Clark County, Nevada
Clark County Social Services

FY 2027/2028

Outside Agency Grant (OAG)

Community & Department Initiative

Application Instructions & Program Guide

Revised August 27, 2026

OUTSIDE AGENCY GRANT (OAG)

COMMUNITY & DEPARTMENT INITIATIVE

Application Instructions & Program Guide

FUNDING PERIOD: JULY 1, 2027 - JUNE 30, 2028

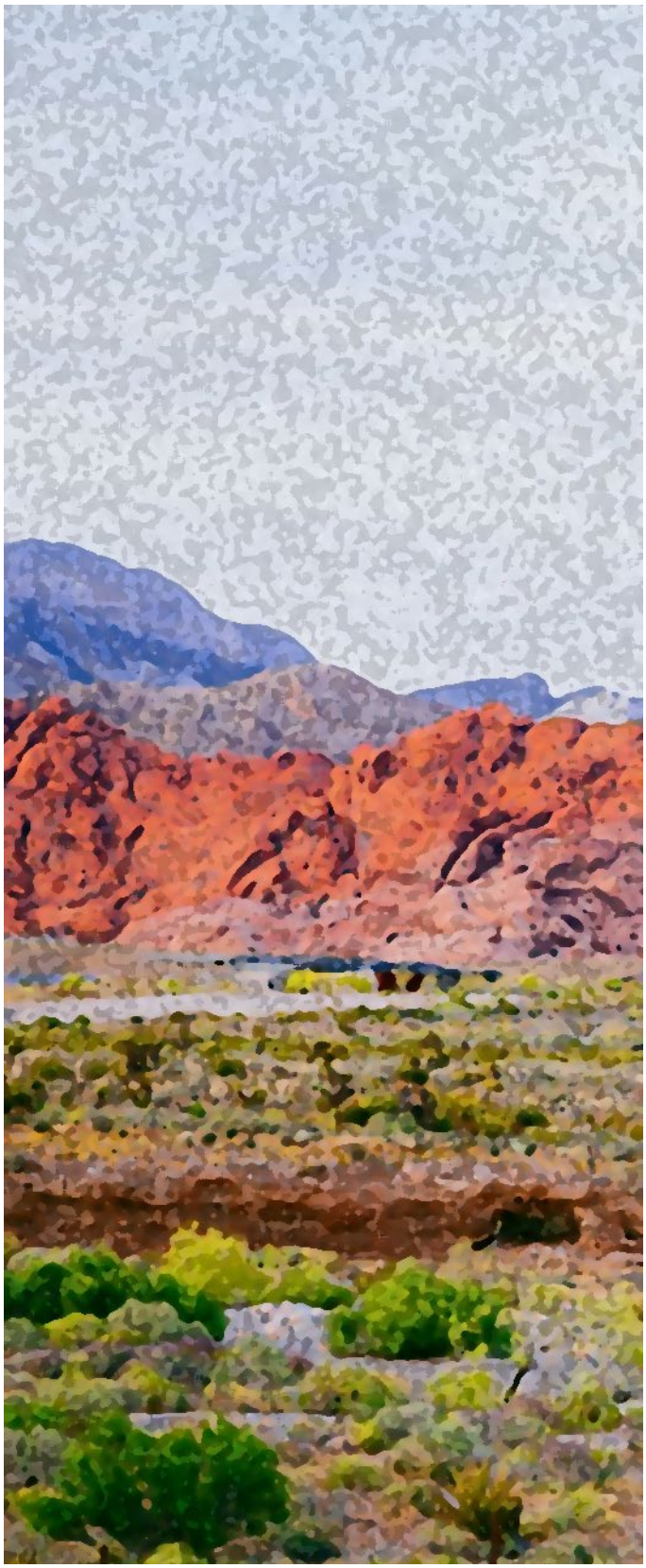


Table of Contents

INTRODUCTION

The tentative funding available for the FY 2027/2028 Outside Agency Grant (OAG) Program is $3,000,000, with funding allocated equally between the Community Initiative and Department Initiative Tracks.

Annually, the OAG program receives more than 300 applications requesting in excess of $18 million in funding requests, making the application process highly competitive.

While many applications demonstrate significant community need and merit, available funding is limited, and not all deserving applicants are able to receive an award.

The Clark County Outside Agency Grant (OAG) application will open on Thursday, October 1, 2026, at 9:00 AM PST and close Thursday, October 29, 2026, at 5:00 PM PST for fiscal year 2027/2028. Public notices are issued in advance of the deadline to provide timely and appropriate notice to agencies.

Applications will only be accepted from non-profit organizations and public agencies; individuals or for-profit entities will not be considered for funding.

All applicants must have all required documents current and valid at the time of award notification. Applicants recommended for funding who fail to maintain required documentation in active status will forfeit their award and may not be eligible to receive funding.

To ensure the agency is ready to apply when the application opens, please ensure the agency (government entities are exempt) currently has the following:

1. State of Nevada State Business License OR a current, valid Clark County Business License
    a. If your agency holds a valid business license from the City of Las Vegas, City of North Las Vegas, City of Henderson, City of Boulder City, or any other city or town within Clark County, it will be accepted as sufficient documentation in lieu of a Clark County Business License.
2. Clark County Charitable Organization Registration Certificate

To be eligible for funding, a program must provide services and assistance that substantially benefit the residents of Clark County (NRS 244.1505). Eligible programs include those that provide any of the following:

- A substantial benefit to aid disadvantaged citizens in becoming self-sufficient and gaining personal independence.
- Fosters community pride or cohesion; and/or
- Strengthens the community's infrastructure.

OAG funds are intended to supplement services already provided by Clark County or to support programs that address the needs of Clark County residents. Funds may only be utilized July 1, 2027, through June 30, 2028.

Selected applicants will receive Clark County OAG funds on a reimbursement basis after the Clark Couty Board of County Commissioners' approval, proof of required source documentation which includes applicable licenses and insurance policies, a resolution and purchase order have been executed, and acceptable documentation has been submitted to support a request for reimbursement in accordance with the Clark County Social Services Funding Guidelines.

All awarded applicants will be expected to submit a monthly request for reimbursement by the 15th of each month. Additionally, a quarterly progress report will be expected. Since OAG operates on a reimbursement basis, it is highly recommended applicants have at least three-month operating budget cash on hand for their projects. Applicants must maintain adequate financial capacity to cover payroll, vendor invoices, and other eligible program expenses prior to receiving reimbursement.

There are TWO application tracks, each with a tentative allocation of $1.5 million:

- Community Initiative Track
- Department Initiative Track

Agencies may choose to apply for both tracks if they qualify but may not submit the same program to both tracks – doing so will disqualify the application in both tracks.

Community Initiative Track

Agencies may submit a maximum of two different program applications under the Community Initiative Track.

Applicants must request a minimum of $10,000 for each project to be considered for funding. While there is no maximum request limit, historically no awards over $75,000 have been made in the Community Initiative Track.

Department Initiative Track

Applicants that address specific needs of Clark County Departments: Family Services, Juvenile Justice Services, and/or Social Services; either by filling gaps in services to Clark County's most vulnerable populations and/or by complementing services currently provided by County departments should apply to the Department Initiative Track.

It is encouraged for applicants to have an established relationship with the department they are proposing to serve.

To be eligible to apply for the Department Initiative Track the applicant must serve the target populations of Family Services, Juvenile Justice Services, and/or Social Services. Applicants must request a minimum of $25,000 per project to be considered for funding and may submit a maximum of two (2) different program applications under the Department Initiative Track.

There is no maximum dollar amount limit; however, please consider the total funding available for Department Initiatives. It is your agency's responsibility to reach out to each County Department regarding their gaps and needs. Department Initiative applications that are not selected will be placed into the Community Initiative Track to be considered for funding.

