License.

**APPLICATION**

**Application deadline is Thursday, December 22<sup>nd</sup> at 4:00 PM PST**

**DEPARTMENT INITIATIVE APPLICATION QUESTIONS**

There are 25 questions that must be answered for the Application. Included are further instructions to guide in what the review committee will be looking for when considering applications.

1. I understand that I am applying for the Department Initiative Track and that I must have been awarded as a Department Initiative in the past.
  - Yes
  - No
2. **Application Program Priority.** A total of three applications per agency may be submitted for Department Initiatives. Please indicate this PROGRAM application's priority if submitting more than one. If you are submitting one application, then please mark 1.

*Note: Clark County FY 2023/2024 Outside Agency Grant is limiting the number of applications per agency to three (3) for DEPARTMENT INITIATIVE funding. If your agency is submitting more than one application, you will need to submit a pre-application for each program and then submit different applications for each program. Remember, you cannot apply for the same program under each funding track.*

3. **Program Type.** Select ONE category that BEST describes the type of program application being submitted.
  - **Advocacy/Community Outreach:** Awareness, advocacy, on behalf of a specific clientele/ cause
  - **Case Management:** Services that aim to have client achieve the optimum level of wellness and functional capability
  - **Child Development:** Services that aid in improving children's cognitive, social, emotional development
  - **Family Development:** Services aiming to achieve the optimum level of wellness and functional capability of families



- **Community/Economic Development:** Programs/services that diversify the economy of Southern Nevada; encourage business development; relocation and the creation of job and industry clusters; creating new jobs
  - **Asset Development/Financial Literacy:** Efforts that increase the community's skills and knowledge to achieve and improve financial security and circumstances
  - **Job Training:** Services improving employment skills (ex. resume help, job connections, vocational job training)
  - **Education/Literacy:** Programs improving the general education of residents (ex. reading programs, tutoring)
  - **Energy Conservation:** Services aiming to reduce consumption of energy, and/or develop energy efficient cost cutting improvements
  - **Food/Nutrition:** Programs distributing food/nutritional supplements to members of the community
  - **Health/Mental Health:** Health programs provide direct medical, dental, vision, or mental health services to Clark County residents. Mental Health programs provide direct mental health services to Clark County residents
  - **Homeless Services:** Programs that provide essential services, emergency shelter, or housing to Clark County residents
  - **Senior Services:** Programs that provide services to seniors only (ex. Transportation, meals, assistance)
  - **Arts/Cultural:** Programs that foster cultural and artistic capacity/ awareness (ex. Fine Arts, cultural activities for the community)
4. **Target Population.** Select population type that BEST describes the customers/clients that your program will serve.
- **Senior Citizens:** Persons 60 years of age and older. They may include single individuals living alone, two-person households, seniors raising grandchildren, seniors living with adult children, or seniors living in other arrangements (among others).
  - **Infants/toddlers:** Newborns, babies, and children up to 3 years of age.
  - **Children:** Children between the ages of 4 and 12 years old.
  - **Teens:** Persons between the ages of 13 and 18 years old.
  - **Young Adults:** Persons between the ages of 18 and 25 years old.
  - **Veterans/Active-Duty Military:** Persons who have served in the U.S. Armed Forces and may be eligible for services or income supports provided by the U.S. Department of Veterans Affairs, OR persons who are currently serving in the U.S. Armed Forces.
  - **Disabled:** Persons living with a disability, as defined in any of the four definitions:
    - Defined in section 223 of the Social Security Act (42 U.S.C. 423);

- Having a physical, mental, or emotional impairment that (a) is expected to be of long-continued and indefinite duration; (b) substantially impedes an individual's ability to live independently, and (c) is of such a nature that such a disability could be improved by more suitable housing conditions;
- A developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiological agent for AIDS.

- **Homeless: (According to the HEARTH “Homeless” Definition Final Rule.**

See the HEARTH “Homeless” Definition Final Rule.

