



NEVADA

ADSD

Aging & Disability Services Division

Nevada Department of Human Services

Aging and Disability Services Division

Office of Community Living

Notice of Funding Opportunity

Assisted Living Supportive Services

(Establishment, Expansion, and Operation of Assisted Living Facilities)

Funding Opportunity Number: ADSD-ALSS2027-C

Applications Due: March 16, 2026

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State of Nevada

Aging and Disability Services Division

Funding Opportunity Title:	Assisted Living Supportive Services (Establishment, Expansion, and Operation of Assisted Living Facilities)
Funding Opportunity Number:	ADSD-ALSS2027-C
Project and Budget Period:	July 1, 2026 – June 30, 2027
Due Date for Applications:	March 16, 2026

Funding Opportunity Description

Background

The Nevada Aging and Disability Services Division (ADSD), in accordance with Nevada Revised Statute (NRS) 439.630(1)(e), is offering this competitive funding opportunity for the establishment, expansion, and operation of Assisted Living Facilities serving Nevada residents aged 65 and older. Through this competitive funding opportunity, ADSD is seeking to support partner organizations who provide services under the Home and Community-Based Services (HCBS) waiver, as amended by NRS 422.3962.

This Notice of Funding Opportunity (NOFO) establishes the requirements applicants must meet to be considered for this funding. Funding awarded through this NOFO must benefit individuals on or deemed eligible for ADSD's Home and Community-Based Waiver for the Frail Elderly (Medicaid Waiver). Eligible applicants must meet the criteria outlined in NRS 319.147 regarding certification of assisted living facilities.

Potential applicants should thoroughly read the referenced NRS to determine eligibility and to understand the intended use of this funding.

Funding Description

Nevada Revised Statute [\(NRS\) 439.630\(1\)\(e\)](#) sets aside \$200,000 annually from the Fund for Healthy Nevada to award competitive grants for the **establishment, expansion, and operation of assisted living facilities** that provide supportive services pursuant to the provisions of the home and community-based services waiver in [NRS 422.3962](#). Applicants may apply for up to \$200,000. Funding awarded through this NOFO must benefit individuals on or deemed eligible for ADSD's Home and Community-Based Waiver for the Frail Elderly (Medicaid Waiver) for assisted living services and who are age 65 or older.

Eligible Applicants

Non-profits, public agencies, and for-profit businesses may apply if interested in providing services outlined in this funding opportunity. To be considered for funding, the assisted living facility must meet the requirements outlined in the [NRS 422.3962](#), as well as the criteria for certification set forth in [NRS 319.147](#) and subsection 7 of [NRS 449.0302](#).

All applicants must be in good standing with the State of Nevada and the Federal Government. If an applicant has not responded to any audit finding from the Aging and Disability Services Division (ADSD) or the Department of Human Services (DHS), their application may not be considered for funding.

Resources

- The Nevada Governor’s Office of Federal Assistance is available to provide pre-award assistance to applicants. More information about available services is available at <https://ofa.nv.gov>.
- Nevada ePro – State of Nevada Funding Opportunities: <https://nevadaepro.com/>
- ADSD List of Funding Opportunities: https://adsd.nv.gov/Programs/Grant/Notices_of_Funding_Opportunities/
*Full NOFO Information now listed through Nevada ePro (see link above)

Informational Meeting

ADSD will host an optional, virtual Applicant Informational Meeting on Friday, February 20, 2026, at 1:00 pm via Microsoft Teams. No registration or reservation is needed. For additional information or **to request accommodations**, please email ADSDGrants@adsd.nv.gov.

[Click here to join the meeting](#)

Meeting ID: 239 483 213 907 47

Passcode: p5cB9535

Or call in (audio only):

[+1 775-321-6111,416020486#](tel:+17753216111416020486)

Phone Conference ID: 416 020 486#

Applicant Questions and Answers

ADSD will take questions and provide answers related to this NOFO through the submission deadline. Q&A will be regularly updated and posted on the ADSD List of Funding Opportunities website: https://adsd.nv.gov/Programs/Grant/Notices_of_Funding_Opportunities/. Submit questions by email to ADSDGrants@adsd.nv.gov.