Questions about the application that are not addressed in the Bidder's Conference or Office Hours can be sent to the Project Development Team by emailing SSPDT@ClarkCountyNV.gov. Please include "OAG Application" in the subject line of your email. The questions will be aggregated weekly for all applicants to see and posted to the website.

If your agency would like to receive notifications about the next open grant period, please email SSPDT@ClarkCountyNV.gov and include "OAG Application" in the subject line.

ZOOMGRANTS

ZoomGrants is grant management software that offers a wide range of features to help organizations streamline grant processes.

The Clark County Outside Agency Grant (OAG) will use the ZoomGrants Application Portal to manage FY 2027/2028 applications. All applications and required attachments must be submitted through the ZoomGrants online portal and submitted before the deadline.

Applicants are encouraged to create their ZoomGrants account and begin the application process early. This will allow sufficient time to prepare the upload required documents, review application materials, and address any technical issues before submission.

Applicants will be able to add Collaborators and Additional Contacts. An application owner is the only user who can create, archive, delete, or submit the application and control other users' access to it.

- Unlimited Collaborators – those who can be assigned to edit applications (and post-award modules if approved). Collaborators cannot create or submit applications.
- Unlimited Additional Contacts, whose email address can be added to an application to receive email communication that is sent via ZoomGrants to the Application Owner. They do not have access to ZoomGrants.

Once an application is submitted through ZoomGrants, changes cannot be made. Applicants should carefully review all information and attachments before submitting the application.

TECHNICAL ASSISTANCE OPPORTUNITIES

ONLINE Pre-Application Training	Wednesday, August 5, 2026, 1:00 PM – 2:30 PM
IN PERSON Pre-Application Training	Wednesday, August 19, 2026, 10:30 AM – 12:00 PM
ONLINE Pre-Application Training	Wednesday, September 9, 2026, 10:30 AM – 12:00 PM
IN PERSON Pre-Application Training	Wednesday, September 23, 2026, 2:00 PM – 3:30 PM
OAG Application Opens	Thursday, October 1, 2026, 9:00 AM
Bidders' Conference	Monday, October 5, 2026, 1:00 PM – 2:30 PM
Office Hours	Wednesday, October 14, 2026, 10:30 AM – 12:00 PM
Office Hours	Wednesday, October 21, 2026, 1:00 PM – 2:00 PM
Office Hours	Wednesday, October 28, 2026, 10:30 AM – 12:00 PM
OAG Application Closes	Thursday, October 29, 2026, 5:00 PM

All meeting links are available on the website. All times listed are in Pacific Time Zone.

The Bidders' Conference and Office Hours events are all optional. The virtual meetings are scheduled to take place via Microsoft Teams. The Pre-Application training sessions are the only meetings offered in-person and online.

The purpose of these events will offer applicants a chance to have their questions answered by the Project Development Team. One-on-One application assistance may be available upon request as time permits, as we are a small team. Please note that no advisory assistance as to the content of the application questions may be given.

The Frequently Asked Questions will be posted to the website each Monday by 9:00 AM.

APPLICATION DEADLINE

Complete applications must be submitted by Thursday, October 29, 2026, at 5:00 p.m. Pacific Standard Time (PST).

Applicants are encouraged to begin early to allow time to gather required documents and resolve any technical issues before submitting.

Please review all information carefully before submission. Documents can be reviewed and re-uploaded as needed before submission. Once an application is submitted, changes cannot be made.

If an agency submits multiple applications for the same project, only the most recent submission will be reviewed. Earlier submissions may be removed from consideration.

FUNDING GUIDELINES

The Clark County Social Services Funding Guidelines was created to provide clear guidance on allowable and unallowable costs, ensuring compliance with the most current version of the Clark County Social Services funding requirements. Updated guidance will be published and will take effect July 1 of each year.

This document will be the main source of guidance for OAG funds. To ensure the guidance remains relevant and effective, a Clark County workgroup convenes quarterly to review and prepare for any potential revisions that may take effect in the upcoming fiscal year. Any proposed changes will be carefully evaluated to assess their impact on the clients served by Clark County Social Services as well as funded providers, ensuring that adjustments support the best results for all stakeholders.

Applicants who wish to submit suggestions or requests for consideration are encouraged to do so in writing. Please send all submissions to SSRAD@ClarkCountyNV.gov and be sure to label the subject line as: "Considerations for FY28 CCSS Funding Guidelines."

OAG is a unique program, and certain program expenses may fall outside the established allowable cost identified in the funding guidelines. These costs may be considered for funding on an exception basis during the application review and selection process. Applicants proposing such expenses must notify the Project Development Team by email at SSPDT@ClarkCountyNV.gov and clearly indicate "OAG Application" in the subject line.

Expenses that do not receive special approval during the selection process will be deemed unallowable in accordance with the funding guidance and must be removed from the annual budget during final funding negotiations.

It is highly recommended and best practice to have a financial management system; however, not a requirement. Additionally, supporting financial documents may be requested in lieu of a formal financial management system.

RISK ASSESSMENT

All applicants are subject to a pre-award Risk Assessment. The purpose of the assessment is to evaluate an applicant's ability to successfully manage and administer County grant funds in compliance with applicable laws, regulations, and award conditions.

As part of the risk assessment process, review factors may include, but not limited to:

- Financial stability;

- Quality of management systems and internal controls;
- History of performance on prior federal, state, or local awards;
- Results of previous audits and monitoring reviews;
- Compliance with reporting requirements; and
- The organization's overall capacity to administer grant funds.

Assessment results will be used to inform monitoring and oversight activities throughout the grant period. Based on the level of risk identified, additional monitoring measures may be implemented, including enhanced reporting requirements, technical assistance, desk reviews, on-site monitoring, corrective action plans, or other award-specific conditions necessary to ensure compliance and effective stewardship of County grant funds.

Applicants may be required to submit additional documentation, such as financial statements, audit reports, policies and procedures, or other records necessary to complete the assessment. The results of the risk assessment may be used to determine funding eligibility, establish specific award conditions, and inform post-award monitoring and oversight activities.

CONFLICT OF INTEREST POLICY

Applicants are required to create and maintain a written Conflict of Interest Policy that promotes impartial decision-making and protects against actual, potential, or perceived conflicts of interest. The policy must require the disclosure of financial or personal interests that could influence, or appear to influence, the performance of grant-funded activities or the administration of grant funds.

At a minimum, the policy should apply to employees, officers, board members, agents, and other individuals involved in the management of grant funds, procurement activities, contract administration, and program decision-making. The policy should include procedures for identifying, disclosing, documenting, and addressing conflicts of interest.

Organizations must disclose any actual or potential conflicts of interest related to the proposed project, grant-funded activities, procurement actions, or subaward administration. Failure to disclose a conflict of interest may result in corrective action, special award conditions, or grant award termination.

INSURANCE REQUIREMENT

There may be specific insurance coverage that would be required if the project is selected for funding. Failure to maintain required insurance coverage may result in the suspension or termination of grant funding.

Examples of applicable coverage may include, but are not limited to, General Liability Insurance, Professional Liability Insurance, Workers' Compensation Insurance, Commercial Automobile Insurance, and other coverage necessary for the organization's operations.

Please note that Questions 10 and 11 of the application are used to identify if a Clark County Purchasing & Contracts Insurance Requirement assessment needs to be completed. Based on an applicant's responses, additional insurance requirements may be needed. Applicants will be notified of any additional insurance requirements prior to the acceptance of funds.

If an agency is recommended for funding, contact will be made to confirm willingness to proceed with the award under the required insurance provisions and affirm that the agency can obtain and maintain all required insurance coverage prior to approval of the award by the Board of County Commissioners (BCC).

