

# NV CARES Community Food Response Project Application

Food and Nutrition Division



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## NV CARES Community Food Response Project Application

**Organization Name:**

**Organization Address:**

**Name of Contact Person and Title:**

**Email Address:**

**Phone Number:**

### Application Instructions

Proposed projects must demonstrate the ability to assist Nevada communities during the Coronavirus (COVID-19) pandemic. Application must include a copy of organization's 501(c)(3) if applicable, most recent financial audit, indirect cost rate, and any additional documentation related to requested project. Submit documentation as attachments to application. All sections below must be completed in full with detailed information regarding proposed project. Questions regarding application may be submitted to [NVCares@agri.nv.gov](mailto:NVCares@agri.nv.gov) prior to application deadline of June 17, 2020.

Application and all supporting documentation must be submitted no later than 5:00 pm PDT June 17, 2020, by email to [NVCares@agri.nv.gov](mailto:NVCares@agri.nv.gov). Refer to the Terms and Conditions section of application announcement for specifications.

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***NDA is an equal opportunity provider***

405 South 21st St.  
Sparks, NV 89431

2300 East St. Louis Ave.  
Las Vegas, NV 89104

4780 East Idaho St.  
Elko, NV 89801

[agri.nv.gov](http://agri.nv.gov)

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**Organization Background**

*(Provide background information for your organization. Mission statement, length of time in operation, food distribution and/or assistance experience, food safety & inventory management experience, etc.)*

[Empty text box for organization background information]

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**Project Description**

*(Provide a detailed description of the proposed project. Project must address food needs associated with COVID-19. Include all project timelines, goals, deliverables and performance measures.)*

[Empty text box for project description]

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*Project Description, continued*

A large, empty rectangular box with a black border, intended for the project description. The box is currently blank.

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**Budget Narrative**

*(All expenses described in this budget narrative must be associated with expenses that will be covered by the sub grant award.)*

**Budget Summary**

Expense Category	Funds Requested
Personnel	
Travel	
Equipment	
Supplies	
Contractual	
Other/Food Purchases	
Direct Costs Subtotal	
Indirect Costs	
<b>Total Budget</b>	

**Below, describe requested budget category needs**

**PERSONNEL**

List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities.

#	Name/Title	Level of Effort (# of hours or % FTE)	Funds Requested
1			
2			
3			
4			
5			

Personnel Subtotal	
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**PERSONNEL JUSTIFICATION** For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur.

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## TRAVEL

Explain the purpose for travel and how it applies to the project. Please note that travel costs are limited to those directly associated to proposed project. Detail amount of travel, reason for travel, number of trips/deliveries/distributions per day/week/month, cost of travel per trip, etc.

Travel Subtotal	
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**Travel Justification:** Provide detailed travel justification for project.

## EQUIPMENT

Describe any special purpose equipment to be purchased, leased, or rented under the grant. “Special purpose equipment” is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds \$5,000 per unit and is used for the project.

Equipment Subtotal	
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**Equipment Justification** For equipment, list each item the organization may need for proposed project, describe how this equipment will be used to achieve the objectives and outcomes of the project.

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**SUPPLIES**

Materials, supplies and fabricated parts costing less than \$5,000 per unit. Describe how they will support your project.

Supplies Subtotal	
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**Supplies Justification** Describe the purpose and types of supplies needed, and how it is necessary for your project.

**Contractual**

Contractual Subtotal	
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**Contractual Justification** Describe the purpose and types of contractual agreements and how it is necessary for your project.

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**Other/Food Purchases**

Other/Food Purchases Subtotal	
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**Other/Food Purchases Justification** Describe the purpose and types of other expenses and food purchases expenses your organization may incur and how it is necessary for your project.

**Indirect Cost Rate**

Enter Indirect Cost Rate if applicable	
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\_\_\_\_\_  
Grantee Requestor Signature & Title

\_\_\_\_\_  
Date