<https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

- **Low-Income:** 80% of area median income.
- **Families:** Households with children.
- **Community-Wide:** The overall community in Clark County.

5. **Organization Mission.** What is your organization's mission?

6. **Organization Services Description.** Briefly describe the different types of services your organization provides. Include the total number of employees and the agency budget for the most recent fiscal year.

*Note: This is for the **overall agency**; the next question is program specific.*

7. **Program Description and Expected Outcomes.** DESCRIBE THE PROGRAM and provide goals and expected OUTCOMES. Indicate the approximate NUMBER of TOTAL individuals and families (specify which) you plan to serve.

*Note: Specifics about why you are requesting funds and measurable goals and expected outcomes will strengthen your application. The TOTAL NUMBER count may be a duplicated count. For example, if a particular individual receives food through your program in July 2021 and comes back in August 2021 for the same food service, he/she may be counted twice. Use this information for Attachment 3: Program Outcomes and Performance Measurement.*

8. **Program Outcomes-Unduplicated Count.** Indicate the approximate NUMBER of UNDUPLICATED INDIVIDUALS and FAMILIES (specify which) you plan to serve through this program.

*Note: Please number or bullet point your response. This count should be an unduplicated count. For example, if a certain individual receives services at your agency one month in July and returns for the same service the next month in August, this person should be counted once for that year as receiving services through your agency. Use this information for Attachment 3: Program Outcomes and Performance Measurement.*



**9. Program linkage to County Services for DEPARTMENT INITIATIVES.** Identify linkages, services or gaps in services being addressed by your program that directly relate to services provided by Family Services, Juvenile Justice Services, and/or Social Service. You are required to provide evidence of collaboration with County divisions/departments.

*Note: Identify how requested OAG funding would support County priorities and department needs (**NEEDS STATEMENT**). Your program should supplement services directly provided by the County or should fill a need that the County has not been able to provide. In addition, it is up to your agency to determine what the Departments needs and/or gaps are.*

**10. Indicate the Commission District covering the area where the majority of your services are being provided.**

The Districts and Commissioners representing each district are as follows:

District A:	Commissioner Michael Naft
District B:	Commissioner Marilyn Kirkpatrick
District C:	Commissioner Ross Miller
District D:	Commissioner William McCurdy, II
District E:	Commissioner Tick Segerblom
District F:	Commissioner Justin Jones
District G:	Commissioner James B. Gibson

*Note: The following link will lead you to a map of the different Commission Districts. [https://www.clarkcountynv.gov/government/board\\_of\\_county\\_commissioners/index.php](https://www.clarkcountynv.gov/government/board_of_county_commissioners/index.php). To see which district your agency is located you can also go to the Open Web website: <http://gisgate.co.clark.nv.us/openweb> then click on search, then go to the address tab, type in your address and click on the property for property information. In the Property Information box click on Elected Officials and you will see your Commissioner listed and the Commission District.*

**11. Indicate the Commission District where your agency is located.** Please only select one. If your agency has physical addresses in multiple districts, please select the district location that sees the most clients.

District A:	Commissioner Michael Naft
District B:	Commissioner Marilyn Kirkpatrick
District C:	Commissioner Ross Miller
District D:	Commissioner William McCurdy, II
District E:	Commissioner Tick Segerblom
District F:	Commissioner Justin Jones
District G:	Commissioner James B. Gibson

**12. Program Jurisdiction and area. Please indicate the areas where your services will be primarily provided.**

- Unincorporated Clark County: Urban/Suburban areas
- Unincorporated Clark County: Rural/outlying areas
- Incorporated City: Las Vegas
- Incorporated City: Henderson
- Incorporated City: North Las Vegas
- Incorporated City: Boulder City
- Incorporated City: Mesquite
- Multiple Jurisdictions

*Note: This question is asking where your agency services will be provided within the County. You can also look this up on the Open Web website; <http://gisgate.co.clark.nv.us/openweb/> then click on search, then go to the address tab, type in your address, and click on the property for property information. The Property Information box will include the Jurisdiction.*

**13. Is your program new to your organization?** Indicate which of the following applies to your program.

- Program is new to the agency
- Program is an expansion to existing services provided by agency
- Program is a continuation of existing services provided by agency

*Note: This question is not asking if this program is a renewal or non-renewal of OAG funds.*

**14. New Program Justification.** If program is new to your agency justify why it was created. Identify any gaps in services or needs analyses that were conducted to validate the need to create this program. If program is not new, type N/A.