APPLICATION CHECKLIST

- ☐Seventeen (17) Questions & Ten (10) Documents (ZoomGrants)
- ☐Workplan Form (titled: AgencyName.Workplan)
- ☐Annual Budget Detail (titled: AgencyName.Budget)
- ☐Risk Assessment Form (titled: AgencyName.Risk)
- ☐Disclosure of Ownership (titled: AgencyName.Disclosure)
- ☐Board of Directors List (titled: AgencyName.Board)
- ☐Conflict of Interest Policy (titled: AgencyName.Policy)
- ☐IRS Tax Return (titled: AgencyName.990)
- ☐Audit or Consolidated Financial Statement (titled: AgencyName.Audit)
- ☐State of Nevada Business License (titled: AgencyName.NVLicence)
- ☐Clark County Charitable Organization Registration Certificate (titled: AgencyName.CCCertificate)

ALL APPLICANTS must complete and attach 10 documents. (see Required Documents)

Exception #1: Governmental agencies are ONLY required to complete items 1, 2, 3, and 6. However, governmental agencies are required to draft and sign a written memo stating the exception to Attachments 4, 5, 7-10, on official agency letterhead and upload this memo for attachments 4, 5 and 7-10. Failure to do so will impact the application submission.

Note on Financial Accountability document (Attachment 8): Financial accountability documents must be submitted by agencies in accordance with Federal and County policies. Single Audits/Audits may not be older than FY 2025. Applicants must submit one of the following with their application:

1. For agencies that expended $1,000,000 or more in Federal funds during the agency's most recently completed fiscal year submit: The most current Single Audit in compliance with 2 CFR Part 200, Subpart F, Audit Requirements (formerly OMB Circular A-133). No older than FY 2025.
2. For agencies that expended between $100,000 and $999,999 in Federal funds during the agency's most recently completed fiscal year submit: A copy of your organization's most recent audited financial statements. No older than FY 2025.
3. For agencies that expended less than $100,000 of Federal funds during that reporting period submit:
    a. A letter stating that your agency expended less than $100,000 in Federal funds during the latest reporting period (specify reporting period); AND
    b. Provide a copy of your unaudited financial statements and/or Profit & Loss statement sheet.
4. If your organization does not prepare consolidated financial statements, please upload the most recent organizational financial statement available. This may include audited financial statements, reviewed financial statements, or internally prepared financial statements.
5. Financial statements generated through accounting software (e.g., QuickBooks) are acceptable if audited or reviewed statements are not available.

Questions may be directed to the Project Development Team at SSPDT@ClarkCountyNV.gov. We are available to provide clarification and address any concerns.

ZOOMGRANTS APPLICATION

ZoomGrants is an electronic grant portal that provides the capacity to manage the components of the OAG application online. The application consists of three tabs or sections, all of which are required: Summary, Application Questions, and Documents.

The Clark County Outside Agency Grant (OAG) application will be located in ZoomGrants and open on **Thursday, October 1, 2026, at 9:00 AM PST** and close **Thursday, October 29, 2026, at 5:00 PM PST** for fiscal year 2027/2028.

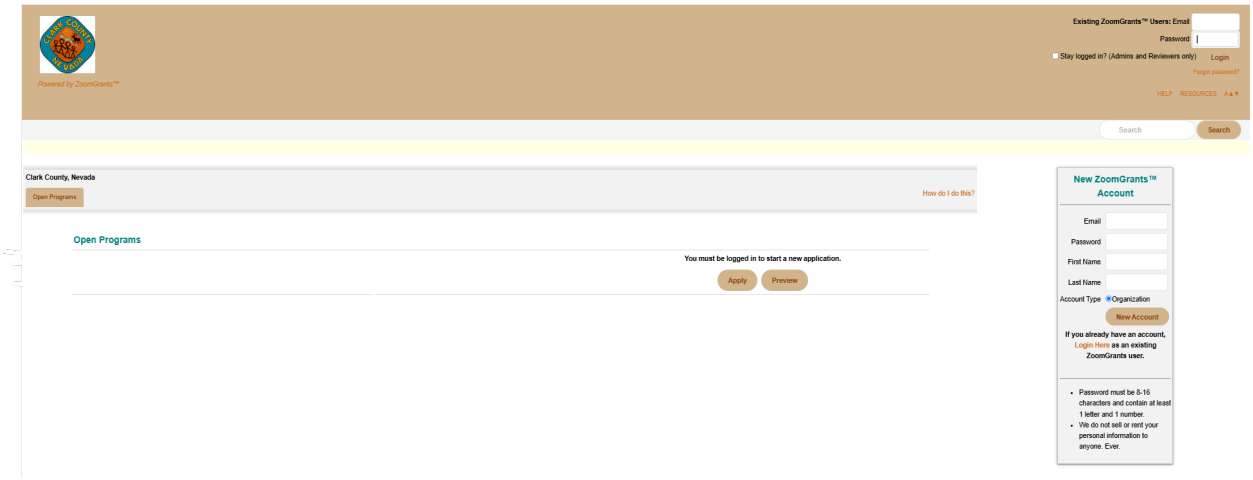
SYSTEM REQUIREMENTS

A browser with an internet connection is required to utilize ZoomGrants.

ACCOUNT SET-UP

Agencies may use previously related usernames and passwords to apply. If needed, the first step in using ZoomGrants is to set-up a new ZoomGrants account by utilizing a email and creating a password. The password must be at least 8 characters and contain 1 letter and 1 number. Once created, the applicant is ready to login.

See the ZoomGrants Application Tips for additional assistance.



If you experience difficulty with the ZoomGrants portal, please reach out to ZoomGrants Technical Staff at 1-866-323-5404 or via email at Questions@Zoomgrants.com.

If you have specific questions about the OAG application, please reach out to SSPDT@ClarkCountyNV.gov. A response will be made during our regular work hours: Monday through Thursday, 7:30 am – 5:30 pm.

APPLICATION COMPONENTS

SUMMARY TAB

Begin the application by entering contact information and the contact information for the organization (if first time ZoomGrants may auto-fill this information going forward). This section requests general application information – title, amount requested, etc. – in this first tab of the application.

The program/project title has a three (3) word limit. Do not enter the agency name in the program/project title.

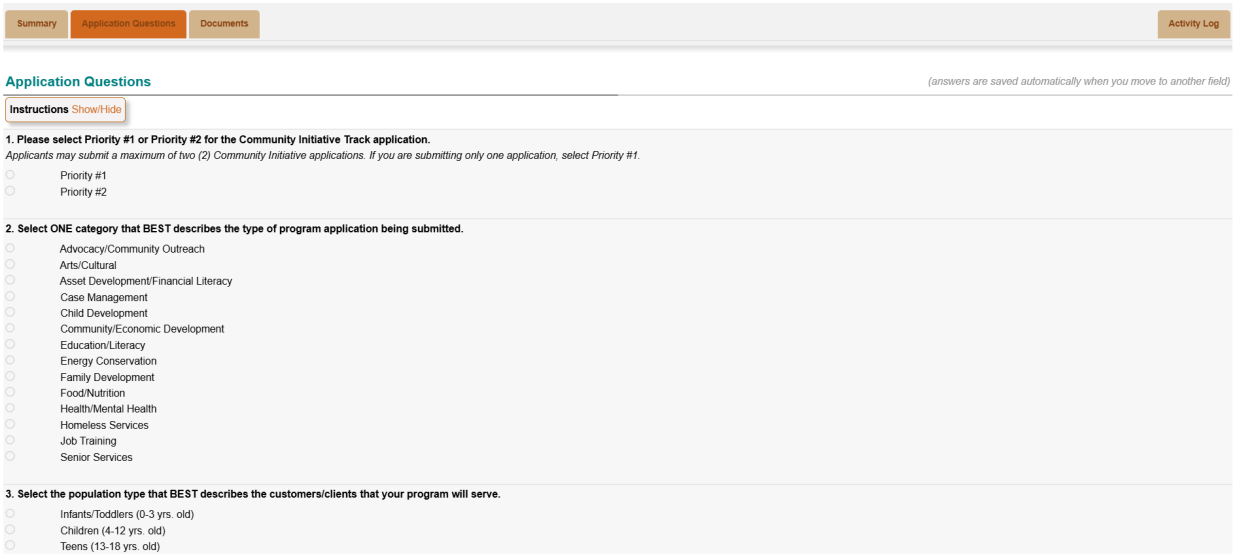
Please note - applicants must apply under the agency's legal business name. The legal business name must match the NV Business License.

