

## REQUEST FOR APPLICATIONS

The State of Nebraska, Department of Health and Human Services, Office of Economic Assistance, Childcare and Development Fund Program. ("DHHS"), is issuing this Request for Applications ("RFA") for the purposes of entering into grant agreement(s) ("grant" or "grants") and awarding state funds to an eligible and qualified entity for a one-time start-up grant to nursing homes or assisted-living facilities to develop an intergenerational childcare facility in which nursing services or assisted living facility services and childcare are provided. A more detailed description may be found in **Project Description, Section 2.**

This funding opportunity is open to "non-federal entities" as set forth in 45 CFR § 75.2 or 2 CFR § 200.69. A "non-federal entity" is limited to local governments, Indian tribes, institutions of higher education, and non-profit organizations. For profit entities and individuals may not apply for this grant funding. All entities that apply for this funding **MUST** meet the following requirements:

1. Must provide documentation that applicant is a Nursing Homes as defined in **Neb. Rev. Stat § 38-2421** or an Assisted Living Facilities as defined in **Neb. Rev. Stat § 71-5903**.
2. Must provide documentation that the facility has not been cited for substandard quality of care during its most recent survey.
3. Must provide certification to participate in Medicare or Medicaid.
4. Must provide a plan describing how the grantee plans to participate in the quality rating and improvement system described in **Neb. Rev. Stat § 71-1956** within three years after the date the grant is awarded.

Preference will be given to applicants serving a rural area as described in **Neb. Rev. Stat § 81-1288**.

| RFA #                                 | RELEASE DATE                     |
|---------------------------------------|----------------------------------|
| R-3891 Funding Round Three            | June 4, 2025                     |
| APPLICATION DUE DATE                  | POINT OF CONTACT                 |
| July 6, 2025                          | Office of Procurement and Grants |
| INITIAL PERIOD OF PERFORMANCE         | TOTAL FUNDING AVAILABLE          |
| September 1, 2025, to May 31, 2026    | \$200,000.00                     |
| FUNDING CAP (MAX AWARD PER APPLICANT) |                                  |
| \$100,000.00                          |                                  |

Grantees receiving grants may only be paid up to the actual and allowable costs as defined herein. No grants resulting from this RFA will be fee-for-service contracts, regardless of the method of payment, and no Grantee may keep a profit from its grant. More details about the terms of this funding are set forth in **Terms, Section 5**, below.

A copy of this RFA may be found online at DHHS' website at <http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx>. Until final Grants are signed, all other information pertinent to this RFA, including but not limited to any amendments or addenda, will be posted on the DHHS website.

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## 1. RFA OVERVIEW

### 1.1. Funding Information

Table 1

| Funding Agency                  | Statutory Authorization   |
|---------------------------------|---------------------------|
| State of Nebraska General Funds | 2024 Nebraska Laws LB 904 |

The total anticipated available funds for Grants under this RFA is \$200,000.00 (two hundred thousand dollars). See Table 1. A total award of this amount of funds is not guaranteed, but is subject to the Applications received, to actual money appropriated to DHHS and to DHHS' discretion. DHHS has established a cap on total amount of funds that any one Applicant may request. The maximum per grant award is capped at \$100,000.00 (one hundred thousand dollars). This means that once a proposed project reaches a cost of \$100,000 (one hundred thousand dollars), no additional funding can be awarded to the applicant under this RFA. Applicants are encouraged to request the necessary funding to successfully complete their proposed projects, although they are not obligated to apply for the full available amount.

### 1.2. Funding Restrictions

Pre-Award Costs are costs incurred after the notice of award is posted but before the subsequent grant is obligated. All Pre-Award Costs are incurred at the grantee's risk. DHHS does not typically approve pre-award costs for payment, however, should there be extenuating circumstances that make it appropriate for DHHS to consider approving pre-award costs, the Grantee may request an exception in writing. The earliest date Pre-Award Costs may be incurred is the award selection announcement date. Any costs incurred before this date will not be reimbursed.

### 1.3. Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out the work authorized under this RFA and the resulting Grant. The initial Period of Performance for this RFA is from September 1, 2025, to May 31, 2026. This period may be extended by DHHS at DHHS' sole discretion.

For the initial Period of Performance, all costs must be incurred (i.e., spent) by May 31, 2026, and invoiced to DHHS by July 31, 2026. These dates may be subject to change; final dates will be included in the final Grant between the parties. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as, but no extensions are guaranteed. Future Periods of Performance, as allowed by DHHS, may have different obligation and liquidation deadlines.

### 1.4. Applicable Law

All Services shall be provided in accordance with and pursuant to all applicable federal, state, and local laws in the performance of any resulting grant agreements. Reimbursement of activities is subject to the provisions laid out by the United States Code of Federal Regulations and the Nebraska Revised Statutes. The following rules, regulations, and laws apply to grants funded by this RFA. This list is non exhaustive, and additional stipulations may still apply.

