

Grant Matching Fund Pilot Program Application Guide

This is not the Grant Matching Fund (GMF) pilot program application. This is a list of questions required on the application so that potential applicants can prepare their answers in advance. All applications must be submitted via the [online application](#). If you have any questions, contact the GMF pilot program manager at grantmatching@admin.nv.gov or 775.684.0155.

The GMF application is designed to either prequalify or disqualify applicants.

- If you're prequalified:
 - You'll answer the remaining questions to complete the GMF pilot program application process; and
 - You'll receive an onscreen message that includes next steps and what to expect.
- If you're disqualified:
 - You'll receive an onscreen message notifying you of your disqualification and the GMF pilot program manager's contact information;
 - You're encouraged to contact the GMF pilot program manager to discuss the reason for disqualification; and
 - All disqualifications are final.

Plan Ahead

Please visit the [GMF webpage](#) to review the eligibility requirements prior to starting the GMF pilot program application process. **It is mandatory that you watch and/or listen to the GMF pre-application video prior to applying.** The list of application questions and required supporting documentation are available so that you may prepare your answers in advance and have all the required information readily available for entry or upload.

The GMF pilot program application includes up to 45 questions, most of which are yes-or-no or fill-in-the-blank questions. Up to a dozen or so questions require a brief summary of no more than 2,000 characters (or around 300 words). 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 GMF pilot program more than once, you must [clear your browser's cookies](#) to start a new GMF pilot program application.

Scoring and Evaluation

This application is to qualify your organization for matching funds. Though the review team will not evaluate your federal or nongovernmental organization grant proposal, it 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 GMF pilot program 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 fund grant 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 GMF pilot program 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 GMF pilot program 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 or nongovernmental grant award and/or Interim Finance Committee authorization. Approved applicants will receive their GMF pilot program grant award letter and award agreement after the federal or nongovernmental notification of grant award.

Completion Requirements

For your GMF pilot program application to be considered complete, you must:

- Answer **ALL** questions; and
- Upload **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 (if not available online).

Application Questions

APPLICANT ORGANIZATION QUESTIONS

1. Organization information (Enter the requested information.)
 - Organization
 - Address
2. Point of contact information (Enter the requested information.)
 - Name
 - Title
 - Address
 - Email Address
 - Phone Number
3. Does your organization have a State of Nevada vendor number? (Answer NO or YES.)
 - No
 - Yes

If YES, enter your vendor number and continue to the next question.

If NO, you will be referred to GMF pilot program manager for technical assistance.

PREQUALIFYING/DISQUALIFYING QUESTIONS

Organization Eligibility

4. Does your organization have a Data Universal Numbering System (DUNS) or unique entity identifier (UEI) number? (Answer NO or YES.)

- No
- Yes

If YES, enter your DUNS or UEI number and continue to the next question.

If NO, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

5. Have you viewed the GMF pilot program pre-application video on YouTube? If you haven't, do so now before answering this question. (Answer NO or YES.)

- No
- Yes

If NO, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If YES, continue to the next question.

6. Which of the following best describes your organization? (Check the relevant box.)

- State Agency
- Local Government Agency
- Tribal Government
- Nonprofit Organization
- Other (specify)

If OTHER, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If STATE AGENCY, LOCAL GOVERNMENT, TRIBAL GOVERNMENT, or NONPROFIT ORGANIZATION, continue to the next question.

7. Can your organization fully expend any awarded GMF pilot program money by June 30, 2021? (Answer NO or YES.)

- No
- Yes

If NO, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If YES, continue to the next question.

Match

8. Is your organization considering applying for a federal or a nongovernmental grant that has a matching requirement? (Answer NO or YES.)

- No
- Yes

If NO, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

9. What type(s) of match funding does the notice of funding opportunity (NOFO) mandate? (Check the relevant box.)

- In-Kind
- Cash
- Both In-Kind and Cash

If IN-KIND, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If CASH or BOTH, continue to the next question.

10. Has your organization exhausted all potential sources for the match request requirement? (Answer NO or YES.)

- No
- Yes

If NO, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If YES, continue to the next question.

11. What percentage of match is required by the federal or nongovernmental grant's NOFO? (Enter the exact match percentage.)

If ANY, continue to the next question.

12. What percentage of match is your organization requesting from the GMF pilot program? This percentage may be the same as your previous answer but must not exceed 50%.

If ANY, continue to the next question.

Identified Grant Opportunity

13. Provide the funding organization. (Enter the funding organization.)

14. Provide the identified grant opportunity's name. (Enter the grant opportunity's name.)

15. Provide the opportunity number (if applicable). (Enter the opportunity number or skip, if not applicable.)

16. Provide the Catalog of Federal Domestic Assistance (CFDA) number (if applicable). (Enter the CFDA number or skip, if not applicable.)

17. What is the type of funding for which you're applying? (Check the relevant box.)

- Federal Direct
- Federal Pass-Through
- Nongovernmental Organization
- State Government
- Local Government
- Other (specify)

If FEDERAL PASS-THROUGH, STATE GOVERNMENT, LOCAL GOVERNMENT AGENCY, or OTHER, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If FEDERAL DIRECT or NONGOVERNMENTAL ORGANIZATION, continue to the next question.