The system will save automatically as you move between the fields. You must fill out every required field to be able to submit the full Application.

APPLICATION QUESTIONS

There are 17 questions. Be sure to read, understand and complete every field that appears in this section of the application.

The system automatically checks to make sure you complete every required component. If you accidentally miss a question, it will tell you when you try to submit.

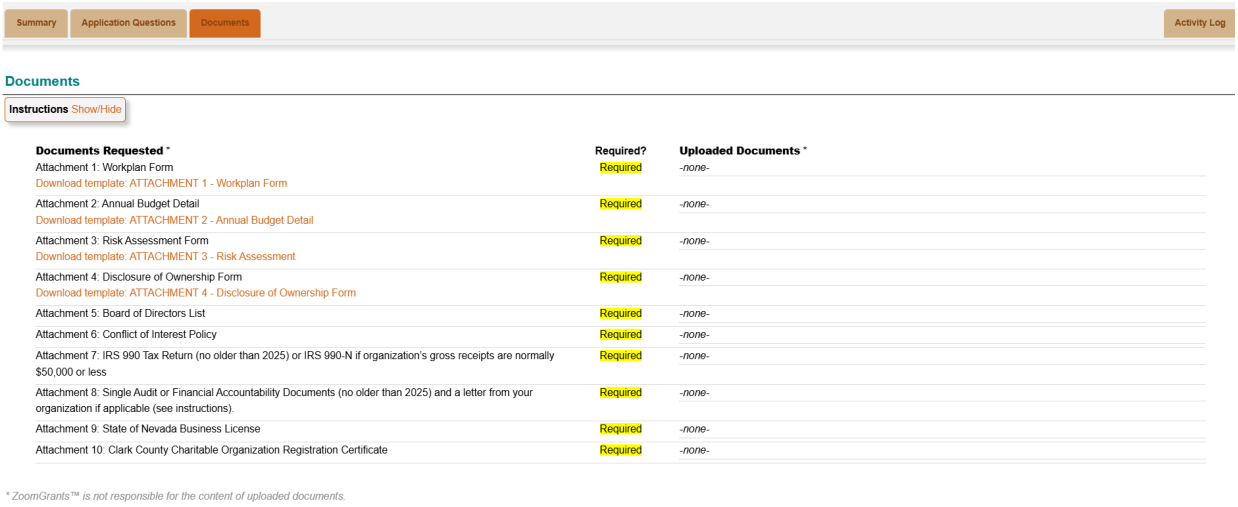


DOCUMENTS

Upload the requested Documents in this tab. Download templates, complete, and upload. All attachments must be uploaded as a PFD except Attachment 2 – Annual Budget Detail.

Click this button to open the File Upload Window, where you can provide a link to your files or upload the files to attach to the application. Delete, review, or replace if needed prior to submission.

For Document Requests that are marked 'required', you must upload or link something in that slot to satisfy the requirement before submitting the application.



APPLICATION QUESTIONS

The FY 2027/2028 OAG application includes 17 application questions and 10 required document attachments. Included are additional instructions to guide applicants on the criteria the review committee will use when evaluating submissions.

1. Application Type

Please select Priority #1 or Priority #2 for the Community Initiative or Department Initiative Track application.

Applicants may submit a maximum of two (2) Community Initiative applications. If you are submitting only one application, select Priority #1.

If approved - Applicants may submit a maximum of two (2) Department Initiative applications. If you are submitting only one application, select Priority #1.

- Priority #1
- Priority #2

2. Program Type

Select ONE category that BEST describes the type of program application being submitted.

- Advocacy/Community Outreach
- Arts/Cultural
- Asset Development/Financial Literacy
- Case Management
- Child Development
- Community/Economic Development
- Education/Literacy
- Energy Conservation
- Family Development
- Food/Nutrition
- Health/Mental Health
- Homeless Services
- Job Training
- Senior Services

3. Target Population

Select the population type that BEST describes the customers/clients that your program will serve.

- Infants/Toddlers (0-3 years old)
- Children (4-12 years old)
- Teens (13-18 years old)
- Young Adults (18-25 years old)
- Senior Citizens (60+ years old)
- Veterans/Active-Duty Military
- Disabled
- People Experiencing Homelessness
- Low Income
- Families
- Community Wide

4. Commission District

Please only select ONE. If the agency has physical addresses in multiple districts, please select the district location that serves the most clients. *Locate the district on the Open Web website for the applicant by clicking on the link: (https://maps.clarkcountynv.gov/ow/?@784038,26770916,5). Enter the address in the search & click on the property. In the Property Information box click on Elected Officials to see the Commissioner.*

- District A: Commissioner Michael Naft
- District B: Commissioner Marylin Kirkpatrick
- District C: Commissioner April Becker
- District D: Commissioner William McCurdy, II
- District E: Commissioner Tick Segerblom
- District F: Commissioner Justin Jones
- District G: Commissioner James B. Gibson

5. Program District

Select the Commission District where services will be provided. You may select more than one option.

- ☐ District A: Commissioner Michael Naft
- ☐ District B: Commissioner Marylin Kirkpatrick
- ☐ District C: Commissioner April Becker
- ☐ District D: Commissioner William McCurdy, II
- ☐ District E: Commissioner Tick Segerblom
- ☐ District F: Commissioner Justin Jones
- ☐ District G: Commissioner James B. Gibson

6. General Requirements

Select the organization type that best describes your agency.

- o Non-Profit Organization
- o Government Entity (i.e., State, City, LVMPD)
- o Public Organization (i.e., NSHE, RTC, CCSD)

7. General Requirements

Applicants must affirm that the agency has current and valid required documents listed below.

If an applicant is recommended for OAG funding and a deficiency is identified in a required document, the agency will have 30 calendar days from the date of notification to correct the deficiency; forfeiture of the award may result if not received.

- o State of Nevada Business License
- o Clark County Business License
- o Clark County Charitable Organization Registration Certificate

8. Financial Management

If funded, the applicant understands that substantial documentation of billings, transactions, and payments, in accordance with the provisions of the approved budget, must substantiate claims before funds are reimbursed.

- Yes, I understand these expectations of the program.
- No, I do not understand the expectations of the program.

9. Financial Management

Select the range that reflects the applicant's total annual operating budget for the most recently completed fiscal year.

- Under $100,000
- $100,000 - $499,999
- $500,000 - $999,999
- Over $1 million

10. On-Site Services

Will any of the services be provided on-site at County facilities?

- Yes, and I understand that additional insurance requirements may apply.
- No

11. Referrals

Does this program have a direct referral relationship with a department within Clark County?

If Yes, please identify the department in Question 12.

- Yes, and I understand that additional insurance requirements may apply.
- No

12. Referrals

Select the direct referral relationship department within Clark County, if applicable.

If "Yes" for Question 11, please select the department. If "No" select N/A.

- Family Services
- Juvenile Justice Services
- Social Services
- N/A

13. Record Retention and Monitoring

Do you acknowledge that, if awarded funding, your agency must maintain all financial and programmatic records, cooperate with monitoring activities, and provide requested documentation in accordance with the Resolution Agreement and applicable federal, state, and County requirements?

Please read and understand before selecting an answer.