#### 1.4.1.State Regulations

- 391 Neb. Admin. Code Ch. 3 § 002

#### 1.4.2.State Laws

- Step Up to Quality Childcare Act, NAC §§ 71-1952 to 71-1964.
- Health Care Facility Licensure Act NAC §§ 71-401-71-479
- Neb. Stat. § 38-2414

- *Neb. Rev. Stat § 43-536 sec. 2*
- *Neb. Stat. § 71-5903*
- *Neb. Rev. Stat § 79-1104*
- *Neb. Stat. § 81-1228*
- *Neb. Stat. §81-3145*

#### **1.4.3.Federal Laws**

- Social Security Act *USC §§1395-1395III, subchapter XVIII, chapter 7, Title 42: Title XVIII*

### **1.5. Award of Funding**

DHHS will evaluate Applications in the manner set forth herein. An Intent to Award will be posted on the DHHS Website with selected Applicants. Funds will be awarded through a written agreement, termed a Grant, which will incorporate this RFA by reference. No promise for funds is binding on DHHS, and no funds will be paid to any Applicant until a Grant has been executed by both the Applicant and DHHS.

## **2. PROJECT DESCRIPTION**

### **2.1. Background and Purpose**

The Department of Health and Human Services, Office of Economic Assistance, is issuing the Request for Applications (RFA) for the Intergenerational Care Facility Incentive Grant Program. This program aims to provide grants to nursing homes and assisted living facilities that offer childcare services. Three hundred thousand dollars (\$300,000) from the Medicaid Managed Care Excess Profit Fund for the fiscal year 2024-25 has been allocated to support this initiative. The grant is designed to assist facilities with a one-time startup grant, offering to fund up to one hundred thousand dollars (\$100,000) for structural modifications, outdoor campus areas of nursing facilities, or the purchase of childcare equipment and supplies or any combination of such purposes. This initiative supports these facilities in providing services for the health needs of adults and children, addressing service gaps under the Medical Assistance Act.

In the 2024 Legislative session, the Intergenerational Generational Care Facility Incentive Grant Program (*Neb. Rev. Stat § 81-3145 sec. 2*) was passed. The grant program requires the Department of Health and Human Services (DHHS) to develop requirements for eligibility, application, and audits for grants in collaboration with statewide associations representing nursing homes as defined in *Neb. Stat. § 38-2414* and other stakeholders.

### **2.2. Project goals and objectives**

The Intergenerational Care Facility Incentive Grant Program aims to bridge the intergenerational gap by incorporating childcare services into nursing homes or assisted-living facilities to create an inclusive environment where senior citizens and children from the communities can engage in various enriching activities and interactions. This innovative and carefully planned approach has the potential to establish a nurturing and supportive atmosphere. It will ensure a meaningful connection among all involved, significantly contributing to all individuals' well-being and quality of life.

The primary objective of this grant initiative is to establish the Intergenerational Care Facility Incentive Grant Program to provide a one-time startup grant of up to \$100,000.00 (one hundred thousand dollars). These funds are specifically intended to support the integration of childcare programs within nursing homes and assisted living facilities, promoting a collaborative environment that benefits both the elderly residents and young children and creating a meaningful intergenerational experience within these care facilities.

### **2.3. Allowable Activities**

Grants shall be awarded for the following purposes:

- Within the RFA is the list of allowable and non-allowable expenditures. Applicants must justify the need and intent of receiving approval from DHHS for additional items not listed within the attachment of the allowable expenditures.
  1. **Modification of Structures:** This includes renovations or adaptations to existing nursing or assisted living facilities to create spaces that promote intergenerational activities and enhance accessibility and engagement for children and older adults.
  2. **Modification of Outdoor Campus Space:** Changes to the outdoor areas of nursing or assisted living facilities aimed at fostering intergenerational experiences. This may involve adding features like fire safety measures or playgrounds.
  3. **Purchase of Childcare Equipment and Supplies:** Funding may be used to acquire necessary equipment and supplies to support childcare needs within the facility. Eligible items include developmentally age-appropriate equipment, toys, educational materials, safety gear, and furniture designed for children's use.
  4. **Combination Purchases:** Grant funds can be allocated to any combination of the above categories, provided that each request meets the grant's criteria.

## 2.4. Geographical Area Served

Applicants must provide services within the State of Nebraska; however, preference will be given to facilities operating in rural communities. For the purposes of this RFA, a rural community is defined as any municipality in a county with a population of fewer than 100,000 (one hundred thousand) inhabitants as determined by the most recent federal decennial census.

