### Nevada Aging and Disability Services Division

# SUBAWARD APPLICATION - SHORT FORM

This form is used only as directed by ADSD.

A complete application consists of two files: 'Subaward Application – Short Form (with the Project Narrative if requested)' and the 'ADSD Budget Template Form'.

ADSD may also request a third file 'ADSD Work Plan'.

### A. Applicant Organization Information

Funding Opportunity Number: (no information		New Applicant: 🗌 Yes 🛛 No		
provided)				
Organization Name: Northern Nevada Center for		or Independent Living		
Mailing Address				
Street Address:	999 Pyramid Way			
City: Sparks		State: NV	Zip Code: 89431	
Physical Address (if different than mailing address)				
Street Address:				
City:			State:	Zip Code:
Employer Identification Number: 88-0180856		Unique Entity ID (UEI) Number:		
			MVRWG4JC9SG1	
Registered with NV Controller: X Yes No			State Vendor Number: T32012843	
Organization Type: 🗌 Public Agency 🛛 501 (C) 3 Non-Profit 🗌 For-Profit				
Authorized Organizational Representative				
Name: Lisa Bonie Title: Executive Director			or	
Email Address: lisab@nncil.org			Phone Number: 775-353-3599	
Additional Authorized Signer(s):				
Name/Title/Email Address: Mary Heid/NNCIL		Board Chairperson/hei	dmary@gmail.com	
Name/Title/Email Addres	SS:			
Fiscal Officer				
Name: Hilda Velasco				
Title: Operations Manager				
Email Address: hilda@ni	ncil.org			

### **B.** Project Information

Project Title: Traumatic Brain Injury (TBI) Services		
Service Category:	Proposed Service: Educ	ation
Same Physical Address as section A? 🛛 Yes 🗌	No, use address below	
Street Address:		
City:	State:	Zip Code:
Project Director		

Name: Lisa Bonie	Title: NNCIL Executive Director	
Email Address: lisab@nncil.org	Phone Number: 775-353-3599	
Area(s) to be Served by Project: Nye County, Washoe County, Carson City		

## C. Applicant Certifications

ADSD <u>General Service Specifications</u> provide program standards for all funded programs, our organization has read and agrees to comply with these standards.

Our organization has read and agrees to the <u>Service-Specific Service Specifications</u> of the proposed service (if applicable).

The <u>Grant Instructions and Requirements</u> and the <u>Requirements and Procedures for Grant</u> <u>Programs</u> are statements of DHHS/ADSD policy that ensure fiscal compliance with statues, regulations, and/or rules. Our organization has read and agrees to comply with these standards.

Funding will be dispersed on a Reimbursement basis. Requests for Reimbursement will be submitted in accordance with the <u>ADSD Reporting Schedule</u>.

 $\boxtimes$  Our organization will submit Requests for Reimbursement on a(n) **accural** basis. This method cannot be changed in the middle of the budget period.

Our organizational information in Section A matches the information on file with the State of Nevada Controllers Office. *Note: if you have not registered with the Controller's office or need to verify your registration visit:* <u>https://controller.nv.gov</u>.

All subrecipients must notify their assigned Program Coordinator(s) of any significant changes within the organization and/or program. This includes but is not limited to: Organizational/Project address, changes in the Authorized Organizational Representative or authorized signers, changes in key personnel, and/or budget modifications.

If funded, applicants agree to submit any requested application revisions by the deadline given by ADSD in the Award Notification email. Failure to submit requested application revisions by the deadline may delay the project period and/or void the funding approval.

### **Certification by Authorized Official**

To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant and the agency will comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. Funding is contingent on subrecipient performance and availability of funding. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the assurances.

Name (printed): Mary Heid	Title: NNCIL Board Chairperson	
Email: heidmary@gmail.com	Phone: 585 750 9022	

	DocuSigned by:		
Signature:	May E Linch A1CE71DE90BF4EC	Date:	10/14/2024

### General Provisions and Assurances

This section is applicable to all subrecipients who receive funding from the ADSD under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

- 1. Subrecipients will adhere to all applicable federal and state laws/regulations as noted on the final Notice of Subaward.
- 2. GAAP Generally Accepted Accounting Principles and/or GAGAS Generally Accepted Government Auditing Standards
- 3. GSA General Services Administration for guidelines for travel
- 4. NV DHHS Grant Instructions and Requirements (GIRS)
- 5. State Licensure and Certification. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
- 6. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
- 7. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the subrecipient, its officers, employees, and agents.
- 8. The subrecipient shall provide proof of workers' compensation insurance, upon request, as required by Chapters 616A through 616D inclusive Nevada Revised Statutes.
- 9. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed; The subrecipient will report within 24 hours the occurrence of an incident, following DHHS/ADSD policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
- 10. Per NRS 179A.325, background checks are required for individuals who serve children, older adults, and people with disabilities.
- 11. Application to Nevada 211. The applicant is required to submit proof of registration with the Nevada 211 service. If applicant is applying for a new service, applicant will be required to submit an application for the new service if funded.
- 12. The subrecipient agrees to fully cooperate with all DHHS/ADSD sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
- 13. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
- 14. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS/ADSD may reallocate funds to other programs to ensure that gaps in service are addressed.
- 15. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical

assistance will be provided by ADSD staff or specified sub-contractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, ADSD will provide a written notice identifying the reduction of funds and the necessary steps.

16. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

#### **Compliance with Notice of Funding Opportunity**

Applicant agrees to the following requirements of compliance with submission of an application.