- o Yes
- o No

14. Financial Capacity

Do you affirm that your agency has sufficient financial resources to cover eligible project expenses (at least 90-day operating budget for program) until reimbursement is received from Clark County?

- o Yes, I affirm the agency has sufficient financial resources.
- o No

15. Reimbursement Requirements

Do you acknowledge that, if awarded funding, grant payments will be made on a reimbursement basis and that all reimbursement requests must be supported by detailed documentation (e.g., invoices, receipts, payroll records, and proof of payment) for eligible expenditures in accordance with the approved grant budget and the executed Resolution Agreement?

All Program expenses must be incurred between July 1, 2027 - June 30, 2028. No expenses outside of these dates will be reimbursed.

- o Yes, I acknowledge the reimbursement requirement.
- o No

16. Authorized Representative Certification

Do you affirm that you are the duly authorized representative of the applying agency and have the authority to submit this application and execute grant-related documents on behalf of the agency?

If any deficiency is identified in a required document, the agency will have 30 calendar days from the date of notification to correct the deficiency; forfeiture of the award may result if not received.

- o Yes
- o No

17. Certification of Application

I certify that, to the best of my knowledge and belief, all information contained in this application and all supporting documentation are true, complete, and accurate. I understand that any false statement, misrepresentation, or omission of a material fact may result in denial of funding, termination of an award, repayment of grant funds, and/or civil, criminal, or administrative penalties as permitted by applicable federal, state, and local laws.

Please note - applicants must apply under the agency's legal business name. The legal business name must match the NV Business License.

- o I certify that this application is true, complete, and accurate.
- o I do not certify.

REQUIRED DOCUMENTS

Required documents are used to verify eligibility, assess agency capacity, and evaluate the proposed project. Applicants must provide all materials specified in the program guidelines.

Each document must be completed accurately, formatted as instructed, and submitted by the deadline. Missing or incomplete documents may delay the review process or result in disqualification. Applicants are strongly encouraged to review the requirements carefully and prepare all materials well in advance of submission.

All required attachments must be completed and uploaded at the time of application submission. If an applicant is recommended for OAG funding and a deficiency is identified in a required document, the agency will have 30 calendar days from the date of notification to correct the deficiency; forfeiture of the award may result if not received.

Attachment 1- Workplan

The Workplan is a required document for all applications. It outlines the structure for describing the proposed program, projected outputs, activities, service delivery details, and budget components. The purpose of this form is to ensure consistency across applications and to allow the County to evaluate programs based on clearly defined goals, measurable outputs, and demonstrated capacity. For more detailed information, watch the Workplan Form Instruction Video.

The template includes the following sections:

- Program Description

  Applicants must provide a concise narrative—up to 300 words—explaining the program, its purpose, and how requested funds will support service delivery. This section offers a high-level overview of the project.

- Outputs (Output #1, Output #2)

  All projects are required to have one (1) measurable output. The output should reflect the impact of the funds provided by Clark County or "Clark County Request" in the annual budget. For each output, the applicant must describe:

  - Population to be served: Including the number of unique individuals and alignment with the Scope of Work.
  - Activities to be conducted: Tasks, interventions, or services that will support the output.
  - Number of services provided: Quantitative expectations for delivery.
  - Number of unduplicated clients: How many distinct individuals will be served.

  - Measurement of success: How the provider will determine whether activities achieved the intended result by June 30, 2028.
  - Documentation: Tools or systems used to track progress (e.g., reports, logs, surveys).
  - Timeline for task completion: When each activity will be carried out. This section ensures programs specify clear, measurable, and time-bound goals.

- Budget Summary

  The budget summary ensures transparency and allows reviewers to assess cost-effectiveness. Applicants must outline the financial components of the project, including:

  - Direct Costs
  - Administrative Costs
  - Clark County Request
  - Total Project Budget
  - Cost per Person Served (calculated by dividing total "County Request" by the number of unique individuals to be served)

Save the completed WorkPlan as a PDF and upload the document in ZoomGrants.

Attachment 2 - Annual Budget Detail

The purpose of the Annual Budget Detail is to document the entire cost of the program as well as those portions where OAG funds will be used to pay specific costs. Please round to the nearest dollar and do not include cents. By disclosing the full program cost, you are: (1) demonstrating knowledge of the program and services being provided; (2) indicating the amount of funds leveraged by the Clark County request; and (3) assisting the County in determining allocation amounts. Failure to provide both the full cost of the program and the requested funds amount may result in your application being removed from consideration. See Appendix A - Annual Budget Detail Instructions.

- Staff salaries being charged to County funds must have all proper taxes and deductions subtracted from their checks and appropriately paid to state and federal agencies:
- Per IRS rules and regulations, staff must have all proper taxes and deductions subtracted from their checks; agency staff are not considered as consultants or independent contractors.

Save the completed Annual Budget Detail spreadsheet and upload the document in ZoomGrants.

Attachment 3 – Risk Assessment Form

Applicants must complete and submit the Risk Assessment form provided with the application. The assessment is used to evaluate the organization's financial management systems, internal controls, grant administration experience, compliance history, and overall capacity to manage and administer grant funds in accordance with applicable federal, state, and local requirements.

There are five (5) questions, when answered, will automatically generate a score and a risk of low or high. This document can be completed by a Board Member, CEO, President, Director, Founder, CFO, or the person duly authorized by the agency's governing body to submit this application on its behalf. Type in the name, title, and date to complete the document. This will act as a signature and will attest to the accuracy of the selected checkbox.

Please note: A "No" response will indicate high risk. This does not impact whether or not they are eligible for an award. The Risk Assessment will be used to determine the appropriate post-award monitoring requirements for funded agencies.

Select the yes or no checkbox, enter name, title and date. Save the Risk Assessment Form as a PDF and upload the completed document in ZoomGrants.

Attachment 4 - Disclosure of Ownership Form

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners ("BCC") in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

Save the Disclosure of Ownership/Principals Form as a PDF and upload the completed document in ZoomGrants.

Attachment 5 – Board of Directors List

The purpose of the Board of Directors List is to verify the organization's governance structure, demonstrate organizational oversight, and assess the capacity and accountability mechanisms in place to support effective management of grant-funded activities. Please list each member of your governing body, their titles, voting powers, and if they are paid.

Save the Board of Directors List as a PDF and upload the completed document in ZoomGrants.

Attachment 6 – Conflict of Interest Policy

Applicants must provide a copy of their current Conflict of Interest Policy or equivalent written standards of conduct. The policy should describe procedures for identifying, disclosing, and addressing actual or potential conflicts of interest involving employees, officers, board members, contractors, and other individuals involved in the administration of grant-funded activities.

Conflicts of Interest Prohibited in all financial transactions concerning the project and these County funds, conflicts of interest – including the appearance of any conflict – are to be avoided.

1. The general rule is that no person who is an employee, agent, consultant, member of the Board of Directors or Advisory Board, or officer who exercises any functions or responsibilities with respect to expending Agency funds or who are in a position to participate in a decision making process with regard to such activities, may obtain a financial interest or benefit from a County-funded activity or have a financial interest in any contract, subcontract, or agreement with respect to this County-funded project.
2. To avoid the appearance of any conflict of interest, this prohibition extends to immediate family (by blood or marriage) members of any of the aforementioned persons.

Please upload the current Conflict of Interest Policy PDF document in ZoomGrants.

Attachment 7 – IRS Tax Return

Tax-exempt nonprofit organizations must upload the most recently filed IRS Form 990 Tax Return (or Form 990-EZ, if applicable). If your organization is not required by the IRS to file Form 990, please provide documentation confirming your filing exemption. (i.e., Government Entities, Public Organizations)

IRS 990 Tax Return (no older than 2025) or IRS 990-N if organization’s gross receipts are normally $50,000 or less is used as part of the County's due diligence review to verify organizational compliance, assess financial capacity and sustainability, review governance and accountability, and help determine the organization's ability to administer public funds responsibly.