Award Information

Subrecipient Responsibilities

This is a competitive funding opportunity. Applications will be evaluated, in part, on the applicant's stated plan of action and demonstrated capacity to begin effectively and expeditiously implementing subaward activities within sixty days of the start of the subaward project period. The subaward is an agreement between the applicant and the Aging and Disability Services Division (ADSD).

The subaward recipient agrees to the responsibilities outlined below:

In addition to the Applicant Certifications included in the ADSD Subaward Application form, the following conditions apply for funded projects.

- Programs awarded funding must provide requested revisions to ADSD by the date indicated in the funding notification email. A Notice of Subaward (NOSA) cannot be issued without requested revisions.
- Applications must be signed by the Authorized Organizational Representative (AOR), the head of the agency who is legally responsible for the organization.
- If the subaward recipient's registered address changes, the subaward recipient must submit a Vendor Information Update and/or Additional Remittance Form to the Nevada State Controller's Office. ADSD must receive timely notification of address and Vendor Number changes to avoid delay in dispersing funds.
- All subaward recipients must have a Unique Entity ID (UEI) Number and active registration on SAM.gov.
- All subaward recipients must have an Employer Identification Number (EIN) or Federal Tax Identification Number.
- All subaward recipients must comply with the Nevada Department of Human Services' (DHS) Grant Instructions and Requirements (GIRS) and ADSD Requirements and Procedures for Grant Programs (RPGPs). The GIRS and RPGPs are statements of DHS and ADSD policy that ensure fiscal compliance with statutes, regulations, and/or rules.
 - GIRS:
https://www.dhs.nv.gov/siteassets/content/programs/grants/Grant_Instructions_and_Requirements_Revised_1.2025_-_FINAL_R.pdf
 - RPGPs:
<http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>
- All subaward recipients must comply with ADSD's General Service Specifications, <https://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>
- All subaward recipients must comply with the Program-Specific Service Specifications, referenced in the Appendix for each service category, as located on ADSD's site <https://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>.

- All subaward recipients must comply with ADSD's data collection, entry, and reporting requirements. Monthly, quarterly, and annual reports when required should be submitted timely and follow the instructions provided in ADSD's guidance. Reporting requirements may change at the discretion of ADSD and/or the funder.
- Failure to comply with reporting requirements will result in fiscal monitoring findings and can place a subrecipient's funding in jeopardy.
- The Request for Reimbursement (RFR) form must be submitted by the 15th day of each month for the previous month of service, unless otherwise specified in the Notice of Subaward (NOSA). Deviation from the reimbursement schedule must be **pre-approved in writing** by the ADSD Grants Management Team. RFRs must include all required backup documentation. RFR Instructions:
 - <https://adsd.nv.gov/programs/grant/RFRinstructions/>
 - *In rare circumstances and under certain conditions, advanced payments may be approved (GIRS 25-16).

ADSD staff agrees to the responsibilities outlined below:

- ADSD team members will provide reporting instructions to all subaward recipients.
- All subaward recipients will be assigned a Program Coordinator (PC) who is available to aid with aspects of subaward management, program-specific technical assistance, and program development. Fiscal Auditors are available for questions on fiscal matters.
- The assigned PC will contact subaward recipients regarding requested revisions before a Notice of Subaward (NOSA) can be issued.
- NOSAs will be distributed to funded programs in June 2026, or as soon as possible pending receipt of requested revisions.
 - The Request for Reimbursement (RFR) Workbook will be sent with the NOSA.
- ADSD may, at its discretion, conduct monitoring of subaward recipients at any time during the subaward period or up to three years after the close of a subaward. Programs will be assessed to evaluate fiscal accountability, progress towards achieving project goals and objectives, data collection and reporting, client satisfaction and outcomes, as well as adherence to all regulations, statutes, and/or rules. Programmatic and fiscal monitoring will occur in accordance with federal requirements, funding terms, and Department of Human Services (DHS) grant and subaward management policies.