*Note: Demonstrate with details how your program will help fill any gaps in services.*

**15. Program accomplishment history.** Describe your program accomplishments over the last 3 years. Provide specific and measurable indicators and indicate time period. Break out in annual increments or on a more frequent level (quarterly, monthly, etc.). If program is new, type N/A.

*Note: It is important to demonstrate specific and measureable indicators. Be descriptive of the services and outcomes/accomplishments. You may break out the numbers in annual increments or on a more frequent level. Be sure to specify the time period. For example:*

*In 2020, 100 babies were provided with 100 blankets (1 blanket per baby)*

*In 2019, 80 babies were provided with 80 blankets*

*In 2018, 75 babies were provided with 75 blankets.*

**16. Financial Sustainability.** Describe your plan for financial sustainability and ongoing program support. Explain how your agency plans to seek and establish funding sources other than Outside Agency Funding in the long-term.

*Note: It will be very important to provide details if the request represents more than 50% of your agency's annual budget. A financial plan for ongoing program support will need to identify funding sources your agency anticipates receiving funding from, as well as those your agency will attempt to receive funding assistance from. A financial plan for ongoing support will reflect program income sources for the next three to five years, identifying sources (e.g., "participant fees", "fundraising dinner", "Christmas Appeals", "Artwork Sales", "Thrift Store", "Sponsorships", etc.). The budget section of the online application will also ask for funding/revenue sources for one year.*

**17. County Funding History.** Has this program been awarded County funds within the past 3 years? List the source, amount, and year for which THIS program has received any County administered funding within the past 3 years. Indicate if the source was OAG, ESG, HOME, CDBG, or other County administered funds. If another program within your agency has received other County funding, note this in your response to the next question. If this program has never been awarded County funds, type N/A.

*Note: Newly funded agencies will need to submit a 3-year funding history in the documents section. If your agency has received County funding in the last three years but not the specific program, please answer this in the next question.*

**18. Funding History Detail.** If other programs within your agency received any County funding, please specify. If no programs within your agency were County funded within the past 3 years, type N/A.

*Note: Detail the amount and specify the County source for each of the past three years for which your program has received Clark County administered funding.*

**19. Program Similarities.** Identify other agencies that provide similar services to your proposed program. Explain how your program's services differ from and overlap with those providers.

**20. Provider Collaboration.** Has your organization made any efforts to coordinate and collaborate with other agencies or service providers that provide similar services to similar populations? Has duplication of services been avoided? If yes, please explain these efforts.

*Note: Please list if you have any Memorandums of Understanding or similar agreements in place with any of these providers.*

**21. Reminder of General Requirements.** If recommended for funding, ALL NON-PROFIT APPLICANTS must acknowledge the requirements necessary to receive funding which MUST include the following:

- Applicant is a public organization or non-profit agency 501 (c)3 or 501 (c)4 corporation or subordinate organization to one of these types of agencies

- Applicant has a Certificate of Good Standing from the Nevada Secretary of State OR a Business License with the State of Nevada
- Applicant has a Clark County Charitable Organization Registration Certificate OR a Clark County Business License
- Applicant is a Governmental Entity

*Note: This question serves as a general reminder of the requirements. This question does not encompass all the requirements. If you are recommended for funding, the Outside Agency Grant Resolution (the assistance agreement) will list major restrictions and requirements.*

**22. Reminders on Fiscal Management and Accountability:** If funded, applicant is aware that substantial documentation of billings, transactions, and payments, in accordance with the provisions of the approved budget, must substantiate claims before requests are paid. WE DO NOT REIMBURSE CASH PAYMENTS.