Please upload the filed, no older than 2025 IRS Tax Return PDF document in ZoomGrants.

Attachment 8 – Audit or Consolidated Financial Statement

Agencies must submit their most recent Annual Single Audit, Third-Party Audit, Consolidated Financial Statement, or internally prepared financial statements to demonstrate fiscal responsibility and compliance with funding guidelines.

Requiring these documents ensures that OAG funds are awarded to agencies with sound financial management, strong oversight practices, and the demonstrated ability to implement services in alignment with the program's goals and community impact standards.

- The Annual Single Audit, when applicable, provides a thorough assessment of an agency's financial practices, including compliance with federal and state regulations. For agencies that are not required to complete a Single Audit a Third-Party Audit or Consolidated Financial Statements serve as an acceptable alternative, offering a detailed summary of financial position, performance, and accountability.
    - For agencies that spent $1,000,000 or more in awarded Federal funds during the agency's most recently completed fiscal year submit we expect the most current Single Audit in compliance with 2 CFR Part 200, Subpart F Audit Requirements.

A Consolidated Financial Statement is a financial report that combines the financial information of a parent organization and any subsidiary or affiliated entities into a single set of statements. It presents the overall financial position and operating results of the organization as one economic entity.

A consolidated financial statement typically includes:

- Statement of Financial Position (Balance Sheet) – assets, liabilities, and net assets.
- Statement of Activities (Income Statement) – revenues, expenses, gains, losses.
- Statement of Cash Flows – cash received and spent during the reporting period.
- Notes to the Financial Statements – additional information and disclosures.

If your organization does not prepare consolidated financial statements, please submit the most recent organizational financial statement available. This may include audited financial statements, reviewed financial statements, or internally prepared financial statements.

Financial statements generated through accounting software (e.g., QuickBooks) are acceptable if audited or reviewed statements are not available.

Please upload the most recent Annual Single Audit, Third-Party Audit, Consolidated Financial Statement, or internally prepared financial statements as a PDF document in ZoomGrants.

Attachment 9 – State of Nevada Business License

Nonprofit and private-sector applicants must provide a copy of their current Nevada State Business License. This document is used to verify that the organization is

authorized to conduct business in Nevada and is in compliance with applicable state registration requirements.

Please note - applicants must apply under the agency's legal business name. The legal business name must match the NV Business License.

If a State of Nevada Business license is needed, sign in or register with SilverFlume to start the process.

Please upload the current State of Nevada Business license as a PDF document in ZoomGrants.

Attachment 10 – Clark County Charitable Organization Registration Certificate

Nonprofit applicants must provide a copy of their current Clark County Charitable Organization Registration Certificate. This document is used to verify compliance with local charitable solicitation requirements and to confirm the organization's authorization to operate charitable programs within Clark County.

If a Clark County Charitable Organization Registration Certificate is needed, contact the Department of Business License by calling (702) 455-4252 or email BLCharitableRegistration@clarkcountynv.gov for more information. To visit the office in person, visit the Clark County Government Center at 500 South Grand Central Parkway, Las Vegas, Nevada, 89155, 3rd floor.

Please upload the current Clark County Charitable Organization Registration Certificate as a PDF document in ZoomGrants.

APPLICATION SCORING RUBRIC

The Operations Unit will evaluate each application based on clarity, completeness, alignment with program goals, measurable results, and the ability to successfully carry out the proposed project. Only the Workplan Form and Annual Budget Detail will be scored.

Workplan Format Scoring Rubric

Program Description (0–10 points)

Evaluates whether the applicant clearly explains the program, the needs being addressed, and how funding will support services.

Score	Description
0	Description is incomplete or unclear.
5	Basic information provided but lacks detail.
10	Program is well-defined, demonstrates community impact, and clearly explains how funds will support services.

Program Output Description (0–10 points)

Evaluates whether outputs are measurable, realistic, and aligned with program goals.

Score	Description
0	Outputs are unclear or not measurable.
5	Some required information is missing.
10	Outputs are clear, measurable, realistic, and time bound.

Annual Budget Scoring Rubric

Budget Review (0–10 points)

Evaluates whether costs are reasonable, complete, and supported by the proposed program.

Score	Description
0	Significant information is missing or costs appear unreasonable.
5	Most information is provided, but some costs lack explanation.
10	Budget is complete, accurate, and fully supports the proposed program.

EVALUATION & SELECTION PROCESS

For agencies that previously received OAG funding, past performance may be considered during the review process. This may include:

- Compliance with reporting requirements
- Timely grant management
- Achievement of project goals
- Overall community impact

Department Initiative applications will be reviewed first. Applications not selected for Department Initiative funding may be moved to the Community Initiative Track for further consideration.

All required attachments must be completed and uploaded at the time of application submission. If an applicant did not upload the correct required document or a deficiency is identified in a required document, the agency will have 30 calendar days from the date of notification to correct the deficiency.

TROUBLESHOOTING

Clark County Project Development Team

Please contact the Project Development Team with any technical issues with the application templates at SSPDT@ClarkCountyNV.gov. To ensure we respond to application related emails, clearly indicate "OAG Application" in the subject line.

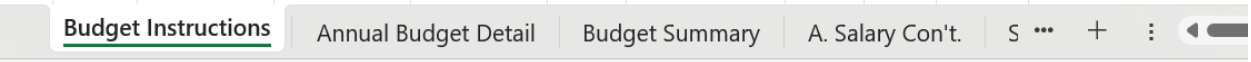
ZoomGrants Grant Application Portal

ZoomGrants seems to work best while using Google Chrome as the browser. ZoomGrants Application Tips are available and if you are having issues with the website itself or signing in, please contact ZoomGrants support team directly at Questions@ZoomGrants.com.

APPENDIX A: BUDGET INSTUCTIONS

Annual Budget Detail Instructions

Read through the Clark County Social Services Funding Guidelines, budget worksheet instructions, allowable and unallowable costs, and definitions tab prior to starting to complete the budget. Please refer to the instructions tab to ensure that each narrative is complete and responds to the required information.



Most of the cells are locked and cannot be changed. Cells in white are editable. For assistance, like adding more lines to a section, unlocking a cell, or editing calculations that are not computing, please reach out to SSPDT@ClarkCountyNV.gov with a screen shot of the issue and a brief description. A response will be providing by the next business day during regular work hours: Monday – Thursday, 8 am – 5 pm.

Please note that each section will calculate the total cost for each line item and category. If the proposed project has match funds or are contributing either cash or in-kind/volunteer hours or items to the project, that is reflected under "Other Funding Sources." Match is not required for this project but may be included to show the true cost of this project beyond the funds being requested.

Leave a blank for any categories that are not requesting funds.

Budget Instructions Tab

The Annual Budget Detail is provided for your use in the preparation of the budget and budget narrative. All required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be left blank.

Effective July 1, 2025, the Clark County Social Services Funding Guidelines: Defining funding requirements.

