Application Instructions and Guidelines for Clark County Outside Agency Grant (OAG) **Community Initiatives**	Fiscal Year 2025/2026

General Information

Clark County Social Service is soliciting **OAG** <u>Community Initiative</u> **Applications** for Fiscal Year 2025/2026 funding. Only those agencies who meet the application submittal requirements will be eligible for consideration. 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 benefit Clark County residents (NRS 244.1505). Eligible programs include those that provide any of the following:

- A substantial benefit to aid disadvantaged citizens in becoming self-sufficient and gaining personal independence,
- fosters community pride or cohesion,
- and/or strengthens 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. All programs must operate July 1, 2025, through June 30, 2026. Selected applicants will receive Clark County OAG funds after the Board of County Commissioners' approval.

There are TWO application tracks, each with a tentative allocation of $1.5 million:
- **Community Initiative Track**
- **Department Initiative Track**

<u>These are the application instructions for the Community Initiative Track.</u>

Agencies may choose to apply for both tracks if they qualify but may not submit the <u>same</u> <u>program</u> to both tracks — doing so will disqualify the application in both tracks. Please see the Department Initiative Application Instructions for further clarification. **Agencies may submit a <u>maximum</u> of two different program applications under the Community Initiative track.**

<u>**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.**</u>

Table of Contents

Crtl+Click on the section header to be sent to that place in the document.

Important Dates

Pre-Application Opens	**Monday, January 13th, 2025, 8:00 am**
Pre-Application DEADLINE	**Monday, January 27th, 2025, 4:00 pm**
Pre-Submittal Application Overview Meeting (optional)	**Wednesday, January 29th, 2025, 10 am – 11:30 am** **Pre-Submittal Application Overview Meeting Link (click here)**
Office Hours (optional)	**(1) Wednesday, February 5th, 10 am – 12 pm** **Feb 5th Office Hours Meeting Link (click here)** **(2) Tuesday, February 11th, 10 am – 12 pm** **Feb 11th Office Hours Meeting Link (click here)** **(3) Thursday, February 20th, 3 pm - 5 pm** **Feb 20th Office Hours Meeting Link (click here)**
Full Application CLOSES	**Wednesday, February 26th, 2025, at 4:00 pm**

**Please be aware applicants cannot move forward to submit the full application without <u>first</u> submitting the pre-application. If the pre-application deadline is missed, the applicant will be unable to submit the full application.

<u>DO NOT</u> wait until the last minute to submit the pre-application and/or the application. <u>ALL DEADLINES ARE FIRM.</u>

<u>**Pre-Submittal Application Overview Meeting**</u> is optional and will be held on WebEx. It will cover the application process, from setting up an account in ZoomGrants to submitting the full application. It will address common errors made in the application process and include a Questions and Answers portion. It is an optional meeting and will be recorded and posted onto the Clark County OAG website after.

<u>**Office Hours**</u> are optional and there will be three opportunities for application questions to be addressed thorough WebEx meetings. The purpose of office hours is to allow agencies to have a chance to have their questions about the application process addressed by Grants Coordinators. Please note that no advisory assistance as to the content of the application questions may be given.

Applicants may also join by phone number 1-408-418-9388
Access code for Pre-Submittal Application Overview: **24941770478#99545823#**
Access code for Feb 5th Office Hours: **24918121386##**
Access code for Feb 11th Office Hours: **24937073760##**
Access code for Feb 20th Office Hours: **24952207846##**

Frequently Asked Questions: Questions about the application that cannot be addressed in the Pre-Submittal Application Overview Meeting or in Office Hours can be emailed to CRMInfo@ClarkCountyNV.gov with **"OAG Application"** in the subject line of the email. These questions will be aggregated weekly for all applicants to see and posted to the OAG website on Thursdays during the application period.

APPLICATION INSTRUCTIONS

These are the instructions for the Community Initiative Track:
COMMUNITY INITIATIVE— ($1.5 million) Programs providing a substantial benefit needed by disadvantaged citizens to increase their self-sufficiency and personal independence, to foster community pride or cohesiveness, and/or to strengthen the community's infrastructure. Programs must request a minimum of $10,000 to be considered for funding. The maximum amount allowed is $75,000.

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_managem ent/outside_agency_grant_(oag).php

The application is only available digitally at ZoomGrants.com. The following application exists only as a resource and to provide instruction; no paper copies of the application will be accepted. If applicant needs accommodations to access a computer, scanner, or printer to complete the application please email CRMInfo@ClarkCountyNV.gov and put **"OAG Application"** in the subject line of the email. If an accommodation is approved after review, no advisory assistance will be given on the content of the application questions.