## 2.5. Reporting Requirements

The Department of Health and Human Services (DHHS) will implement several monitoring strategies to identify potential problems and determine areas where technical assistance might be necessary for the **Intergenerational Care Facility Incentive Grant Program**. These strategies could include:

1. Regular Progress and Financial Reporting
  - **Monthly Progress Reports:** Facilities must submit detailed reports outlining how the grant funds are utilized, and milestones reached.
  - **Financial Accountability Reports:** Detailed financial statements showing how the grant money is spent, with categories for structural modifications, modification to outdoor campus, and purchase of childcare equipment and supplies.
2. Financial Accountability Reports
  - Detailed expenditures showing how grant money is spent. Categories should include:
    - Structural modifications
    - Modifications to the outdoor campus
    - Purchase of childcare equipment and supplies
3. Budget Compliance
  - **Requirement:** Reports must demonstrate that expenditures align with the approved budget
  - **Protocol for Deviations:** Any deviations from the approved budget must receive prior approval from DHHS.
4. Quarterly Audits
  - Facilities receiving grants will be subject to financial audits to ensure that funds are being used appropriately, and that financial records align with reported expenditures.
5. Technical Assistance
  - DHHS will offer technical assistance to facilities that face challenges in fulfilling the grant requirements or financial obligations of the Intergenerational Care Facility Incentive Grant Program.
6. Corrective Action Plans

- If facilities fall short of expectations or fail to meet the grant requirements, an outline of specific steps the facility should take to address deficiencies.
  - Detailed Assessment of Deficiencies: Identifying areas where the facility has fallen short.
  - Measurable Goals: Defining clear, achievable goals to meet grant requirements, like improving safety protocols or enhancing the facility.
  - Action Steps and Timeline: Outline a step-by-step plan with a timeline for implementing changes, including who is responsible for each action.
  - Monitoring and Reporting: Establishing a process for tracking progress, including regular updates and a final assessment to ensure all corrective actions have been met within the specified timeframe.
  - Follow-Up Evaluation: A follow-up review to confirm sustained improvements and continued compliance.

## 2.6. Eligibility Information

This funding opportunity is open to “non-federal entities” as set forth in 45 CFR § 75.2 or 2 CFR § 200.69. A “nonfederal entity” is limited to local governments, Indian tribes, institutions of higher education, and non-profit organizations. For profit entities and individuals may not apply for this grant funding.

Grants shall be awarded to facilities that are nursing homes or assisted-living facilities as described below:

Nursing Home: Any facility or distinct part of any facility that provide care as defined in *NAC §§71-420 to 71-424* and *Neb. Stat. § 71-429*.

Assisted-living facility: A residential setting that provides assisted-living services for remuneration to four (4) or more persons who reside in such residential setting and are not related to the owner of the residential setting and, except as provided specified, includes a home, an apartment, or a facility. Assisted-living facility **does not** include a home, an apartment, or a facility in which:

- 1) Casual care is provided at irregular intervals.
- 2) A competent person residing in such a home, apartment, or facility provides for or contracts for his or her own personal or professional services if no more than fifty percent (50%) of the persons residing in such home, apartment, or facility receive such services. See in *Neb. Rev. Stat § 71-5903*.

In addition, Applicants must provide documentation that their facility has not been cited by the Centers for Medicare & Medicaid Services (CMS) or the State of Nebraska for substandard quality of care during its most recent survey. Applicants are required to provide certification that they are registered, active, and certified to receive Medicare and Medicaid.

All applicants must describe how they plan to achieve a Step three (3) in the quality rating and improvement system described in *Neb. Stat. § 71-1956* with three (3) years after the date the grant is awarded.

All applicants must describe their plan to participate in the childcare subsidy program described in *Neb. Stat. §68-1206 within the first six (6) months of operation*.

Applicants are not required to own or operate a childcare center or currently provide childcare services.

The department shall award grants on the basis of date of application with priority given to rural communities as defined in *Neb. Stat. § 81-1228* for applications filed on the same date.

## 2.7. Attachments

The following documents are incorporated as attachments to this RFA proposal.

- Attachment 1: ShareFile End User Guide
- Attachment 2: Additional Submission Requirements

## 3. RFA PROCEDURE

This RFA seeks Applications to complete activities allowable under the funding source identified in 1.2, above. All Applications must conform to all instructions, conditions, and requirements included in this RFA. Applicants should carefully examine this RFA, as well as the requirements on the state or federal funds involved. Applications that DHHS determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be considered non-responsive and rejected without scoring.

### 3.1. RFA Point of Contact (“POC”)

Nebraska Department of Health and Human Services  
Office of Procurement and Grants  
PO Box 94926  
Lincoln, NE 68508  
Dhhs.grants@nebraska.gov

From the date the RFA is issued until the Intent to Grant is issued, communication from the Applicant or prospective Applicant is limited to the POC listed above (but see exceptions, below). After the Intent to Grant is issued, the Applicant may communicate with individuals DHHS has designated as responsible for negotiating the Grant on behalf of DHHS. No member of the state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA in writing. Only the POC has the authority modify the RFA, answer questions, or render opinions on behalf of DHHS. Applicants shall not have any communication with or attempt to communicate or influence any Evaluator.