Purpose:	
The Annual Budget Detail is provided for your use in the preparation of the budget and budget narrative. All required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be left blank. Indicate any non-program (match) amount in the appropriate category, if applicable. Effective July 1, 2025, the Clark County Social Services Funding Guidance: Defining Allowable and Unallowable Costs will be used for funding requirements.	
Worksheet Index:	
Annual Budget Detail	
Budget Summary	
Budget Category Descriptions:	
Salary	List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in project activities must be consistent with that paid for similar work within the applicant organization. In the budget narrative, include a description of the responsibilities and duties of each position in relationship to fulfilling the project scope of work. All requested information must be included in the Annual Budget Detail and budget narratives. In the narrative, include how this position supports the project.
Fringe Benefits	Fringe benefits should be based on actual known costs. List the composition of the fringe benefit package. Fringe benefits must comply with 2 CFR 200.431; any variation requires prior written authorization from County. Fringe benefits are for the personnel listed in the budget category (A) and only for the percentage of time devoted to the project. In the narrative, describe how each fringe benefits rate was calculated. All requested information must be explained in the Annual Budget Detail and budget narrative.
Travel	Travel costs are not typically an allowable cost. For special projects, statewide and out of state travel may be considered and prior approval is required. Local mileage is allowable only when it is directly benefiting the client. All travel reimbursements must adhere to the U.S. General Services Administration (GSA) per diem rate. All requested information must be explained in the Annual Budget Detail and budget narrative.
Equipment	Equipment is not typically an allowable expense; prior written authorization must be provided. In alignment with but not limited to, 2 CFR 200.313 is

Annual Budget Detail Tab

Line 1 is populated with the anticipated date of award for the proposed project. Please note that all project periods will begin July 1 and end on June 30 to align with the Clark County fiscal year. This workbook allows for a 12-month budget.

Complete lines 2 – 6 with contact information and project information.

1	Annual Budget Detail - July 1, 2027 through June 30, 2028						
2	**Budget Point of Contact Information:**						
3	**Contact Name:**	**First:**		**Last:**		**Title:**	
4	**Contact Phone:**				**Contact Email:**		
5	**Agency Name:**						
6	**Project Name:**						

Lines 7 – 18 allows applicants to identify any personnel assigned to this project. Estimate staff annual salary (hourly rate x 2080 hours), the # of months staff will be working on this project for each budget period and the percentage of time staff are dedicated to the project. Please note that percentages will round to the nearest whole number but will still calculate with the exact number entered. Any percentage above 100 indicates that the staff is working and being paid overtime. If part of staff salary related to the project will be provided by non-Federal contributions (match, other sources, volunteers), enter the amount that will be contributed by the agency in the Other Funding Sources box. Leave this column blank if there are no matching funds supporting this project. In the narrative box, explain the work each staff will be doing with the project.

If the number of staff funded by this project/program exceeds the space available, please use the additional Salary tab.

Consultants will be listed under section G or H for subawards or procurements.

7	***A. Salary***								
8	**Name**	**Position**	**Computation: (Annual Salary / 12 months) x # of months worked x % dedicated to project**						
9			Show annual salary rate & amount of time devoted ot the project for each name/position.						
10	List each name or TBD	List each position	Annual Salary	Base rate of 12 months	# Months dedicated to project	Percentage of their time working on project	Total Cost	Other Funding Sources	County Request
11			$ -	12	0	0%	$ -	$ -	$ -
12			$ -	12	0	0%	$ -	$ -	$ -
13			$ -	12	0	0%	$ -	$ -	$ -
14			$ -	12	0	0%	$ -	$ -	$ -
15	Additional personnel from tab A.		$ -	12	0	0%	$ -	$ -	$ -
16						**Total(s)**	**$ -**	**$ -**	**$ -**
17	**Narrative**								
18									

Lines 19 – 30 will calculate the fringe benefits associated with the staff identified in section A. The name and total salary applied to the grant will auto populate based on information submitted in section A. Personnel. Enter their fringe rate in the box identified for rate. This will calculate the amount of fringe assigned to the project. If no fringe is assigned to the project, either enter a zero (0) in the rate or enter the total in the Other Funding Sources. In the narrative, explain how the rate was determined using enough details that the calculations can be replicated. If there is no fringe charged to the project, explain in the narrative how the fringe rate costs will be covered by another funding source.

19	***B. Fringe Benefits***						
20	**Name**	**Position**	**Computation - Salary x Rate** In the narrative, explain how the fringe rate was determined.				
21							
22			**Salary Assigned to project**	**Rate**	**Total Cost**	**Other Funding Sources**	**County Request**
23	0	0	$ -	0.00%	$ -	$ -	$ -
24	0	0	$ -	0.00%	$ -	$ -	$ -
25	0	0	$ -	0.00%	$ -	$ -	$ -
26	0	0	$ -	0.00%	$ -	$ -	$ -
27	Additional personnel from tab A.		$ -	0.00%	$ -	$ -	$ -
28				**Fringe Benefits Total(s)**	$ -	$ -	$ -
29	**Narrative**						
30							

Lines 32 - 43 will calculate the travel related to the project. Be sure to include all costs and follow GSA travel guidelines for per diem rates and allowances. In the narrative, explain the purpose of travel and how it aligns to the project. Mileage can be calculated using the standard IRS allowances which can be found here: https://www.irs.gov/tax-professionals/standard-mileage-rates

32	***C. Travel***										
33	**Purpose of Travel**	**Location**	**Type of Expense**	**Basis**	**Computation**						
34	Indicate the purpose of each trip or type of trip (training, advisory meeting)	Indicate the travel destination	Lodging, Meals, etc	Per day, mile, trip, etc.	Compute the cost of each type of expense x quantity x the number of people traveling x # of trips						
35					**Cost**	**Quantity**	**# of staff**	**# of trips**	**Total Cost**	**Other Funding Sources**	**County Request**
36					0.00	0	0	0	$ -	$ -	$ -
37					0.00	0	0	0	$ -	$ -	$ -
38					0.00	0	0	0	$ -	$ -	$ -
39					0.00	0	0	0	$ -	$ -	$ -
40					0.00	0	0	0	$ -	$ -	$ -
41								**Total(s)**	**$ -**	**$ -**	**$ -**
42	**Narrative**										
43											

Lines 44 - 55 will calculate equipment. Equipment is defined as non-consumable items that cost $5,000 or more. In the narrative, explain how the equipment relates to the project.

44	***D. Equipment***					
45	**Item**	**Computation**				
46		Compute the cost (number of each item x cost per item)				
47	List and describe each item of equipment that will be purchased. Equipment is over $5,000.	**# of Items**	**Unit Cost**	**Total Cost**	**Other Funding Sources**	**County Request**
48		0	0	$ -	$ -	$ -
49		0	0	$ -	$ -	$ -
50		0	0	$ -	$ -	$ -
51		0	0	$ -	$ -	$ -
52		0	0	$ -	$ -	$ -
53			**Total(s)**	**$ -**	**$ -**	**$ -**
54	**Narrative**					
55						

Lines 56 - 67 will calculate supplies. The Operating section is used to identify **day-to-day expenses necessary to manage and support the proposed project**. Consumable items that are less than $10,000. Computers needed for the course of work are considered supplies. In the narrative, explain how the supplies relate to the project.

For each operating expense, list the specific item, the number or quantity needed, and the unit cost. The workbook will calculate the total cost based on the information entered.

Examples may include program supplies, educational or instructional materials, printing, office supplies used specifically for the project, and other routine operating expenses that directly support project activities.

56	***E. Operating***					
57	**Item**	**Computation**				
58		Compute the cost (number of each item x cost per item)				
59	Provide a list of the day-to-day expenses necessary for managing and supporting the scope of work.	**# of Items**	**Unit Cost**	**Total Cost**	**Other Funding Sources**	**County Request**
60		0	0	$ -	$ -	$ -
61		0	0	$ -	$ -	$ -
62		0	0	$ -	$ -	$ -
63		0	0	$ -	$ -	$ -
64		0	0	$ -	$ -	$ -
65			**Total(s)**	**$ -**	**$ -**	**$ -**
66	**Narrative**					
67						

Lines 68 – 78 are for Subawards/Contracts. This section is used when a portion of the proposed project is carried out by another organization, contractor, or outside entity.

For each entity, provide the name of the organization or contractor, the purpose of the relationship, a description of the work to be performed, and identify whether the arrangement is a subaward or a contract. The budget should also clearly show the total cost, any other funding sources, and the amount being requested from the County.

