



State of Nevada

Department of Health and Human Services

Division of Child and Family Services

Grant Management Unit

Notice of Funding Opportunity

Educational and Training Vouchers (ETV) Program

Federal Fiscal Year 2023 Award

NOTE: This document is available online at <http://dcfs.nv.gov/Programs/GMU/GMU/>

Application Form: Section A

Please complete each item. Add extra rows if more space is needed to provide complete responses.

A. Applicant Organization

Name	
Mailing Address	
Physical Address	
City & State	
Zip (9-digit)	
Federal Tax ID #	
UEI #	
State of Nevada Vendor #	

B. Organization Type Government Agency 501(c)(3) Nonprofit

C. Geographic Area of Services Delivery. Check applicable boxes and provide a brief narrative of the service area

<input type="checkbox"/> City	
<input type="checkbox"/> County	
<input type="checkbox"/> Region	
<input type="checkbox"/> Statewide	

Indicate projected number of young adults to be served:

Young Adults: _____

E. Program Point of Contact

Name	
Title	
Phone	
Email	

F. Fiscal Officer

Name	
Title	
Phone	
Email	

G. Subcontracts

Does your organization subcontract its services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete information below.	
Subcontractor	
Mailing Address	
Physical Address	
City	
Zip (9-digit)	
Federal Tax ID #	(xx-xxxxxxx)

H. Key Personnel

Name	Title	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I. Current Funding List. List all revenue for the agency/organization.

Funding Source	Pending/Secured	Time Period	Amount (\$)

J. Funding Request. List funding requested for the one-year award period.

Funding	SFY 23 Award	SFY24 Request	Difference
ETV Program			

K. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meet all requirements of ETV program governing the grant as indicated by DCFS and the certifications included in the application packet; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; and that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)	Phone
_____	_____
Title	Email
_____	_____
Signature	Date
_____	_____

Application Narrative: Section B

Application Narrative (70 points)

The complete questions are listed on page 8 of the NOFO. Begin typing below each question header.

Organization's goals and objectives

Plan to achieve your goals and objectives

Coordination with other appropriate education and training programs