The following exceptions to these restrictions are permitted:

1. The electronic submission of the Application to the address designated in **Submission of Applications, Section 3.5.**
2. The email submission of the Application to the designated email address designated in **Submission of Applications, Section 3.5.**
3. Contact made pursuant to pre-existing contracts, grants, or obligations.
4. Contact required by the schedule of events, or an event scheduled later by the RFA POC.
5. Contact required for negotiation and execution of the final grant.

DHHS reserves the right to reject an Applicant’s application, withdraw an Intent to Grant, or terminate a Grant if DHHS determines there has been a violation of these procedures.

### 3.2. Schedule of Events

Table 2

| ACTIVITY                                                                                                                                                                                                                                                     | DATE                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Release RFA                                                                                                                                                                                                                                                  | June 4, 2025                      |
| Last day to submit written questions                                                                                                                                                                                                                         | June 11, 2025                     |
| State responds to written questions through RFA “Addendum” and/or “Amendment” to be posted to the Internet at: <a href="http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx">http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx</a> | June 18, 2025                     |
| Application Due Date                                                                                                                                                                                                                                         | July 6, 2025                      |
| Evaluation Period                                                                                                                                                                                                                                            | July 7, 2025, to<br>July 14, 2025 |
| Post “Intent to Award” to Internet at: <a href="http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx">http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx</a>                                                                         | July 17, 2025                     |
| Period of Performance Start*                                                                                                                                                                                                                                 | September 1, 2025                 |

*\*The Period of Performance start may occur before a Grant is finalized, agreed to, and executed by the parties. Because this is just the period during which costs are allowable, it does not reflect that any agreement between DHHS and any successful Applicant has gone into effect or is binding in any way. No binding agreement has been made between DHHS and any Applicant until a Grant is fully executed by both parties.*

### 3.3. Written Questions and Answers

Questions regarding information needed for an application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to POC via email and clearly marked "RFA R-3891 Intergenerational Childcare Questions." The POC is not obligated to respond to questions that are received late, as set forth in the Schedule of Events.

Applicants should present, as questions, any assumptions upon which the Application is or might be developed. Applications will be evaluated without consideration of any known or unknown assumptions of an Applicant. The Grant will not incorporate any known or unknown assumptions of an Applicant.

Questions must be sent via e-mail to **DHHS.Grants@nebraska.gov**. DHHS recommends that Applicants submit questions using the following format:

| RFA Section Reference | RFA Page Number | Question |
|-----------------------|-----------------|----------|
|                       |                 |          |

Written answers will be posted on the DHHS Website per the Schedule of Events. Written answers will become part of this RFA.

### 3.4. Submission of Applications

DHHS is accepting either electronically submitted responses through ShareFile or via email, or as a paper response for this funding opportunity. There is a limit of one application per agency. Applicants must submit a complete Application, including all the parts required herein, in one of three ways:

#### 1. Electronic Response:

Applicants may submit their response electronically via ShareFile here:

**ShareFile Link:** <https://nebraska.sharefile.com/r-r4bd52bceabf4412c83b5eb8fbc53b0b>

Applicants should reference **Attachment 1: ShareFile End User Guidance** for more information regarding ShareFile.

The Submission shall include the Application as a single PDF or multiple PDFs. Failure to provide the Application in the correct format may result in DHHS being unable to read or open the Application and thus rejecting it without evaluation.

The applicant should clearly identify the uploaded response files. To assist in identification please use the following naming conventions:

**RFAXXX ABC Company**

If multiple files are submitted for one funding opportunity, add number of files to file names:

**RFAXXXX ABC Company File 1 of 2**

If multiple responses are received, DHHS will retain only the most recently submitted response. It is the applicant's responsibility to submit the response by the date and time indicated in the Schedule of

Events. Electronic responses must be received by DHHS by the date and time of the due date per the Schedule of Events. No late responses will be accepted.

**2. Email Response:**

Applicants may submit their response electronically to the State of Nebraska Office of Procurement and Grants at [dhhs.grants@nebraska.gov](mailto:dhhs.grants@nebraska.gov)

The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt. Application submission emails that are successfully received by the [dhhs.grants@nebraska.gov](mailto:dhhs.grants@nebraska.gov) inbox will receive an automatic reply stating as such.

E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail application submissions that have requested files attached will be accepted.

Encrypted e-mails received which require opening attachments and logging into a propriety system will not be accepted as submissions. It is the Applicant's responsibility to check with its organization's information technology team to ensure that security settings will not encrypt its application submission.

File size limits are 25MB per email. Applicants may submit files across multiple emails, as necessary, due to file size concerns. All emails and files must be received by the due date as described in **Section 3.2, Schedule of Events.**

Applicants are to insert the following subject line of their e-mail submission:

**RFA R-3891 ABC Company**

If multiple emails are submitted for one funding opportunity, add number of emails to the email subject line:

**RFA R-3891 ABC Company File 1 of 2**

If multiple responses are received, DHHS will retain only the most recently submitted response. It is the applicant's responsibility to submit the response by the date and time indicated in the Schedule of Events. Electronic responses must be received by DHHS by the date and time of the due date per the Schedule of Events. No late responses will be accepted.