Subrecipient Training

ADSD will make training available to all subaward recipients as needed. Training can include the Request for Reimbursement (RFR) process, reporting, data entry, and other requirements.

Additionally, if services, clients/consumers, or equipment need to be transferred from one community partner to another, the ADSD Grant Management Team coordinate with all involved partners to develop a transition plan.

Application and Submission Information

Division Contacts

General program/service questions and technical assistance on the required forms, beyond the instructions provided in this document, can be directed to: ADSDGrants@adsd.nv.gov.

NOFO Questions and Answers that are helpful for all applicants will be posted online at http://adsd.nv.gov/Programs/Grant/Notices_of_Funding_Opportunities/.

Application Forms and Submission Information

Three (3) files are to be used when completing the subaward application. The submitted application must have all elements of these files included:

1. ADSD Subaward Application - Competitive (PDF)
 2. ADSD Subaward Budget Template (Excel)
 3. ADSD Work Plan Template (Word) - *Optional for this funding opportunity*
- Additionally, applicants must submit attachments as requested in the [Application Checklist](#). Attachments are categorized by “required,” “optional,” or “if applicable.”

Deadline: Applications are due on or before Monday, March 16, 2026, by 11:59 pm (PT).

Submission: Applications must be emailed to ADSDGrants@adsd.nv.gov

Application Review Information

Application Screening

- Each application will undergo an initial review for completeness and adherence to submission instructions. Applications that are incomplete or fail to meet all submission requirements will be rejected and will not be considered for funding. Applicants whose applications are rejected will receive written notification..
- If submitted before the deadline, applicants may correct and resubmit their application. After the submission deadline has passed, applicants may appeal a rejected application. All appeals must be submitted in writing through ADSDGrants@adsd.nv.gov and must be addressed to the ADSD Administrator..
- The ADSD Administrator, or designee, will notify the applicant of the Administrator’s decision, in writing, within ten working days of receiving the applicant’s appeal.
- The ADSD Administrator’s decision is final. There is no additional appeal process.

Review and Selection Process

After application screening, ADSD staff and independent reviewers will review all applications and make initial funding recommendations based on scoring criteria defined in the following section.

Reporting and compliance history of previous or current subaward recipients will be considered in funding recommendations and funding decisions.

ADSD may negotiate with or seek additional information from applicants before final decisions are made. Prompt response to requests for information or negotiations is strongly encouraged to prevent delays in funding or non-funded applications.

Final funding decisions will be made by the ADSD Administrator based on application scores, funding availability, regional allocations, and the applicant's compliance history (if applicable).

The ADSD Administrator's funding decision is final. Final funding decisions are not subject to appeal.

Scoring Criteria

Competitive applications will be scored according to the following matrix (50-point total) based on all application components:

1. Project Relevance, Current Need, and Priority Populations (up to 10 points)

- The applicant clearly identifies the proposed project, project relevance, as well as the unmet needs and service gaps that will be addressed by the applicant's project.
- The targeting plan is well defined and expands awareness and access to the service.
- The applicant identifies priority populations to be served. Priority is given to underserved and the most vulnerable populations which may include individuals who are frail, homebound, isolated, low-income, a minority, and/or living in rural or frontier areas.
- The applicant describes anticipated barriers and plans to address barriers.

2. Capacity and Approach (up to 15 points)

- The applicant clearly describes the proposed project, including their approach and specific activities to be completed. Activities to reach priority populations are included.
- The applicant demonstrates their experience and ability to complete the proposed project.
- The applicant identifies and defines the role of key staff, partnerships, and other resources that will have a significant role in completing project activities.
- The project describes new or innovative approaches that will help expand their capacity to increase access to the service.

3. Cost Effectiveness and Sustainability (up to 10 points)

- The submitted budget is complete and the applicant's projected costs are reasonable.
- There are other funding sources identified to help support the project.
- The level of funding requested is explained and justified within the proposal.
- The applicant demonstrates cost-effectiveness and financial accountability.
- Projected costs are relevant to project activities.

