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GOVERNOR'S OFFICE OF FEDERAL ASSISTANCE
NEVADA'S FEDERAL GRANT RESOURCE

Grant Matching Program Application Guide

This is not the Grant Matching Program (GMP) application. This is an application guide to assist potential applicants prior to application submission. Included below is the list of application questions to prepare answers in advance. All applications must be submitted via the GMP Online Application. If you have any questions, contact the GMP manager at grants@ofa.nv.gov or 775.684.0156.

Plan Ahead

Please visit the GMP Webpage to review the eligibility requirements prior to starting the GMP application process.

Fill out the Eligibility Checker to confirm eligibility. If your project is eligible, you will be sent the link to the GMP Application. Print out the proof of eligibility page. Gather all the items listed on the page before you sit down to fill out the application. This will save time when you fill out the application. If you disagree with the results of the Eligibility Checker, you may request that an Executive Grant Analyst contact you.

The GMP application includes 40 questions consisting of yes-or-no, fill-in-the-blank, and summary responses. The application should take approximately two (2) hours to complete.

Your application will automatically save, and you can change your answers until you complete your application. If you apply to the GMP more than once, you must clear your browser's cookies to start a new GMP application.

Scoring and Evaluation

This application is to qualify your organization for matching funds. The review team will not evaluate your federal or nongovernmental organization grant proposal. The review team will evaluate your organization's suitability for matching funds based on your answers about your organization, the identified grant opportunity, and your proposed program. Your application will be evaluated on its own merit and not competitively against other applicants. The GMP manager will first conduct a technical review to make sure that the information submitted in the application is complete and consistent. Applications that are incomplete or have inconsistent information will fail the technical review and will not be evaluated by the review team.

The review team will only be able to see this application and the information supplied within. It is important to answer all questions as thoroughly as possible to ensure your organization will qualify for the matching program award. The review team committee will use established review criteria that align with the eligibility requirements and a scoring evaluation form to review your application.

Before Submitting

Grant deadlines operate on a tight timeline and there may be follow-up requests from the GMP manager if your application is missing information. It is imperative the person you list as the point of contact has access to email and is responsive to communication.

The GMP is not responsible for missed communication and cannot guarantee a timely response if information is missing. Approved applicants will receive a letter of commitment verifying the obligated match, which will be contingent on a successful federal grant award and/or Interim Finance Committee authorization. Approved

applicants will receive their GMP grant award letter and award agreement after the federal award or notification of selection of the federal grant award.

Completion Requirements

For your GMP application to be considered complete, you must:

- Answer **ALL** questions; and
- Send **ALL** required supporting documents:
- The signed self-certification form;
- Most recent legislatively approved or approved organizational operating budget;
- Organizational chart(s), including proposed staff additions for the identified grant opportunity;
- Letters of commitment for supplemental match (as applicable); and
- Organization's documented mission and vision.

Application Questions

Section 1 - Applicant Information

1. Organization Name
2. Address
3. City
4. State
5. Zip
6. Organization Type:
7. State Agency
8. Local Government Agency
9. Tribal Government
10. Nonprofit Organization
11. Point of Contact Name
12. Email Address
13. Office Phone
14. Mobile Phone
15. Vendor Number: Applicants must be registered with the State of Nevada as a vendor to receive payment. Register through the State of Nevada Controllers Office: Controller, Nevada State (nv.gov)
16. Unique Entity ID (UEI) Number or Non-Profit 501(c)(3) Employer Identification Number (EIN)
17. Has your organization exhausted all potential sources for the federal match requirement?

Section 2 – Federal Opportunity Information

18. Funding Opportunity Number
19. Funding Opportunity Name
20. Funding Organization Name
21. CFDA Number
22. Funding Type:
23. Mandatory (Formula)

24. Discretionary (Competitive)
25. Funding Opportunity Link: paste link for funding opportunity
26. Anticipated Date of Federal Award: provide the anticipated date for the notice of grant award (NOGA).
27. Provide the federal grant opportunity's purpose as stated in the NOFO
28. Will the grant-funded services be provided in Nevada?
   a. Yes
   b. No
29. What counties in Nevada will receive benefits from the federal opportunity if awarded? Select all counties that are applicable. Carson City, Churchill, Clark, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, Washoe, White Pine.
30. Federal Project Period of Performance: mm/dd/yyyy to mm/dd/yyyy
31. What is the agency's required match of the federal opportunity?
   • Provide in percentage form.
   • For example, if the total federal match is split 75%/25%, this indicates the agency's match requirement is 25%.
32. What is the exact dollar amount of the total federal opportunity (amount you requested in the grant plus all required match)?
   • Provide in dollar form and do not round.
   • For example, if the federal share of the opportunity is $75,000 and the agency's match requirement is $25,000, then the total opportunity is $100,000.
33. What is the exact dollar amount of the agency's match requirement for the federal opportunity?
   • Provide in dollar form and do not round.
   • For example, if the total federal opportunity is $100,000, and the federal share of the opportunity is $75,000 and the agency's match percentage requirement is 25%, then the match requirement is $25,000.
34. Have you secured additional sources of funding for the agency's match requirement thus far?
   a. Yes
   b. No
35. If you answered yes to question #28, provide the combined total dollar amount of the letter(s) of support.
36. If answered no to question to #27 please enter $0 below.
37. If your entity is also contributing to the required agency match, please include that amount as well.
38. What is the exact dollar amount of the match that is being requested from the Grant Matching Program? This does not include the amount from the combined letters of support (see question #28).

Section 3 – Scored Summary Questions

1. What is your organization's mission and vision?
2. Where is your mission and vision documented?
3. How has your organization accomplished its mission and vision?
4. What is your organization's scope of services?

5. State your need for matching funds and explain in detail how you have exhausted all potential sources of match and what those sources are. Include all efforts to secure other funding that were unsuccessful.
6. What is your organizational capacity for implementing, monitoring, and managing the proposed grant program (i.e., staffing, expertise, experience, partnerships, similar grants, etc.)?
7. What are your organization's goals, objectives, and measurable outcomes for the proposed grant program?
8. Describe the proposed program activities that would be funded.
9. Will the proposed grant program add services in Nevada? Explain those services.
10. Explain how the grant opportunity aligns with your organization's documented priorities.
11. How will the proposed grant program address the needs of underserved and/or frontier communities in Nevada?
12. Will the proposed grant program build capacity for future grant opportunities?
13. Will the identified grant opportunity enable you to sustain the program?
14. Will the proposed grant program have other impact(s)?
15. Please email your most recent legislatively approved or organizational operating budget, signed single certification form, and most recent organizational chart in PDF format to Grants@ofa.nv.gov.
16. If you're supplementing Grant Matching Program match with other sources of match, email your letters of commitment for the other sources of match as a single PDF to Grants@ofa.nv.gov.
17. I certify that all entries and answers are true and accurately reflect my organization, the identified federal grant opportunity, and the proposed federal grant program and proposal that my organization is planning to submit. I further certify that I am authorized on behalf of the organization I am representing to submit this application for the Grant Matching Program to the Nevada Governor's Office of Federal Assistance.