**3. Physical Mailing Response:**

**Option 1.** Submission directly to the POC via United States Postal Service mail. The Application shall be sent to the POC's address listed above in Point of Contact, Section 3.1. The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

**Option 2.** Hand-delivered responses or responses delivered by FedEx or UPS should be delivered to:  
ATTN: Office of Procurement and Grants  
DHHS - 3rd Floor Reception Desk  
301 Centennial Mall South  
Lincoln, NE 68509

The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Regardless of submission method, Applicants must use the forms supplied by DHHS in this RFA unless specifically otherwise indicated herein. All Applications must be received by the beginning of the Application Review Period, as stated in the **Schedule of Events, Section 3.2.**

### 3.5. Form of Application Submission

Applications do not have a limit to the number of pages submitted, the font size or typeface, or margin format. We recommend using Arial 12 (twelve) point font with a 1 (one) inch margin; however, this is not a requirement. Applications shall be submitted as a single Portable Document Format (PDF) or multiple PDFs. Additional information for each form can be found in Table 3. Required forms are provided by DHHS as part of this RFA and are noted below:

Table 3

| Application Requirements                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Submission Requirement                    | Required Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Required Form provided by DHHS |
| Form 1 - Cover Sheet                      | Complete and signed per Section 4.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                            |
| Form 2 - Organizational Overview          | See Section 4.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                            |
| Form 3 – Work Plan Template and Narrative | See Section 4.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                            |
| Form 4 – Budget Template and Narrative    | See Section 4.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                            |
| Form 5 – Submission Checklist             | See Section 4.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                            |
| Additional Requirements                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |
| Requirement Content                       | Important Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |
| Applicant Organization Chart              | Applicant must provide a diagram displaying the structure of the Applicant's organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |
| Certificate of Good Standing              | Applicants must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants).<br><br>Provide current certification from the Nebraska Secretary of State or print out of active state from:<br><a href="https://www.nebraska.gov/sos/corp/corptestsearch.cgi?nav=search">https://www.nebraska.gov/sos/corp/corptestsearch.cgi?nav=search</a>                                                                                                                                                                                                                                                                                 |                                |
| Cost Allocation Plan                      | Required IF applicant is claiming a direct cost allocation plan in budget.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |
| Indirect Rate Agreement                   | Required IF applicant is claiming an indirect rate in budget other than de minimis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| Letter of Community Support               | Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must explain the organization's role in the project including tasks and/or items to be provided. Letters <b>MUST</b> be on official letterhead. |                                |
| Medicaid/Medicare License                 | Copy of current Medicaid/Medicare License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |
| Quality of Care                           | Applicants must submit documentation showing the facility has <b>NOT</b> been cited by CMS or the State of Nebraska for substandard quality of care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |
| Signed W9                                 | Applicants must submit signed W9 from most recent tax year. W9 must include applicant's legal name, any "DBA" associated with the applicant, applicant EIN, and administrative address. Not applicable to governmental applicants.                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |

### 3.6. Evaluation Committee

Applications are evaluated by members of the Evaluation Committee. The Evaluation Committee will consist of individuals selected at the discretion of DHHS. All members of the Evaluation Committee will disclose to DHHS any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this RFA may result in the rejection of this Application and further administrative actions.

### 3.7. Evaluation of Applications

All complete Applications that are responsive to the RFA will be evaluated. DHHS reserves the right to evaluate Applicants and award funds in a manner utilizing criteria selected at DHHS' discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method:

DHHS will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses risk of noncompliance with federal statutes, regulations, and the terms and conditions of the Grant, such that DHHS should not award funding. DHHS will award to the top scoring Applicant or Applicants, as DHHS determines and as funding allows. DHHS will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Applicant's responses to the Forms will be scored through a point method set forth below. DHHS will evaluate on the following categories with a maximum point potential for each:

1. **Form 1 - Cover Sheet – (5 Points).** Applicants will receive full points if they have provided all information requested on Form 1, have certified they are eligible to receive funding under the terms of this RFA, have certified that they are not presently debarred or suspended, and have signed the form. Failure to complete this form in full may result in your application being rejected without being scored.
2. **Form 2 - Applicant's Organizational Overview (70 Points).** Applicants will receive high scores if they have a defined and clear organizational structure; organizational experience in federal grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable subrecipient who will use all awarded funds in a manner consistent with law and the requirements of this RFA.
3. **Form 3 - Applicant's Work Plan (45 Points).** Applicants will receive higher scores if their work plan responds to the Project Description and meets the goals or objectives of the federal funding and RFA, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines or other deadlines, and complete any required evaluation activities. DHHS exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the federal funding DHHS has received. Applicants must describe how they plan to participate in the Quality Rating and Improvement System described in Neb. Stat. § 71-1956 within three (3) years after the date the grant is awarded.
4. **Form 4 - Applicant's Budget (45 Points).** Applicants will receive higher scores if the budget is tailored to the work plan and utilizes allowable direct and indirect costs. Total request for funding itself will not determine the score; rather, Applicants will be scored based on whether budget accurately reflects the allowable costs of completing the work set forth in the work plan.
5. **Form 5 – Application Submission Checklist (5 Points).** Applicants will receive higher scores if they demonstrate knowledge of any additional requirements and show how they have experience with such requirements or plan to meet them.