4. Project Impact (up to 10 points)

- Project goals, objectives, and intended outcomes are clearly stated.
- The applicant describes methods of documenting and evaluating project effectiveness, quality of service delivery, and impact on target populations.

- Goals and objectives are relevant to the intent of funding and address identified gaps and needs.
- Goals and objectives support activities that help improve access to services and promote program awareness.
- The goals, objectives, and activities of the project have an established timeline that is reasonable.

5. Adherence to application instructions and accurate completion of forms (up to 5 points).

- The applicant followed the instructions. All required forms, sections, and the Project Narrative were completed accurately and completely.
- Responses are detailed and concise.

Anticipated Announcement Award Date

Funding decisions will be announced via email in June 2026. Requested application and budget revisions must be received by the date included in the funding notification email, for a Notice of Subaward to be issued.

Notices of Subaward (NOSAs) will be distributed in June 2026, or as soon as possible once ADSD receives requested revisions, as applicable.

Form Instructions

Application Format

All Applications **MUST** conform to the following requirements to be considered for funding:

- Applications must be computer-generated on the ADSD Application Forms.
- There are three files required for all competitive applications:
 - (1) ADSD Subaward Application – Competitive with Project Narrative (PDF),
 - (2) ADSD Subaward Budget Template (Excel),
 - (3) ***If applicable***, the ADSD Work Plan (Word).
- All application forms have pre-set formatting including fonts, line spacing, and margins.
- Expand rows on the Budget (Excel file) so that all text entered is visible.
- The Project Narrative must be submitted with the ADSD Subaward Application Form as one PDF document.
- The Project Narrative must be concise and no more than 5 pages (excluding attachments). Do not include cover sheets, cover letters, unsolicited attachments, or application instruction pages, as they will be included in the page limit.
- Applications are expected to be free of spelling and grammatical errors.
- Budget line item (row) calculations must be included where required and accurate to the penny.
- Submitted applications must be assembled according to the instructions on the [Application Checklist](#).

ADSD Subaward Application with Project Narrative – PDF File – Instructions

A. Applicant Organization Information

This section captures information regarding the Applicant Organization. The Applicant Organization is the agency that will be named as the subrecipient on the Notice of Subaward and is responsible for the funds awarded. All information in this section must match exactly what is on record with the State of Nevada Controller's Office. *Failure to provide correct information in this section will prevent ADSD from making payments to the subrecipient if funding is approved.*

The Authorized Organizational Representative (AOR) is the individual authorized to sign and submit an application on behalf of the organization. The AOR is responsible for the organization's compliance with the terms and conditions of subawards, including compliance with state and federal laws/regulations. In non-profit organizations, this person is the Chair or President of the Board of Directors.

- Applications must be signed by the Agency's Authorized Organizational Representative (AOR).
- The Agency's AOR may list up to two (2) Additional Authorized Signers on the application, indicating authorized representatives who are able to sign NOSAs, Amendments, or other documents.
- Changes to the approved AOR and/or Authorized Signers must be submitted in writing by the Agency's AOR. A signed, dated letter should be submitted to ADSDGrants@adsd.nv.gov. Authorized Signer letters are valid through the end of the Subaward Period (dates are noted on the Notice of Subaward).
- The Fiscal Officer is the point of contact for any concerns regarding the budget, requests for reimbursement, and annual audits.

B. Project Information

This section is for project specific information including the service category (Assisted Living Supportive Services), proposed service (Establishment, Expansion and/or Operation), physical address of the project, and areas to be served (statewide, county, or city to be served). This section should also list the Project Director assigned as the manager/coordinator/lead for this project. The Project Director is the day-to-day contact for the ADSD Program Coordinator.

C. Applicant Certifications

These are required certifications for all applicants, acknowledging the information contained with the application is true and correct.

D. General Provisions and Assurances

This section lists the general provisions and assurances associated with the ASD Notice of Funding Opportunity. If approved for funding, these assurances are superseded by the Assurances that are included in the formal Notice of Subaward.

