Division of Food and Nutrition



Nevada Community Food Access Project Application

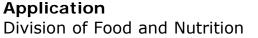
Organization Name:
Organization Full Mailing and Physical Address:
State Vendor ID number: (Note: State Vendor IDs typically start with a T or D followed by eight digits. Visit https://controller.nv.gov/VendorDB/VendorRegistrationReq/ to register for a State Vendor ID if needed.) DUNS Number: Name of Contact Person and Title: Email Address: Phone Number:

Nevada Community Food Access Grant



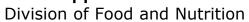


Organization / Background				
(Eligibility Requirements; Experience/Services Provided; Food Management)				





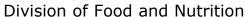
Project Description (Project title, requested dollar amount, and location of project implementation; Brief summary of project; Project type and target audience; Project Impact; Project Evaluation)					





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Project Description					
(Project title, requested dollar amount, and location of project implementation;					
Brief summary of project; Project type and target audience; Project Impact; Program					
Evaluation)					

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Project Description				
(Project title, requested dollar amount, and location of project implementation;				
Brief summary of project; Project type and target audience; Project Impact)				

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Budget Narrative
A. Must demonstrate a clear and strong relationship between
(1) the project's expenses,
(2) the project's goals and activities, and
(3) the targeted outcome. The budget narrative should be detailed, cost efficient, and
should align with the project's goals.
B. The narrative should focus on explaining expenses, not simply listing or summarizing them.
From the budget narrative, the reviewer should be able to assess how the budget expenditures
relate directly to the targeted outcome and how the successful project will reach those
outcomes.

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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		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Other/Food Purchases		
Direct Costs Subtotal		
Indirect Costs		
	Total Budget	

PERSONNEL

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

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

FRINGE BENEFITS

Provide the fringe benefit rates for each of the project's salaried employees described in the Personnel section that will be paid with subgrant funds.

Number	Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
4			





completed l please subn	-		g approxim	ately when	activities	will occur. If addit	tional space is needed,
Personnel 1	:						
Personnel 2	:						
Personnel 3	:						
Add other I	Personnel a	as necessary	/ :				
TRAVEL							
organization airfares. For travel costs	nal policy; or recipien may not e per diem a	in the case t organizati exceed those	of air trave ons that have e established	el, project p we no formand d by the Fe	articipant al travel po deral Trav	s must use the lowe olicy and for-profit vel Regulation, issu	est reasonable commercial recipients, allowable red by GSA, including the rmation is available at
Number	Date	Routes	Mileage	Staff	Misc.	Meals/Per	Total Funds
						Diem	Requested
1							
3							
4							
5							
6							
7							
,	1					Travel Subtotal	
	objectives	and outcom	mes of the p	roject. Be	sure to in	cribe the purpose o	of this trip and how it will ly when the trip will occur.
Trip 1 (appr	roximate d	late of trave	el MM/YYY	YY):			
Trip 2 (appr	roximate d	late of trave	el MM/YYY	YY):			
Trip 3 (appr	roximate d	late of trave	el MM/YYY	YY):			
Add other t	rips as nec	essary:					

PERSONNEL JUSTIFICATION: For each individual listed in the above table, describe the activities to be

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EQUIP	

Describe any special purpose equipment to be purchased 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.

	ve the objectives a	equipment item listed		ole, describe how this equi onal space is needed, pleas
Equipment Justific will be used to achiev submit as an attachm Equipment 1:	ve the objectives a	equipment item listed	in the above tab	
Equipment Justification will be used to achieve ubmit as an attachm Equipment 1:	ve the objectives a	equipment item listed	in the above tab	
Equipment Justifice will be used to achieve submit as an attachm Equipment 1:	ve the objectives a	equipment item listed	in the above tab	
will be used to achiev submit as an attachm Equipment 1:	ve the objectives a	equipment item listed	in the above tab	
vill be used to achiev ubmit as an attachm Equipment 1:	ve the objectives a			
Equipment 2:				
Equipment 3:				
Add other Equipmen	nt as necessary			
SUPPLIES				
List the materials, support your project.		ted parts costing less	than \$5,000 per	unit and describe how the
Item Description F	Per-Unit Cost	# of Units Purchased	Acquire Who	en Funds Requested
1	,		Supplies Su	btotal
Supplies Justificat	tion: Describe the	e purpose of each supp	oly, listed in the	table above, purchased ar
is necessary for your	project.			
Signature:			Date:	

Title: _____

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ADDITIONAL INFORMATION				
Provide Applicable:				
 Letters of Support Quotes for equipment Any other supporting documents that would support project activities 				