- Yes
- No

*Note: County grants are disbursed as reimbursement only. Grant funds are paid to grant recipients based on actual expenditures. The agency must first expend its own funds on the “activities” approved in the Resolution to Grant funds, and then submit appropriate documentation as a Request for Reimbursement.*

*a) Appropriate documentation includes a general ledger, a copy of the receipt or invoice detailing what was purchased or paid for and limited information on client beneficiary (if expenditure was on behalf of client), payroll ledger, and time sheets signed by employee showing hours devoted to the OAG specific program.*

*b) It is advisable that agencies have three months of operating reserves, as reimbursement of funds can take 30 days after receipt of appropriate documentation.*

***Recipient agencies must have:***

*a) Adequate accounting records that provide reliable, complete, and up-to-date information about sources and uses of funds, including retention of “source documentation” (receipts, invoices, etc.) for all financial transactions;*

*b) Adequate internal controls that warrant against misuse of funds or unallowable expenditures;*

*c) Bank account in the name of the agency.*

*While County funds may be used to support year-end recognition events for volunteers and/ or clients, **County funds will not reimburse expenses related to fundraising activities, meals provided to staff, nor any alcoholic beverages.** County does not reimburse cash payments. Once again, this is a summary and is not all inclusive. If you are recommended for funding, the Outside Agency Grant resolution (the assistance agreement) will list major restrictions and requirements in more detail.*

**23. Program Activities.** Understanding that this is a reimbursement-based program, how soon after notice of fund award and execution of grant agreement will you be ready to implement program activities?

- Immediately
- Within 30 days
- Within 90 days
- Point in time event

**24. Match Funds.** Are these funds to be used as match funds for Continuum of Care or Emergency Solutions Grant funded programs?

*Note: Oftentimes OAG funds are utilized as match funds as required by some federal funds. If you are not utilizing OAG as a match for either grant listed, please indicate no.*

**25. Responsible Program Personnel.** Describe the primary personnel responsible for carrying out program activities by position/title. Indicate if position is paid staff, contracted, or volunteer.

*Note: You may be asked to send resumes or curriculum vitae.*

## **BUDGET TAB**

The Budget tab in the ZoomGrants application will be where you outline funding sources/revenues and funding uses/expenses and provide a budget narrative.

### **FUNDING SOURCES/REVENUES**

This is where you will input the proposed and secured funding sources for this program. The Item Description labels may be modified to match your funding sources/revenues. Indicate the REVENUE SOURCES for this program. If receiving funds from another jurisdiction, specify the city from which you are receiving funds. Specify the type of federal funds, state funds, private funds (example- United Way, fundraising), and fees. Specify what constitutes the "other" funding. In-Kind values should be reflected in the Private Funds category. In-Kind values will need to be broken out to specific categories in the attachment (Leveraged Resources Attachment 5) found in the DOCUMENTS section of this application. Please download, complete form and upload to ZoomGrants as PDF.

### **FUNDING USES/EXPENSES**

This is where you will put your program expenses and the OAG requested portion of the program budget. The Item Description labels may be modified to match your funding uses/expenses.



Please provide PROGRAM BUDGET INFORMATION below in the first column. This budget reflects the total expenses for each of the following major line-item categories: general administration/operations, and direct services to County residents. In the second column, provide sum per line item of only the OAG REQUESTED PORTION for the same line items identified under total program expenses.

NOTE: At the end of this application the attachment (Proposed Budget & Budget Justification Attachment 4) found in the DOCUMENTS section of this application is required to be completed that includes a more detailed budget request.

### **BUDGET NARRATIVE**

Please justify your budget request. Be sure to explain how each expense is related to the proposed program and indicate the method used in determining the OAG Grant request. For each item where a portion of the cost will be paid for with these funds, indicate the method used to determine the funding request, identifying budget line item, what unit of measurement is used, cost per unit, number of units, and total costs to be charged to this budget. List the title and percent of salary for any staff that will be supported with County funds. There is a required attachment for the BUDGET in the DOCUMENTS section, see: Proposed Budget & Budget Justification Attachment 4.