- A. If the applicant has not met performance measures and/or is not in compliance with previous DHHS/ADSD subawards, ADSD reserves the right to not make additional awards.
- B. Funds are awarded for the purposes specifically defined in this document, as well as the Notice of Subaward document(s) and shall not be used for any other purposes.
- C. ADSD reserves the right to make funding recommendations and subawards in a manner that ensures geographic coverage for services throughout Nevada.
- D. ADSD will not evaluate proposals that do not meet technical requirements of the funding opportunity.

#### Applicant Acknowledgment and Agreement:

Name (printed): Lisa Bonie		Title: NNCIL Executive Director	
Email: lisab@nncil.org		Phone: 775-353-3599	
	Lisa Bonie	10/14/2024	
Signature:	967ACF1A3AFF4C1	Date:	

### **Project Narrative**

Limit to 3 pages. See the Notice of Funding Opportunity and Instructions for detailed information on Project Narrative, if requested for funding type.

Project Name: Traumatic Brain Injury (TBI) Services

### 1. Executive Summary

Northern Nevada Center for Independent Living is seeking \$43,000 in funding to implement a pilot program to provide Independent Living (IL) services tailored for individuals with Traumatic Brain Injury (TBI) in select counties of Northern Nevada. This program aims to enhance the independence, quality of life, and community integration of participants through targeted services such as skills training, peer support, assistive technology, and transportation assistance. A part-time TBI IL Skills Advocate will be hired directly to develop a pilot program for a support group based in Nye County. The closest TBI support group is located in Henderson, NV which is 68 miles from Pahrump, NV, and 226 miles from Tonopah, NV. He/she will take advantage of this opportunity to strengthen our presence in our remote rural area of responsibility. Additionally, a portion of this funding request will be used to provide program-related supplies and support that will enable our existing IL urban and rural advocates to offer survivors of TBI in Washoe County and Carson City.

### 2. Background and Need

Traumatic Brain Injury (TBI) affects millions of Americans each year, significantly impacting their ability to live independently. Many individuals with TBI face challenges in daily living skills, cognitive functioning, and social integration. In Nevada, according to the Department of Health and Human Services, Division of Public Health and Behavioral Health Annual Report of 2021, out of the 11,881 trauma cases reported through the state, the top 4 counties - Clark County recorded 8703 cases or 73%; Washoe County with 684 cases or 6%; Nye County with 380 cases or 3%; and Carson City with 241 cases or 2%. Our program aims to tap the 3 Northern Nevada counties by providing structured support and resources to help survivors of traumatic brain injury regain independence and thrive within their communities.

### 3. Program Objectives

• To provide individualized support and resources for at least 12 individuals with TBI over the funding period.

• To enhance daily living skills through monthly workshops in collaboration with the Reno Nevada Brain Injury Support Group or other similar local urban groups and offering daily living workshops catered to the specific needs of the individuals residing in Nye and Carson City.

• To support the peer support network already existing in Reno, NV by providing additional resources, and aim to create a peer support group that may not exist in Nye County and Carson City.

- To improve access to assistive technology and transportation options.
- 4. Program Total Budget = \$43,000.00
- A. Part-Time TBI IL Skills Advocate
- Budget: \$19,757.00

• A part-time advocate will work 20 hours per week to provide case management, facilitate workshops, and connect clients with resources.

B. Skills Training Workshops

• Budget: \$7,398.00

• Monthly workshop budget per participant at \$50 each to cover program-related materials and supplies. Instruction books and materials focusing on daily living skills (e.g., cooking, budgeting, etc.)

C. Assistive Technology and Resources

• Budget: \$5,000

• Provision to purchase Activities for Daily Living (ADL) equipment/technologies: Adaptive utensils/tools; Smart tablets (if needed); voice-activated devices' noise-canceling headphones; keyboarding aids or speech-to-text software, etc.

E. Transportation Assistance

• Budget: \$2,880.00

• A transportation allowance of \$20 per participant per month to help with attending life skills workshops and/or peer support activities. This will be in the form of UBER or LYFT rideshare vouchers, FLEXRIDE, or RTC ACCESS/Ride TOKEN Transit. Gas and mileage reimbursement will be provided to Nye County participants where ride-share and public transportation is limited or non-existent.

F. Travel

• Budget: \$4,055.00

• Provision for TBI IL Skills Advocate's (based in Nye County) travel expenses to our main office in Sparks, NV every quarter. This will include airfare, hotel accommodation, per diem, and ground transportation.

#### G. Administrative

- Budget: \$3,909.
- 10% administrative cost.

### 6. Evaluation Plan

The pilot program's effectiveness will be evaluated through participant feedback, pre- and postassessments of skills learned, and monitoring attendance at workshops and support groups. Success will be measured by improvements in participants' independence, confidence, and overall quality of life.

### 7. Sustainability

• NNCIL will identify and apply for additional grants by exploring other grant opportunities from foundations, government agencies, and organizations focused on disability rights, health, education, or social services.

• NNCIL will reach out to corporations and businesses with a commitment to social responsibility, particularly those with a strong presence in Nevada. Seek sponsorships for educational materials or events.

• NNCIL will collaborate with the Independent Living (IL) Network that can provide shared resources, office space, or joint advocacy efforts. They may also have funding or be able to contribute to sustain the TBI Services position.

#### 8. Conclusion

The proposed pilot program will empower individuals with TBI initially in targeted Northern Nevada counties to lead more independent lives, providing them with the skills, resources, and support necessary for successful community integration. We respectfully request \$43,000 to implement this vital program and make a meaningful impact in the lives of those affected by TBI.