There are **170** total points available for Applications under this RFA.

DHHS may award to multiple top scoring Applicants, at its sole discretion. If all Applicants meet the minimum requirements and are meritorious, DHHS may also elect to award to all Applicants.

### 3.8. Late Applications

Applications received after the Application Due Date will be considered late Applications. Late Applications will be rejected. All Applications must be electronically or physically received by the date identified in the **Schedule of Events, Section 3. 2..** The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

### **3.9. Corrections**

An Applicant may correct a mistake in an Application prior to Application Due Date by giving written notice to the POC of intent to withdraw the Application for modification, or to withdraw the Application completely. Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by DHHS.

### **3.10. Grievance and Protest Procedures**

All grievances must follow the DHHS Grant Grievance/Protests Procedures, available on the DHHS website. Grievances must be filed timely.

### **3.11. DHHS Reservations of Authority During Application and Evaluation Process**

After Evaluation of the Applications, or at any point in the RFA process, DHHS may take one or more of the following actions:

1. Amend the RFA.
2. Extend the time of or establish a new Application opening time (i.e., allowing additional time to submit Applications).
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an application, and do not improve an Applicant's position.
4. Accept or reject a portion of or all of an application.
5. Accept or reject all Applications.
6. Withdraw the RFA; or
7. Elect to reissue the RFA.

DHHS reserves the right to adjust the Applicant's budget with successful Applicants after the Intent to Grant is issued. DHHS also reserves the right to adjust the Work Plan with the Applicant to meet the requirements of the grant, Federal Funding Agency, law, or to meet DHHS programmatic needs. DHHS also reserve the right to apply additional conditions based on the successful Application and the result of a pre-award risk assessment. If a scoring method is used to rank applications to determine funding amounts, all adjustments shall have no bearing on rank.

If DHHS rejects all Applications, it may enter either reissue an RFA with the same or different specifications and terms, or it may negotiate a single or multiple Grants with individual Applicants or non-Applicants.

## **4. APPLICATION INSTRUCTIONS**

### **4.1. Application Contents**

A complete, responsive Application must contain the following completed documents:

1. Form 1 – Cover Sheet
2. Form 2 – Applicant's Organization Overview
3. Form 3 – Applicant's Work Plan
4. Form 4 – Applicant Budget
5. Form 5 – Application Submission Checklist (optional)

Applications that do not contain all of the required sections will be rejected. An editable Microsoft Word-formatted document of the Forms will be posted on the DHHS Website, which Applicants may fill in and submit.

## 4.2. Form 1 – Cover Sheet

Form 1 – Cover Sheet must be signed and returned, along with the application materials, before the Application Due Date. Applicants are encouraged to register with SAM.gov and acquire a Unique Entity Identifier (UEI). **This is not a requirement of the RFA and DHHS is unable to assist in the registration process.** Questions regarding your UEI and SAM.gov registration can be directed to the Federal Service Desk at [www.fsd.gov](http://www.fsd.gov) or by telephone at 866-606-8220. Applicants who do not have a UEI may enter “NA” on Form 1.

The applicant’s name listed on Form 1 must match the legal name as displayed on applicant W-9. Applicants are required to review eligibility prior to submitting their application and certify that they are both 1) eligible to receive funding under this RFA and 2) not presently debarred or suspended. Form 1 must also be signed by an authorized signatory for the organization.

## 4.3. Form 2 - Applicant’s Organizational Overview

The Applicant’s Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Grant.

1. **Organization Information.** Applicant’s full legal name, including any other “doing business as” names, or any previous names the organization used. A UEI number shall be provided if available. A parent UEI number shall also be provided, if applicable. Applicant must indicate if they serve a “rural community” as defined in *Neb. Stat § 81-1228*.
2. **Summary of Federal Grants Experience.** A description of Applicant’s previous experience with receiving federal and/or state funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicants should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.
3. **Summary of Programmatic Experience.** A description of Applicant’s experience with the type of programming or work contained in the Project Description, or other relevant work.
4. **Personnel and Management.** Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.
5. **Agreements Terminated or Costs Disallowed.** Applicants must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, grants, or contracts) that:
  - Were terminated for cause; or
  - Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

## 4.4. Form 3 - Applicant’s Work Plan

Applicants must provide the following elements as part of the budget submission:

- Work Plan (*template provided*)
- Work Plan Narrative (*template provided*)

The Work Plan must respond in detail to the Project Description. It must contain a description of the work activities Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

Applicants must provide documentation showing the facility has not been cited by CMS or the State of Nebraska for substandard quality of care.