### **ATTACHMENTS/DOCUMENTS (Under Documents Tab in ZoomGrants)**

ALL APPLICANTS\* must complete and attach all required documents listed below (1-10, 14).

**\*Exception:** Government agencies/divisions only need to provide Proposed Outcomes and Performance Measurements, Proposed Budget & Budget Justification, and Leveraged Resources. For all other items, upload a signed memo stating that you are a governmental agency.

**The documents must be uploaded into ZoomGrants in PDF format only and submitted with your application. DO NOT UPLOAD DROPBOX OR JPEG documents. If Dropbox, JPEG or other types of documents outside the PDF requirement are uploaded, your application will automatically be rejected.**

### **PRE-APPLICATION REQUIRED DOCUMENTS:**

1. Attachment #1: State of Nevada Certificate of Good Standing **OR** Nevada State Business License
2. Attachment #2: Clark County Charitable Organization Registration Certificate **OR** Clark County Business License



### **APPLICATION REQUIRED DOCUMENTS**

3. Attachment #3: Program Outcomes and Performance Measurements
4. Attachment #4: Proposed Budget & Budget Justification
5. Attachment #5: Leveraged Resources
6. Attachment #6: Disclosure of Ownership Form to include an upload a Board of Directors and Advisory Board list (only voting members are needed) with addresses
7. Attachment #7: Agency Compensation Disclosure Form
8. Attachment #8: Certification of Application
9. Attachment #9: IRS 990 (no older than 2021) or IRS 990-N if organization's gross receipts are normally \$50,000 or less
10. Attachment #10: Audit or Financial Statements (no older than 2021)
11. Attachment #14: Clark County, Nevada Conflict of Interest Attestation

**Applicants who did not receive funding within the last 3 years (since 2019-2020)** will also need to upload all of the listed documents below (items 11-13).

12. Attachment #11: Articles of Incorporation
13. Attachment #12: Organization's By-Laws
14. Attachment #13: Spreadsheet of Three-Year Funding History

### **Attachment #1: State of Nevada Certificate of Good Standing OR Nevada State Business License** *Not required for governmental entities*

All non-profit organizations please upload your State of Nevada Certificate of Good Standing <http://nvsos.gov/sos/businesses> as a PDF. There is a sample provided in ZoomGrants to reference. Please note that the Certificate of Good Standing is not your State of Nevada Business License. You may upload the State of Nevada Business License in place of the Certificate of Good Standing.

The State of Nevada Certificate of Good Standing can be obtained by visiting <http://nvsos.gov/sos/businesses> and searching for Good Standing Certificate. Please note there may be a charge for this form.

### **Attachment #2 Clark County Charitable Organization Registration Certificate OR Clark County Business License** *Not required for governmental entities*

All non-profit organizations please upload your Clark County Charitable Organization Registration Certificate from the Clark County Department of Business License as a PDF.

There are instructions within the online application, please refer to those instructions. **DO NOT UPLOAD THE COMPLETED APPLICATION FORM AS PART OF YOUR APPLICATION SUBMISSION. WE NEED THE ACTUAL CERTIFICATE ISSUED. DO NOT GOOGLE “CHARITABLE ORGANIZATION REGISTRATION CERTIFICATE”. THIS WILL PULL UP OBSOLETE INFORMATION. IF YOU HAVE QUESTIONS, CONTACT CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE.**

The Charitable Organization Registration Certificate must be obtained through the Clark County Department of Business License. This Certificate does not expire; you do not need to obtain a new one unless there have been significant changes within your organization. The certificate is free of charge and can be obtained by email; however, obtaining this certificate may take some time. The only other acceptable document for this field is a Clark County Business License and this has a charge. If your organization is in need of a Clark County Charitable Organization Registration Certificate:

1. Complete the online application located at this link: [https://www.clarkcountynv.gov/business/doing\\_business\\_with\\_clark\\_county/divisions/general\\_business/forms.php](https://www.clarkcountynv.gov/business/doing_business_with_clark_county/divisions/general_business/forms.php) scroll down to "**Charitable Registration Packet**" and select the Form link and provided the required documents and follow the prompts. If you have already obtained a Charitable Organization Certificate you can go to this link: [https://www.clarkcountynv.gov/business/doing\\_business\\_with\\_clark\\_county/business\\_license\\_search.php](https://www.clarkcountynv.gov/business/doing_business_with_clark_county/business_license_search.php) to pull up a copy to be included with your application. Either schedule an appointment with Business License or mail your documents in. It is recommended that you schedule an appointment.
2. For more information please email the Clark County Department of Business License at [BLGeneralAppointments@ClarkCountyNV.gov](mailto:BLGeneralAppointments@ClarkCountyNV.gov) or call for General & Regulated Licenses: (702) 455-0174 and provide specific details about your inquiry for the Charitable Organization Registration Certificate. The Clark County Business license webpage is <https://www.clarkcountynv.gov/business/index.php>.

### **Attachment #3 Program Outcomes and Performance Measurements**

Complete and describe the most significant outcome(s) the program is expected to accomplish in Fiscal Year 2023/2024 with OAG funds. Describe the specific benefits or improvements experienced by your program beneficiaries. Please report the expected number of unduplicated individuals served over the year. Complete the chart to describe the most significant outcome(s) the program is expected to accomplish in Fiscal Year 2023/2024. Use measurable and specific indicators, which will be used to monitor the program's progress. Describe the specific benefits or improvements experienced by your program beneficiaries. When completed upload to your application as a PDF.

## **Attachment #4 Proposed Budget & Budget Justification**

Please indicate the entire cost of the program as well as those portions where OAG funds will be used to pay specific costs. This should match or complement your provided budget narrative under the Budget Tab in the ZoomGrants application. Please round to the nearest dollar and do not include cents. By disclosing the full program cost, you are: (1) demonstrating knowledge of the program and services being provided; (2) indicating the amount of funds leveraged by your County request; and, (3) assisting the County Commissioners in determining allocation amounts. Failure to provide both the full cost of the program and the requested funds amount may result in your application being removed from consideration. Please indicate the percent of the total PROGRAM and AGENCY budget of the OAG request, below the table provided.

### *Budget Notes*

- Fundraising activities may not be charged against these County funds, nor shall any voting member of the Board of Directors be paid as staff.
- Reimbursement for meals or food provided at meetings may be considered, but under no circumstances shall the costs for alcoholic beverages be reimbursed.
- Staff salaries being charged against County funds must have all proper taxes and deductions subtracted from their checks and appropriately paid to state and federal agencies:
  - Per IRS rules and regulations, staff must have all proper taxes and deductions subtracted from their checks; agency staff are not considered as consultants or independent contractors.
- Staff salaries are to be broken into two categories and percentages are required:
  - (1) Administrative/Operation salaries, and
  - (2) Salaries directly related to client services
- Time sheets denoting amount of time spent on a program and indicating to which grant source(s) these costs are to be charged are required before the approval of the reimbursement of staff salaries. Employee signatures (not typed) are required for payroll reimbursements.
- Office supplies should not exceed \$450 per FTE (full time employee).
- All programs receiving funding support from these County funds must obtain comprehensive fire and hazard insurance to cover the replacement cost of the program, comprehensive liability insurance and where appropriate, professional malpractice insurance, and fidelity bond on all senior staff. Comprehensive automobile liability insurance in the amount of \$1,000,000 per incidence is also required if an automobile is used in performance of the program. Costs for these expenditures are eligible for reimbursement from the OAG grant.
- Note: if the amount indicated in “Total Program Cost Requested Portion Only” differs from the “Amount Requested,” the lesser of the two figures will be submitted for funding consideration.