18. What is the type of grant for which you're applying? (Check the relevant box.)

- Mandatory/Formula
- Discretionary/Competitive

If MANDATORY/FORMULA, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If DISCRETIONARY/COMPETITIVE, continue to the next question.

19. Is the NOFO a current and active solicitation? (Answer NO or YES.)

- NO
- YES

If NO, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If YES, provide the link. (Enter the link to the current, active NOFO.)

20. Provide the identified federal or nongovernmental grant opportunity's purpose as stated in the NOFO. (Enter the requested information using no more than 2,000 characters, around 300 words.)

21. Will the grant-funded services be performed in Nevada? (Answer NO or YES.)

- NO
- YES

If NO, your application is disqualified. (Please contact the GMF pilot program manager for further information.)

If YES, continue to the next question.

22. What is the project period of your organization's identified grant opportunity? (Enter the number of months.)

23. What is your match funding request from the GMF pilot program? (Enter the exact, whole dollar amount without commas or dollar signs.)

24. What dollar amount will you request from the federal or nongovernmental funding organization (not including any match)? (Enter the exact, whole dollar amount without commas or dollar signs.)

25. What are your total project costs for the project period of the identified grant opportunity? (Enter the exact, whole dollar amount without commas or dollar signs.)

SCORED SUMMARY QUESTIONS

26. What are your organization's documented mission and vision? (Enter the requested information using no more than 1,000 characters, around 150 words.)
27. How has your organization accomplished its mission and vision? (Enter the requested information using no more than 2,000 characters, around 300 words.)
28. What is your organization's scope of services? (Enter the requested information using no more than 1,000 characters, around 150 words.)
29. 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. (Enter the requested information using no more than 4,000 characters, around 600 words.)
30. What is your organizational capacity for implementing, monitoring, and managing the proposed grant program (i.e., staffing, expertise, experience, partnerships, similar grants, etc.)? (Enter the requested information using no more than 4,000 characters, around 600 words.)
31. What are your organization's goals, objectives, and measurable outcomes for the proposed grant program? (Enter the requested information using no more than 2,000 characters, around 300 words.)
32. Describe the proposed program activities that would be funded. (Enter the requested information using no more than 2,000 characters, around 300 words.)
33. Will the proposed grant program add services in Nevada? (Answer NO or YES.)
 - NO
 - YES

If NO, continue to the next question.

If YES, how? (Enter the requested information using no more than 2,000 characters, around 300 words.)

34. Does the identified grant opportunity align with your documented priorities? (Answer NO or YES.)

- NO
- YES

If NO, continue to the next question.

If YES, how? (Enter the requested information using no more than 2,000 characters, around 300 words.)

35. Will the proposed grant program address the needs of underserved and/or frontier communities in Nevada? (Answer NO or YES.)

- NO
- YES

If NO, continue to the next question.

If YES, how? (Enter the requested information using no more than 2,000 characters, around 300 words.)

36. Will the proposed grant program build capacity for future grant opportunities? (Answer NO or YES.)

- NO
- YES

If NO, continue to the next question.

If YES, how? (Enter the requested information using no more than 2,000 characters, around 300 words.)

37. Will the identified grant opportunity enable you to sustain the program? (Answer NO or YES.)

- NO
- YES

If NO, continue to the next question.

If YES, how? (Enter the requested information using no more than 2,000 characters, around 300 words.)

38. Will the proposed grant program have other impact(s)? (Answer NO or YES.)

- NO
- YES

If NO, continue to the next question.

If YES, what? (Enter the requested information using no more than 2,000 characters, around 300 words.)

SUPPORTING DOCUMENTATION

39. Upload your most recent legislatively-approved or approved organizational budget as a PDF. (Upload the requested information.)

40. Upload your organizational chart(s) as a PDF. If your organization is proposing to hire additional staff for this identified grant opportunity, reflect the proposed staff additions in your chart. (Upload the requested information.)

41. Upload your signed self-certification form as a PDF. (Upload the requested information.)

42. If you're supplementing GMF pilot program match with other sources of match, upload your letters of commitment for the other sources of match as a single PDF. (Upload the requested information or skip, if not applicable.)

43. Where is your organization's mission and vision documented? (Check the relevant box.)

- Offline in an official document, such as an annual report
- Online (website or social media page)

If ONLINE, provide the link to your organization's mission and vision. (Enter the requested information.)

44. **If OFFLINE**, upload the official document evidencing your organization's documented mission and vision as a PDF. (Upload the requested information or skip, if not applicable.)

APPLICATION CERTIFICATION

I certify that all entries and answers are true and accurately reflect my organization, the identified federal or nongovernmental grant opportunity, and the proposed 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 GMF pilot program to the Nevada Office of Grant Procurement, Coordination, and Management. (Enter name of individual completing this GMF pilot program application.)