Applicant must describe how they plan to participate in the quality rating and improvement system described in Neb. Stat. § 71-1956 with three (3) years after the date the grant is awarded.

#### **4.5. Form 4 - Applicant's Budget**

Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms and conditions of this RFA. DHHS shall only pay for actual and allowable costs (as defined in this section) incurred during the Period of Performance.

To be allowable, all costs must be:

- Necessary for the performance of the Grant activities.
- Reasonable, as provided in 2 CFR § 200.404 or 45 CFR § 75.404.
- Allocable to the federal award, as provided in 2 CFR § 200.405 or 45 CFR § 75.405.
- Consistent with all other requirements of the Cost Principles in 2 CFR § 200 Subpart E or 45 CFR § 75 Subpart E.
- Consistent with all other laws, regulations, policy, or other requirements applicable to the state or federal funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates set forth in the Grant.

Applicants will not be allowed to change their budgets once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Grant is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

All indirect costs may only be paid if they are consistent with the UGG or HHS GG, as applicable. As provided in 2 CFR § 200.414 and 45 CFR § 75.414, Indirect costs may be paid through a federally approved indirect rate agreement, a state approved indirect rate agreement, or the de minimis rate as consistent with the federal rules. Cost Allocation plans may set forth a direct allocation of all costs under a grant or may allocate only a portion of those costs along with an indirect rate. Subrecipients may not, however, charge items as direct costs and also as indirect costs.

If Applicants plan to charge indirect costs, they must provide one of the following with their budget:

1. A current federally approved indirect cost rate agreement.
2. A currently approved indirect cost rate agreement with DHHS

If an Applicant has a cost allocation plan for this grant, it must submit it along with the Application.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Award. As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

#### **4.6. Form 5 - Submission Checklist**

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application. Failure to submit a complete application with all required documentation may result in an application being rejected without scoring.

### **5. TERMS**

Applicants must be aware of the following terms when submitting their applications. These terms will be included in the resulting Grant between the parties, as well.

### **5.1. Addenda**

The following Addenda will be incorporated into any Grant with a selected Applicant. They are available online at the DHHS Website:

- Addendum A - DHHS General Terms

DHHS reserves the right to amend these terms at any time during the RFA; to negotiate the terms with selected Applicants; to amend or change these terms for any subsequent Grant signed and executed by the parties; or any combination of the above. Terms required by state law will not be negotiated, and if an Applicant cannot agree to these terms, DHHS may withdraw or modify the Intent to Grant and take any of the actions set forth herein.

### **5.2. Program Income**

Any revenue generated by the Grant is Program Income. Program Income requires an accounting of its use to DHHS. All program income generated by the Grants awarded as a result of the RFA must be handled in the addition method. Program income includes, but is not limited to, income from fees for services performed, charges for the use or rental of real property, charges for the use of equipment or supplies acquired under the grant, the sale of equipment or real property acquired under the grant, and the sale of commodities or items fabricated under an award. Program income generated during the course of any awarded grants must be committed to the project or program and used to further program objectives. Grantees are not accountable for program income generated after the period of grant support ends.

## 6. GLOSSARY OF TERMS

*All terms shall have the meaning as set forth in 2 CFR §§ 200 et seq. or 45 CFR §§ 75 et seq. unless otherwise specifically set forth herein.*

**Agent/Representative:** A person authorized to act on behalf of another.

**Assisted Living Facility (“ALF”):** A residential setting that provides assisted-living services for remuneration to four (4) or more persons who reside in such residential setting and are not related to the owner of the residential setting and are not related to the owner of the residential setting and, except as provided specified, includes a home, an apartment, or a facility. Assisted-living facility does not include a home, an apartment, or a facility in which:

1. Casual care is provided at irregular intervals.
2. A competent person residing in such a home, apartment, or facility provides for or contracts for his or her own personal or professional services if no more than fifty percent (50%) of the persons residing in such home, apartment, or facility receive such services. See in *Neb. Rev. Stat § 71-5903*.

An ALF is not a nursing home and cannot provide routine care by licensed nurses (RN/LPN).

**Amend:** To alter or change by adding, subtracting, or substituting.

**Amendment:** A written correction or alteration to a document.

**Applicant:** Non-Federal Entity that has applied for funding under this RFA.

**Application:** The written proposal submitted by the Applicant applying for funding under this RFA, which is composed of Forms 1 through 5.

**Application Due Date:** The date the RFA must be submitted to DHHS, and if not submitted by that time, rejected.

**Budget Period:** The time interval from the start date of the funded portion of an award to the end date of that funded portion during which recipients are authorized to expend the funds awarded.

**Centers for Medicare & Medicaid Services (“CMS”):** a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of HealthCare.gov. CMS was previously known as the Health Care Financing Administration (HCFA) until 2001.