PROJECT NARRATIVE

The Project Narrative is required for every application. The Project Narrative is a critical component that serves as the basis for evaluating the proposal for funding. Other application components including the budget should align with the project narrative.

The Project Narrative should present a clear, detailed, and concise description of your project outlining its purpose, objectives, capacity, and anticipated outcomes. The project narrative should include information to address each section below. **Page Limit: 5 pages.**

A. Purpose / Problem Statement

Describe, in both quantitative and qualitative terms, the nature and scope of the particular problem, challenge, need, service gap and/or issue your organization seeks to address with this funding. Include specific information about the Assisted Living Facility to be funded and the services it will offer. Explain how these services will impact older adults and individuals with disabilities who receive services through the Home and Community-Based Services (HCBS) waiver. Discuss any anticipated challenges or barriers and how your organization plans to overcome those challenges.

B. Proposed Intervention

Describe clearly and concisely your organization's project plan and proposed intervention. Define specific goals, measurable objectives, and timelines for the (as applicable) establishment, expansion, and enhanced operation of the Assisted Living Facility. Discuss plans and methods for outreach and service delivery and how these plans will impact and meet the needs of facility residents. Include a detailed description of the facility, location, and population of residents. Provide details of new and innovative supportive services that will be implemented under this funding, as applicable.

Discuss technical assistance or support needed to successfully implement the proposed intervention.

C. Organizational Capacity and Partnerships

Describe the organization's capacity to effectively manage funding, implement the proposed intervention(s), enhance operations, and build sustainable partnerships to benefit facility residents. Include information about past experiences and lessons learned. Identify key project staff and describe specific roles and responsibilities for which they will be assigned. Resumes of professional staff can be included and will not count towards the application page limit.

Identify key partnerships and describe in detail how they will enhance coordination of services under this project. Letters of Commitment can be attached and do not count towards the application page limit.

D. Cost-Effectiveness and Sustainability

Describe resources outside ADSD funding to be used to support this project. How will these resources be used for the facility and/or supportive services provided within the facility? Provide a thorough justification in this application for the level of funding requested from ADSD. Include specific data, resources, or other information to justify your funding request.

Describe the efforts that will be made to maximize the impact of the requested funding. Provide information about contractual organization(s), if applicable, that will have a significant role in implementing and achieving outcomes.

Discuss the impact upon the facility and/or residents should this project not be funded.

Describe plans to maintain cost-effectiveness and to support a model that is sustainable and replicable.

E. Outcomes and Evaluation

List measurable outcomes and describe the methods, techniques, and tools that will be used to measure desired outcomes and the effectiveness of proposed intervention(s). Although output (such as number of clients served, number of training sessions, number of outreach events) can be discussed in this area, measurable outcomes and output are not the same.

Describe the techniques and tools to be used to assess effectiveness, delivery, impact, and quality of supportive services within the Assisted Living Facility. Also describe plans for evaluating the success of reaching project goals and achieving desired outcomes.

[ADSD Subaward Budget Template – Excel File – Instructions](#)

This file is required for all ADSD Subawards, regardless of type. For additional guidance on budgets, applicants should refer to the [Grant Instructions and Requirements revised January 2025](#) and the [Requirements and Procedures for Grant Programs \(ADSD\)](#) for rules and regulations on allowable expenses.

The Excel file has formatting that is accessible to all users. While adding information to the Excel file, you may format the cells and rows as needed to fit your text.


There are 2 forms (tabs) in the Excel workbook: Budget Narrative and Budget Summary. Each form is a separate worksheet (tab) at the bottom of the page/workbook. If you do not see the tabs at the bottom of the page, maximize the screen by clicking the button on the top right side of the screen that looks like a window.

PLEASE NOTE: Do not utilize multiple copies of the Excel file to create your application. The Excel file contains formulas that calculate and carry information from page to page. For best results, complete each tab of the workbook in order. Do not paste in information from past applications, as it might cause problems with the formulas. Complying with these requirements will ensure that invalid error messages are not shown on the Budget Narrative or Budget Summary, and that linked boxes will have a value.