All questions need to be answered before submitting the application. If the question does not apply to the applicant, type N/A. There are additional instructions in the online application. This document supplements those instructions.

a. **REMINDER: the username and password used to initiate the application is the only username and password that can submit the application. Please maintain access to this information, as the applicant will need it for the duration of the grant period, if selected for funding.**

b. There is a <u>minimum</u> request requirement of $10,000 for Community Initiatives.

c. There is a <u>maximum</u> request of $75,000 allowed for Community Initiatives.

d. The applicant must include more than one point of contact for each application to include name, email address, and phone number for the organization.

e. 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.

ZoomGrants Tips:

1) **The person initiating the pre-application is the only one that can upload documents and submit the application.** (Note, if selected for funding, the applicant will need to maintain login information and access to the application portal for the duration of the grant cycle. The Grants Coordinators cannot grant additional access to any application at any time during the grant cycle.)

2) **Use Google Chrome as the Internet browser when completing the application.**

3) Make sure to check your email spam folder for ZoomGrants emails.

4) The applicant may submit applications any time prior to the full application due date. Clark County is **not** responsible for any online submission issues related to internet connectivity or computer system limitations. **Submit the application early to ensure it is received.**

In Order to Properly Submit Two 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/**

NOTE: OAG Staff cannot troubleshoot any Technical or Login issues, assistance can be requested by emailing: Questions@ZoomGrants.com.

Special Instructions for Governmental Entities

As a governmental entity (City, Health District, RJC, CCSD, etc.) the applicant only needs to complete the forms for attachments 3, 4, 5, 15, and 16. However, Governmental Entities must still answer all application questions and **upload documentation for all attachment requirements**. Please follow the guidance below on how to complete the attachments.

1) Attachments #1-2: Sign a written Memo on official agency letterhead, stating the exception to Attachments (1-2 and 6-14). The memo must be uploaded for each exception attachment.

2) Attachment #3: Complete Program Outcomes and Performance Measurements form

3) Attachment #4: Complete Proposed Budget & Budget Justification form

4) Attachment #5: Complete Leveraged Resources form

5) Attachments #6-14: Sign a written Memo on official agency letterhead, stating the exception to Attachments (1-2 and 6-14). The memo must be uploaded for **each** exception attachment.

6) Attachment #15: Upload the organization's Governing Body Disclosure

7) Attachment #16: Upload the organization's Governing Body's most recent minutes

PRE-APPLICATION

Pre-Application deadline is Monday, January 27th at 4:00 PM PST

The Pre-Application will open Monday, January 13th, 2025. Prior to starting the pre-application, complete the Summary tab. There are 14 questions that must be answered and 2 attachments that must be uploaded for the Pre-Application.

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. Upon submission of the Pre-Application, the applicant will receive two separate emails in the following order:

1) The first email will be a confirmation from ZoomGrants that the submission was successfully received. This email should be in the applicant's inbox within 24 hours. Check your spam folder if you do not see it in your inbox. **(If you do not receive a confirmation of submission within 24 hours, email ZoomGrants directly at Questions@ZoomGrants.com.)**
2) The second email will also be from ZoomGrants, indicating whether the pre-application has been approved at which point the applicant may proceed to completing the entire OAG application. This email can take 1-2 full business days to reach the applicant's inbox. Check your spam folder if you do not see it in your inbox.

The applicant cannot complete the OAG application until the pre-application has been reviewed and approved. If the applicant does not receive an email after 1-2 full business days of submitting the Pre-Application, please email CRMInfo@ClarkCountyNV.gov and put **"OAG Application"** in the subject line of the email.

*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 a signed memo on agency letterhead stating that the organization is a government agency) **OR** Current Nevada State Business License. **AND**
- #2 Clark County Charitable Organization Certificate, (if governmental agency, upload a signed memo on agency letterhead stating that the organization is a government agency) **OR** Current Clark County Business License.

