
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:

Organization / Background

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

Empty response area for Organization / Background information.

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)*

Empty box for project description.

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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)*

Project Description

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

[Empty box for project description]

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.

**Nevada Community Food Access Grant
Application**
Division of Food and Nutrition



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 hours or % FTE)	Funds Requested
1			
2			
3			
4			
Personnel Subtotal			

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			
Fringe 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. If additional space is needed, please submit as an attachment.

Personnel 1:

Personnel 2:

Personnel 3:

Add other Personnel as necessary:

TRAVEL

Explain the purpose for each trip request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <http://www.gsa.gov>.

Number	Date	Routes	Mileage	Staff	Misc.	Meals/Per Diem	Total Funds Requested
1							
2							
3							
4							
5							
6							
7							
Travel Subtotal							

Travel Justification: For each trip listed in the above table describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. If additional space is needed, please submit as an attachment.

Trip 1 (approximate date of travel MM/YYYY):

Trip 2 (approximate date of travel MM/YYYY):

Trip 3 (approximate date of travel MM/YYYY):

Add other trips as necessary:

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EQUIPMENT

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.

Number	Item Description	Rental or Purchase	Acquire When	Funds Requested
1				
2				
3				
4				
Equipment Subtotal				

Equipment Justification: For each equipment item listed in the above table, describe how this equipment will be used to achieve the objectives and outcomes of the project. If additional space is needed, please submit as an attachment.

Equipment 1:

Equipment 2:

Equipment 3:

Add other Equipment as necessary

SUPPLIES

List the materials, supplies and fabricated parts costing less than \$5,000 per unit and describe how they will support your project.

Item Description	Per-Unit Cost	# of Units Purchased	Acquire When	Funds Requested
Supplies Subtotal				

Supplies Justification: Describe the purpose of each supply, listed in the table above, purchased and how it is necessary for your project.

Signature: _____

Date: _____

Title: _____

ADDITIONAL INFORMATION

Provide Applicable:

- Letters of Support
- Quotes for equipment
- Any other supporting documents that would support project activities