The description should be specific enough for reviewers to understand who will perform the work, what they will do, why the service is necessary, and how the cost supports the proposed project.

It is also important to correctly distinguish between a subrecipient and a contractor. The workbook includes a Subrecipient Form Tab to assist applicants with evaluating the nature of the relationship. Applicants should complete that assessment when applicable rather than determining the classification based only on the name of the agreement.

68	*F. Subawards/Contracts*					
69	**Agency Name, Purpose of the Subaward**	**Description of Work**	**Subaward or Contract**	**Computation**		
70	Include the name of the organization/contractor, describe the purpose of the subaward (subprograms); if awarded, you are required to submit the subaward/contract agreement.	Describe the activities to be carried out by the subrecipients and describe how they contribute to the scope of work	Identify if subaward or contract?	**Total Cost**	**Other Funding Sources**	**County Request**
72				$ -	$ -	$ -
73				$ -	$ -	$ -
74				$ -	$ -	$ -
75				$ -	$ -	$ -
76				$ -	$ -	$ -
77			**Subtotal(s)**	**$ -**	**$ -**	**$ -**
78						

Lines 79 – 90 are for Services & Goods. This section is used to identify services or goods that are necessary to carry out the proposed project and that are not more appropriately included in another budget category.

For each expense, clearly identify the service or good being purchased and provide enough information to show how the cost was calculated. Avoid using broad descriptions such as *"Professional Services – $10,000"* without explaining what services will be provided or how the amount was determined.

The narrative should explain what is being purchased, why it is necessary, how the cost was calculated, and how the expense supports the proposed project activities. This is consistent with the budget narrative expectations throughout the Annual Budget Detail.

79	***G. Services and Goods***								
80	**Description**	**Computation**							
81		Show the basis for computation. Compute: Quantity x Cost x # of months							
82	List and describe items that will be paid for with program funds as otlined in the Clark County Social Services Funding Guidance.	**Basis**	**Quantity**	**Cost**	**# of Months; If not based on months, enter 1**	**Total Cost**	**Other Funding Sources**	**County Request**	
83			0	0.00	0	$ -	$ -	$ -	
84			0	0.00	0	$ -	$ -	$ -	
85			0	0.00	0	$ -	$ -	$ -	
86			0	0.00	0	$ -	$ -	$ -	
87			0	0.00	0	$ -	$ -	$ -	
88					**Total(s)**	**$ -**	**$ -**	$ -	
89	**Narrative**								
90									

Lines 91-93 summarize the project's direct costs. The Total Direct Costs are automatically calculated based on the amounts entered in Sections A through G of the Annual Budget Detail.

Please pay particular attention to Line 93. The workbook calculates the maximum amount that may be requested for administrative costs. Administrative costs may not exceed 10% of the total project costs.

This calculation is built into the workbook to help applicants remain within the allowable administrative cost limit. If the administrative amount exceeds the allowable limit, the workbook will identify the issue in red.

Applicants cannot override or alter the formula. Instead, please review the administrative expenses entered in the following section and adjust the request as necessary.

91	***Direct Costs***	County Request
92	**Total Direct Costs are a summation of sections A. through G.**	**$ -**
93	**The Administrative Costs may not exceed 10% of the Total Project Costs**	**$ -**

Lines 94 - 107 are used to identify Administrative Costs.

For each administrative expense, provide a clear description and the basis used to calculate the cost. The workbook allows applicants to enter the quantity, cost, and number of months, as applicable.

Administrative costs may not exceed the amount calculated on Line 93. The workbook includes a reminder on Line 105 that the Administrative Cost County Request cannot exceed the allowable amount shown in Cell I93.

In the narrative section, explain what each administrative expense is, how the amount was calculated, and why it is necessary to administer the proposed project.

Again, if the amount is identified in red, review the administrative costs because the request exceeds the allowable limit.

94	***H. Administrative Costs***							
95	**Description**	**Computation**						
96	List and describe items that will be paid for with program funds; may not exceed 10% of direct costs.	Show the basis for computation. Compute: Quantity x Cost x # of months						
97		**Basis**	**Quantity**	**Cost**	**# of Months; If not based on months, enter 1**	**Total Cost**	**Other Funding Sources**	**County Request**
98			0	0.00	0	$ -	$ -	$ -
99			0	0.00	0	$ -	$ -	$ -
100			0	0.00	0	$ -	$ -	$ -
101			0	0.00	0	$ -	$ -	$ -
102			0	0.00	0	$ -	$ -	$ -
103			0	0.00	0	$ -	$ -	$ -
104					**Total(s)**	**$ -**	**$ -**	**$ -**
105	**The Administrative Cost County Request may not exceed the amount shown above in cell L93.**							
106	**Narrative**							
107								

Budget Summary Tab

The Budget Summary Tab provides an overall snapshot of the proposed project budget.

The amounts entered throughout the Annual Budget Detail are summarized by budget category, including Salary, Fringe Benefits, Travel, Equipment, Operating, Subawards and Contracts, Services and Goods, Direct Costs, and Administrative Costs.

Applicants should review this tab carefully before submitting the application. Make sure the County Request, Other Funding Sources, and Total Project Costs accurately reflect the amounts entered throughout the workbook.

An important reminder appears at the top of this tab: if an error is identified on the Budget Summary, the correction should be made on the corresponding Annual Budget Detail section—not directly on the Budget Summary.

Think of this page as a final check to make sure the entire budget comes together correctly.

Annual Budget Detail Summary

Agency Name:

Project Name:

Note: Any errors detected on this page should be fixed on the corresponding Annual Budget Detail tab.

Annual Budget Detail

July 1, 2027 - June 30, 2028

Budget Category	County Request	Other Funding Sources	Total
A. Salary	$ -	$ -	$ -
B. Fringe Benefits	$ -	$ -	$ -
C. Travel	$ -	$ -	$ -
D. Equipment	$ -	$ -	$ -
E. Operating	$ -	$ -	$ -
F. Subawards/Contracts	$ -	$ -	$ -
G. Services and Goods	$ -	$ -	$ -
Direct Costs Total	$ -		
H. Administrative	$ -	$ -	$ -
Total Project Costs	**$ -**	**$ -**	**$ -**

Subrecipient Form Tab

The Subrecipient Form is used to help determine whether an organization receiving funds should be classified as a **subrecipient or contractor**.

Please carefully review each question and respond **Yes** or **No** based on the nature of the relationship and the work the organization will perform.

For example, the form considers whether the organization determines who is eligible to receive assistance, measures its performance against program objectives, and has programmatic decision-making responsibility.

This distinction is important because subrecipients and contractors have different responsibilities and requirements. Personnel costs should be placed in the appropriate budget category based on the actual relationship with the individual or organization. The agency cannot have personnel without paying Fringe Benefits. Personnel may be a contractor, and their wages would go into a different section in the budget. If contractors sit on the Board of Directors, a signed Conflict of Interest statement is required.

Applicants are responsible for ensuring that applicable Conflict of Interest requirements and other governing requirements are followed when entering into these relationships.

1	ENTITY NAME:	
2	ORGANIZATION TO EVALUATE:	
3	**ORGANIZATIONAL CONSIDERATIONS**	**RESPOND YES OR NO TO EACH ITEM**
4	1. Does the entity receiving the funds from the pass-through entity determine who is eligible to receive the federal assistance? [Sec. 200.330(a)(1)]	Yes indicates Subrecipient
5	2. Does the entity receiving the funds from the pass-through entity have its performance measured in relation to whether the objectives of the federal program were met? [2 CFR section 200.300(a)(2)]	Yes indicates Subrecipient
6	3. Does the entity receiving the funds from the pass-through entity have programmatic decision-making responsibility? [2 CFR section 200.330(a)(3)]	Yes indicates Subrecipient