COMMUNITY INITIATIVE PRE-APPLICATION QUESTIONS
1. I am aware that the Pre-Application closes on Monday, January 27th, 2025, at 4:00 PM PST, and that the entire OAG Application closes on Wednesday, February 26th, 2025, 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 2025-2026 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, representatives from my agency (program and financial) would be required to read, understand, and adhere to the Reimbursement Guidelines. Training tools will be supplied to this aim. All agencies are required to review Reimbursement Guideline materials every year, even if they have received OAG funding in the past.
   - Yes
   - No

4. Which community priority best aligns with your proposed program? Choose only one. If you do not fit within these priorities, you do not qualify to apply.
   - Increase self-sufficiency and personal independence of disadvantaged citizens
   - Foster community pride or cohesiveness
   - Strengthen the community's infrastructure

5. Are you a Public Organization (i.e., City, Health District, etc.) or a Non-Profit Organization?
   - Public Organization (i.e., City, RTC, CCSD)
   - 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 members 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. If recommended for funding, your agency agrees to maintain the appropriate insurance coverage throughout the duration of the grant year. *Note: Please see page 20 of the Application Instructions for more details.*
    - Yes
    - No

12. I understand that the OAG is a reimbursement grant, meaning that expenses must be incurred and paid for by the organization before reimbursement is requested. Grant funds are paid to grant recipients based on actual expenditures. <u>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.</u>
    - Yes
    - No

13. 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

14. 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, i.e; funds will be used to support direct employee salaries).*
    - Your answer

APPLICATION

Application deadline is Wednesday, February 26th, 2025, at 4:00 PM PST

COMMUNITY INITIATIVE APPLICATION QUESTIONS

There are 22 questions and 16 attachments 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 Community Initiative Track and that there is a different application for Department Initiative applications.
   - Yes
   - No

2. **Application Program Priority.** A total of two applications per agency may be submitted for Community 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 2025/2026 Outside Agency Grant is limiting the number of applications per agency to two (2) for COMMUNITY 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 and/or 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 that aim 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, including relocation, and create new job and industry clusters.
   - **Asset Development/Financial Literacy**: Efforts that increase the community's skills and knowledge to achieve and improve financial security and circumstances.
   - **Job Training**: Services that strengthen employment skills (ex. resume help, job connections, vocational job training)

- **Education/Literacy**: Programs that strengthen the general education of residents (ex. reading programs, tutoring)
- **Energy Conservation**: Services which aim to reduce consumption of energy, and/or develop energy efficient cost cutting improvements.
- **Food/Nutrition**: Programs which distribute food/nutritional supplements to members of the community.
- **Health/Mental Health**: Health programs which 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.
- **Services for persons experiencing Homelessness**: 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.
   - **Infants/toddlers**: Newborns, babies, and children up to 3 years of age.
   - **Children**: Children between the ages of 4 and 12 years old.
   - **Teens**: Children between the ages of 13 and 18 years old.
   - **Young Adults**: People between the ages of 18 and 25 years old.
   - **Senior Citizens**: People 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).
   - **Veterans/Active-Duty Military**: People 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**: People 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.

- **Persons Experiencing Homelessness**: **(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. Include a description of how this program is linked to the chosen priority track (see Pre-Application question #4). Indicate the approximate NUMBER of TOTAL individuals and families (specify which) you plan to serve.
   Note: The priority tracks are: 1.) Increase self-sufficiency and personal independence of disadvantaged citizens, 2.) Foster community pride or cohesiveness, and 3.) Strengthen the community's infrastructure. Your organization chose one of these three to focus on during the pre-application phase and must link your program to that priority here.
   Additionally, giving specifics about why you are requesting funds, including measurable goals and expected outcomes, will strengthen your application. Remember, outcomes should be specific, measurable, attainable, relevant, and time bound. The TOTAL NUMBER count may be a duplicated count. For example, if a particular individual receives food through your program in July 2024 and comes back in August 2024 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. **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.

The Districts and Commissioners representing each district are as follows:

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

Note: To see which district your agency is located, go to the Open Web website: http://gisgate.co.clark.nv.us/openweb. From there, 1.) click on search, 2.) go to the address tab and type in your address, 3.) click on the property for property information, 4.) In the Property Information box click on "Elected Officials" (underneath the Flood Zone tab) and you will see your Commissioner listed along with the Commission District.

10. **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

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 1.) click on search, 2.) go to the address tab an type in your address, and 4.) click on the property for property information. The Property Information box will include the Jurisdiction.

11. **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.

12. **New Program Justification.** If program is new to your agency, please 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.

13. **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 measurable 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 2024, 100 babies were provided with 100 blankets (1 blanket per baby)
  In 2023, 80 babies were provided with 80 blankets
  In 2022, 75 babies were provided with 75 blankets.