[Budget Narrative](#)

Enter the applicant's name and service type at the top of the page.

Describe program expenses requested from ADSD in the budget categories included in the Budget Narrative using the descriptions below as a guide to describe each category of expense. Be sure to provide a detailed response, explain how each expense is related to the proposed project, and identify any one-time costs. Provide calculations as requested and follow the examples.

THIS TAB IS NOT PROTECTED. Do not delete formulas. Ensure text in each row is visible; expand rows as needed (go to numbered rows on the left side of worksheet and drag the bottom line of the row down when you see your cursor change to , or right click on the row number and choose Row Height to enter a height). Each section has additional rows that you may unhide for additional data entry. Contact ADSD if you need assistance.

PERSONNEL - Line A: List *program* and *administrative* staff (Name, Title, PCN) that will provide **direct** service under the proposed services and the associated costs to be charged to the subaward, using the column headers as guides. Costs associated with administrative staff providing **indirect** services may only be included in this section in fixed-fee proposals; otherwise, the expenses may be included as part of the indirect/administrative expense percentage at the end of the Budget Narrative. Place an asterisk (*) beside all new positions. If your agency does not have a Position Control Number (PCN) system, one must be developed to identify each position. Line B, for each position listed: List the fringe benefits provided (FICA, Medicare, vacation, state industrial insurance, unemployment insurance, etc.). Briefly describe the position's duties as they relate to the funding and program objective.

TRAVEL/TRAINING: Identify in-state and out-of-state travel to be completed during the budget period. The red writing must be replaced with actual trip information, such as the name of a conference, location, etc. Complete the trip expenses and enter a justification. If multiple trips are proposed, use copy and paste to include another in-state or out-of-state section in the budget as stated on the form. Utilize <https://www.gsa.gov> for mileage, per diem and lodging. If lodging exceeds the GSA rate, provide an explanation in the Justification section.

If requesting general in-state mileage for operational purposes, enter the cost in the mileage section *below* "In-State Travel," and provide an explanation of the cost calculation and the reason for travel.

OPERATING: Include SPECIFIC facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance (split by type), fuel, as well as utilities such as power, water, and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.

EQUIPMENT: List equipment to purchase or lease, which costs \$10,000 or more (per item), and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment items that cost less than \$10,000 should be listed under Operating. Justify the need for these items. There is no guarantee that ADSD will have funds available for equipment.

CONTRACTUAL/CONSULTANT SERVICES: Explain the need and/or purpose for the contractual and/or consultant service. Identify and justify these costs. Only include costs for which there is a written contract or agreement that can be presented to ADSD, if requested.

OTHER: Identify and justify all other expenditures that cannot be identified within another category. These costs may include any relevant expenditure associated with the project. These costs are to be included only if they are associated exclusively with this program. If they are associated with multiple sources of funding, the costs are to be included in Administrative Expenses. Follow the example on the form.

ADMINISTRATIVE/INDIRECT EXPENSES or FEDERAL INDIRECT COST RATE (FICR): Administrative/Indirect expenses and FICR are to be used to help cover expenses that are not easily assigned to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed, depending on the funding source and existence of a FICR letter. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Administrative/Indirect expenses do not apply to equipment or fixed-fee subawards or portions of subawards. Reference the Requirements and Procedures for Grant Programs (RPGPs) GR - 20*. Modified Direct Costs (de minimis rate of 15%) must be based upon expenses as outlined within the RPGPs. The FICR amount must be based upon allowed expenses per your organization's current FICR letter. Attach a copy of your FICR letter to the application, as applicable.

Budget Summary (Excel File tab two)

This page offers a summary of the subaward budget, Match, and other funding. Information entered the Budget Narrative tab, which will populate the *ADSD Funds* column. Applicants will input funding information in the orange cells.

The applicant's Organizational Name and service type will autofill from information entered at the top of the Budget Narrative tab.

List potential/estimated amounts and sources of program income, such as client donations, in box D (expand row as needed). If your program has a sliding fee scale or cost-sharing procedure, indicate how the program will manage the process according to the RPGPs.