### **Attachment #5 Leveraged Resources**

Leveraged resources consist of **firm** commitments of funds or goods and services from another source that will be expended if the program takes place because it receives gap funding from this local government process. Leveraged resources also include other resources – financial and in-kind – that will be available to support the program’s goals once implemented. This may include free office space, donated IT support, donations of goods and services for clients that your agency or the client would otherwise have to pay, or volunteer hours dedicated.

### **Attachment #6 Disclosure of Ownership** *Not required for governmental entities*

This is a required form, and the purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners (“BCC”). Upload a PDF of the Board of Directors and Advisory Board list (only voting members are needed) with addresses. Best practice would be to have this on your agency letterhead with date. Please complete all portions of the form to include: Business Entity Type, Business Designation Group, List Number of Clark County Nevada Residents Employed, Complete Corporate/Business Entity Name to include details such as address, website, etc., list Corporate Officers and Directors, and complete questions 1 and 2. Sign, print name, provide title, and date form. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity. If you are unsure about how to complete this form, please contact Community Resources Management at [CRMInfo@ClarkCountyNV.gov](mailto:CRMInfo@ClarkCountyNV.gov) and put "OAG Application" in the subject line of the email.

### **Attachment #7 Agency Compensation Disclosure** *Not required for governmental entities*

Complete and list your organization's **top five salaried positions** and job titles for the last three years (2020, 2021, and 2022). Total Annual Compensation includes salaries and fringe benefits, such as health insurance, car allowance, retirement funds, etc. For agencies that do not compensate its workers (a 100% volunteer workforce) indicate \$0 compensation and no paid positions. When completed upload to your application.

### **Attachment #8 Applicant Certification** *Not required for governmental entities*

**The authorized representative of your Board of Directors must sign and date the Certification of Application.**

By signing the Certification of Application, you are certifying that the governing body of your organization has duly authorized the application for these funds.

Your organization should be able to comply with the following if funded:

- Organization has the institutional, managerial, and financial capacity (including cash reserves to cover up to three (3) months of program operations) to plan, manage, and complete the program as described in this application within the time period outlined in the grant resolution.

**Attachments 9 & 10 IRS 990 AND Audit or Financial Accountability Documents**

*Not required for governmental entities*

IRS 990s may not be older than FY 2021. Audits must be submitted by agencies in accordance with Federal and County policies. Audits may not be older than FY 2021. Applicants must submit one of the following with their application:

1. For agencies that expended \$750,000 or more in Federal or County funds during the agency's most recently completed fiscal year submit:
  - a. The most current single audit in compliance with 2 CFR Part 200, Subpart F, Audit Requirements (formerly OMB Circular A-133).
2. For agencies that expended between \$100,000 and \$749,999 in Federal or County funds during the agency's most recently completed fiscal year submit:
  - a. A copy of your organization's most recent audited financial statements.
3. For agencies that expended less than \$100,000 of Federal or County funds during that reporting period submit:
  - a. A letter stating that your agency expended less than \$100,000 in Federal or County funds during the latest reporting period (specify reporting period); AND
  - b. Provide a copy of your unaudited financial statements and/or Profit & Loss statement sheet.

**Attachments #11-13 Articles of Incorporation, Organization's By-Laws, and a Three-Year Funding History** *Not required for governmental entities*

Required for applicants who have not received funding in three years (since FY2019-2020).

**Attachment #14 Clark County, Nevada Conflict of Interest Attestation** *Not required for governmental entities*

Required for applicants to determine conflicts of interest.

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After all required sections of the online application have been completed and all required documents have also been uploaded, your application should be ready for on-line submittal.

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**APPLICATIONS ARE DUE BY**  
**THURSDAY, DECEMBER 22, 2022 at 4:00 PM PST**

**THEY MUST BE SUBMITTED ONLINE AND NO EXTENSIONS  
WILL BE GRANTED**