14. **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 is 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 agency anticipates receiving funding from, as well as those the agency will attempt to receive funding assistance from. A financial plan for ongoing support will reflect program income sources for the next three 3-5 years, identifying sources (e.g., "participant fees", "fundraising dinner", "Artwork Sales", "Thrift Store", "Sponsorships", etc.). The budget section of the online application will also ask for funding/revenue sources for one year.

15. **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.

16. **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.

17. **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 Memorandum of Understandings or similar agreements in place with any of these providers.*

18. **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.

19. **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 OR TIPS.
   • **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 your organization is recommended for funding, the Outside Agency Grant resolution (the assistance agreement) will list major restrictions and requirements in more detail.*

20. **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

21. **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.

22. **Certification Statement.** I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 19, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.
    - **Yes**
    - **No**

BUDGET TAB

The Budget tab in the ZoomGrants application will be where the applicant outlines funding sources/revenues and funding uses/expenses and provides a budget narrative.

FUNDING SOURCES/REVENUES

This is where the applicant will input the proposed and secured funding sources for this program. The Item Description labels may be modified to match the applicant's funding sources/revenues. Indicate the REVENUE SOURCES for this program. If receiving funds from another jurisdiction, specify the city from which the organization is 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 the applicant will put the program expenses, and the OAG requested portion of the program budget. The Item Description labels may be modified to match the applicant's 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 the budget request under the "budget" tab in ZoomGrants. 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, identify the budget line item, how this expense relates to the proposed program outcomes, and the total costs to be charged to this budget line item. When requesting salary, list the title and percent of salary for any staff that will be supported with County funds.

Additionally, 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 upload documentation for each attachment (1-16). If the attachment does not apply, follow instructions listed below. Note, failure to upload documentation for each attachment will impact the applicant's score via the rubric.

*Exception: Government agencies/divisions must follow the Special Instructions on page 5 for the attachments/documents.

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

PRE-APPLICATION REQUIRED DOCUMENTS:

1. Attachment #1: State of Nevada Certificate of Good Standing **OR** Current Nevada State Business License
2. Attachment #2: Clark County Charitable Organization Registration Certificate **OR** Current 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
7. Attachment #7: Agency Compensation Disclosure Form
8. Attachment #8: Certification of Application
9. Attachment #9: IRS 990 (no older than 2023) 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 2023)
11. Attachment #11: Articles of Incorporation*
12. Attachment #12: Organization's By-Laws*
13. Attachment #13: Spreadsheet of Three-Year Funding History*
14. Attachment #14: Clark County, Nevada Conflict of Interest Attestation
15. Attachment #15: Governing Body Disclosure
16. Attachment #16: Governing Body's Most Recent Minutes

*Important Note: If the applicant's organization has received Clark County Social Service OAG funding within the last three grant years, they must upload a memo on official agency letterhead in lieu of Attachments #11, 12, and 13. Memo must state that the agency has received Clark County Social Service OAG funding within the last three years and lists which year(s) funding was received. This memo must be uploaded to all three attachment slots.

Attachment #1: State of Nevada Certificate of Good Standing OR Nevada State Business License

All non-profit organizations please upload your organization's 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.

It is your agency's responsibility to apply for and keep these documents current. It is your responsibility to ensure that the official certificate is issued to you, and a copy is supplied to the County.

Attachment #2 Clark County Charitable Organization Registration Certificate OR Clark Count Business License

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. (1) Scroll down to **"Charitable Registration Packet"**, (2) select the Form link and, (3) provide 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 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 chap@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/doing_business_with_clark_county/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 2025/2026 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 2025/2026. 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 is 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).
- **It is the responsibility of any awarded agency to obtain the appropriate insurance prior to being issued a purchase order.** 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. Incurred/Paid costs for insurance expenditures are eligible for reimbursement from the OAG grant, subject to grant period restrictions.
- 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

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"). 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.

Attachment #7 Agency Compensation Disclosure

Complete and list your organization's **top five salaried positions** and job titles for the last three years (2022, 2023, and 2024). 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

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

IRS 990s may not be older than FY 2023. Audits must be submitted by agencies in accordance with Federal and County policies. Audits may not be older than FY 2023. Applicants must submit one of the following with their application:

1. For agencies that expended $1,000,000 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 $999,999 in Federal or County funds during the agency's most recently completed fiscal year submit:
   a. A copy of your organizations 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

Required for applicants who have not received funding in the past three years (since FY2021-2022). Note: If an applicant has received funding within the last three years, a written memo stating the exception to Attachments 11, 12, and 13 is required. This memo must be on official agency letterhead and specify the date of the last OAG award. Each of the three attachments must have the memo attached.