Break out Match into the budget expense categories on the Budget Summary (tab two) to show where it will be applied. See the below "Matching Funds" section for additional information.

In the columns after Match, enter any other funding that will be used to support the proposed service. Enter the name of the funding source where indicated, whether the funding is pending or secured, and the amount to be used towards the program. Then, break out the funding into the budget expense categories.

Ensure all boxes on row 21 are zero as stated in the row header.

Add comments to box B. Expand the row as needed to show all text.

Identify sources of Match in box C (expand row as needed). Indicate whether the Match is pending or secured. Match can be non-federal cash or in-kind.

List potential/estimated amounts and sources of program income, such as client donations, in box D (format as needed). If your program has a sliding fee scale or cost-sharing procedure, indicate how the program will manage the process according to the RPGPs.

Matching Funds

Matching funds are required at 15% of the ADSD-requested amount. Match may be non-federal cash or in-kind and must be reflected and thoroughly described on the Budget Summary tab of the Excel application file. Program income cannot be used as Match. Examples of non-federal cash Match include other funding sources to support this service. *In-kind Match* is the value of any real property, equipment, goods, or services (including volunteer time) contributed to a funded program that would have been considered eligible expenses within the program's budget for the funded service. Review the Department of Human Services (DHS) Grant Instructions and Requirements (GIRS) for additional information regarding Match: https://www.dhs.nv.gov/siteassets/content/programs/grants/Grant_Instructions_and_Requirements_Revised_1.2025_-_FINAL_R.pdf

Program Income

1. Client service donations may not be used as Match but may be solicited for all services. Solicitation must be non-coercive. The donation process must be confidential and voluntary.
2. Cost sharing means contributions made to a program based on a sliding-fee scale. The Division's Cost Sharing Policy can be found on pages 73-75 of the RPGPs: <http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>

ADSD Work Plan – Word File – Instructions

The ADSD Work Plan should be reflective of and consistent with the goals and proposed activities identified in the Project Narrative and Budget.

The ADSD Workplan is revisable. The goals listed on the template may not align with the prioritized goals of the proposed project. For instance, Goal 1 may be kept as "Outreach" or changed to "Target Population" or "Service Delivery".

For each goal, list relevant objectives, activities, and strategies to be implemented to achieve objectives. Identify timeframes involved (including start and end dates) under "Timeline." Under "Evaluation Tool" list relevant tools, techniques, systems, and/or methods that will be used to collect, report, and measure outputs and outcomes. Finally, document projected output and expected outcomes based on activities and strategies to be implemented.

APPLICATION CHECKLIST

A complete application for funding consists of:

- The ADSD Subaward Application – Competitive (PDF)
- The ADSD Subaward Budget Template (Excel)
- The ADSD Work Plan Template (Word) – **Optional** for this funding opportunity

The ADSD Subaward Application – Competitive Form must include the Project Narrative and be submitted as one PDF file. The ADSD Subaward Budget template must be submitted as an Excel File. The ADSD Work Plan (if submitted) must be submitted as a Word document.

If any of the required documents are incomplete or missing, the application will be rejected. If the application is not received by the date requested (including revisions), funding may be delayed or may not be awarded.

Required Documents:

- ADSD Subaward Application – Competitive (PDF File)
- Project Narrative (same PDF File)
- Budget Narrative (Excel File, tab one)
- Budget Summary (Excel File, tab two)

Optional Attachments – If included, these will not count towards the page limit.

- ADSD Work Plan (Word File) (optional)
- Proof of Nevada 211 Listing - Agency and Service(s) (required upon funding approval)
- Sliding-Fee Scale/Cost Sharing Policy (required if applicant uses it for the service)
- Resumes for Project Director and Key Personnel (optional, but encouraged)
- Letters of Commitment/Support (optional, but encouraged)
- Contracts or Memorandums of Understanding (if applicable to the program/service)

***The ADSD Subaward Application and all attachments must be submitted via email to ADSDGrants@adsd.nv.gov.**

Applications are due Monday, March 16, 2026 by 11:59pm (PT).