Attachment #14 Clark County, Nevada Conflict of Interest Attestation

Required for applicants to determine conflicts of interest. Please sign and date.

Attachment #15: Governing Body Disclosure

On agency letterhead, please list each member of your governing body, their titles, voting powers, and if they are paid.

Attachment #16: Governing Body's Most Recent Minutes

Please upload your governing body's most recent minutes.

_____

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

OAG 25/26 Community Initiative Application Scoring Rubric

Factor & how it will be evaluated	Needs Improvement	Proficient	Exemplary
A. Pre-Application (16 points)			
Pre-application completeness: Grants Coordinators (GCs) will review and score the pre-application questions based on completion. GCs will look for thorough answers that ensure all parts of the question have been answered, as well as the correct documentation/ attachments. GCs will look all 14 questions of the pre-application to determine the score, as well as attachments #1 and #2.	0 points per question: Answer is missing and/or so incomplete that meaning is impeded. Attachments are missing necessitation the need for technical assistance.	.5 points per question: Answer is provided but not elaborated on. Incorrect or outdated attachments are provided necessitating the need for technical assistance.	1 point per question: Answers are thorough with all parts of the questions answered. All attachments are present, up-to-date, and accurate.
		Pre-Application Total Score: ____ /16	
B. Application and Budget Narrative (25 points)			
Questions 1-6, 8-22 (21 points): GCs will review and score the application questions based on completion. GCs will look for thorough answers that ensure all parts of the question have been answered.	0 points per question: Answer is missing and/or so incomplete that meaning is impeded.	.5 points per question: Answer is provided but not elaborated on.	1 point per question: Answers are thorough with all parts of the questions answered.
Question #7: Program Description and Expected Outcomes (2 points): GCs will review and score the proposed program description and program outcomes. GCs will assess whether the program outcomes are specific, measurable, attainable, relevant to the program outcomes, and time bound (S.M.A.R.T.), as well as if the program description aligns with the chosen priority track. GCs will look for a thorough answer that ensures all parts of the question have been answered.	0 points: Program overview is missing or so incomplete that it impedes understanding. The program outcomes somewhat follow SMART criteria but are vague and lack measurability. The program description does not align with the priority track chosen.	1 point: Program overview is somewhat clear but lacks detail. The program outcomes generally follow SMART criteria, but minor errors may exist. The alignment with the priority track is vague.	2 points: Program overview is clear and comprehensive, effectively detailing how the project aligns with the selected funding category. The program outcomes are specific, measurable, attainable, relevant to the program outcomes, and time bound. Alignment with the priority track is thoroughly explained.
Budget Narrative (2 points): The GCs will review and score the	0 points: Budget narrative is missing or incomplete,	1 point: Budget narrative is mostly complete, and	2 points: The narrative is detailed and thorough. It connects

proposed budget narrative (found under the "budget" tab in ZoomGrants) provided by the applicant in the required format. GCs will look for thorough answers that ensure all parts of the question have been answered, as well as correct calculations for the proposed budget. Budget should identify services to be provided and to whom.	only providing limited explanation of how expenses relate to program and how each funding request was determined.	provides a connection between expenses and program, as well as an explanation as to how each funding request was determined but may lack detail in some areas. Minor errors may exist but do not impede meaning.	and explains why each expense is necessary, how the funding requests were determined, and how the budget relates to the proposed program.
		Program Overview Total Score: ____ /25	
C. Attachments #3-16 (14 points)**			
Attachment #3: Program Outcomes and Performance Measurements	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #4: Proposed Budget & Budget Justification	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #5: Leveraged Resources	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #6: Disclosure of Ownership	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #7: Agency Compensation Disclosure Form	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #8: Certification of Application	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #9: IRS 990 (no older than 2023) or IRS 990-N if organization's gross receipts are normally $50,000 or less	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #10: Audit or Financial Statements (no older than 2023)	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #11: Articles of Incorporation	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #12: Organization's By-Laws	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.

Attachment #13: Spreadsheet of Three-Year Funding History	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #14: Conflict of Interest Attestation	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #15: Governing Body Disclosure	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
Attachment #16: Most Recent Governing Body Minutes	0 points: Missing	.5 point: Completed with mistakes	1 point: Completed with no errors.
		Attachment Completion Total Score: _____/14	
		Overall Score: ____/55	

**Please see Application Instructions (above) and Application PowerPoint for further information on ensuring your attachments are submitted complete.