**Certification:** the facility is in compliance with [federal requirements](#) and is eligible to receive payment under the Medicare/Medicaid programs. The facility must have a license prior to being certified for Medicaid/Medicare programs.

**Childcare:** the care and supervision of children in lieu of parental care and supervision and includes programs. (see definition of program).

**Childcare Facility:** a childcare program licensed to provide childcare for thirteen (13) or more children.

**Childcare Program:** any service that provides care for children under thirteen (13) years of age, for compensation, and for less than twelve (12) hours per day but more than two hours per week.

**DHHS Grants Website:** <http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx>

**DHHS Website:** [www.dhhs.ne.gov](http://www.dhhs.ne.gov).

**Evaluation:** The process of examining an Applicant after opening to determine the Applicant's responsibility, responsiveness to requirements, and to ascertain other characteristics of the Application that relate to determination of the successful award.

**Evaluation Committee:** Committee(s) appointed by DHHS that advises and assists DHHS in the evaluation of Applications.

**Evaluator:** An individual on the Evaluation Committee who advises and assists in the evaluation of Applications.

**Grant:** In addition to the definition in 2 CFR § 200.1 and 45 CFR § 75.2, Grant means the Grant Agreement executed, pursuant to the terms of the RFA, with the Non-Federal Entity.

**Grantee:** In addition to the definition in 2 CFR § 200.1 and 45 CFR § 75.2, Grantee means the Non-Federal Entity that has executed a Grant with DHHS.

**Indirect Cost:** The cost incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. See 2 CFR § 200.1 and 45 CFR § 75.2.

**Intent to Award:** A document noting the results of the RFA evaluation process and identified any identified Applicant(s) with whom DHHS intends to award federal funds, but not a binding agreement with any promise to award.

**Intermediate Care Facility:** a facility where shelter, food, and nursing care or related services are provided to residents of the facility who do not require hospital or skilled nursing facility care.

**Long Term Care Facility:** an intermediate care facility, an intermediate care facility for persons with developmental disabilities, a long-term care hospital, a mental health substance use treatment center, a nursing facility, or a skilled nursing facility, as such terms are defined in the Health Care Facility Licensure Act, *NAC §§ 71-401 to 71-479*.

**Mandatory/Must: Required**, compulsory, or obligatory.

**May:** Discretionary, permitted; used to express possibility.

**Medicaid:** a joint federal and state program that helps cover medical costs for some people with limited income and resources. The federal government has general rules that all state Medicaid programs must follow, but each state runs its own program. This means eligibility requirements and benefits can vary from state to state.

**Medicare:** a federal health insurance program used for the aged and disabled under title XVIII of the Social Security Act.

**Must:** See Mandatory/Must and Shall/Will/Must.

**Non-Responsive:** When an application does not meet the minimum requirements of this RFA.

**Nursing Home:** Any facility or distinct part of any facility that provides care as defined in *NAC § 71-420 to 71-424* and *Neb. Rev. Stat. § 71-429*.

**Point of Contact ("POC"):** The person designated to receive communications and to communicate.

**Program:** The provision of services in lieu of parental supervision:

1. For children under thirteen (13) years of age.
2. For compensation, either directly or indirectly.
3. On the average of less than twelve (12) hours per day, but more than two (2) hours per week.

Programs include any employer-sponsored childcare, family childcare home, childcare center, school-age childcare program, school age services under *Neb. Rev. Stat § 79-1104*, or *preschool or nursery school*.

**Request for Applications (“RFA”):** Written solicitation of competitive applications for federal grant funding.

**Rural Community:** Any municipality in a county with a population of fewer than one hundred thousand (100,000) inhabitants as determined by the most recent federal decennial census.

**Shall/Will/Must:** An order/command; mandatory.

**Should:** Expected; suggested, but not necessarily mandatory.

**Skilled Nursing Facility:** a facility where skilled nursing care, rehabilitation, or related services are provided to residents of the facility.

**Social Security Act (“The Act”):** An act to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes.

**Uniform Grants Guidance (“UGG”):** The regulations codified at 2 CFR §§ 200 et seq., which provide the general administrative requirements for grant funding flowing down from the federal government. See also HHS Grants Guidance.

**Unique Entity Identifier (UEI):** a number or a number or other identifier used to uniquely identify a specific entity. The UEI is used within SAM.gov. and other government award and financial systems as a primary key to identify a unique entity.

**Will:** See Shall/Will/Must.

## FORM 1 – APPLICATION COVER SHEET

**Instructions:** This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

| RFA #                      | RELEASE DATE                     |
|----------------------------|----------------------------------|
| R-3891 Funding Round Three | June 4, 2025                     |
| APPLICATION DUE DATE       | POINT OF CONTACT                 |
| July 6, 2025               | Office of Procurement and Grants |

| CERTIFICATION AND GUARANTEE OF COMPLIANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Grant between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Grant, the Grant and RFA shall govern as set forth in the Grant.</p> |  |
| ORGANIZATION LEGAL NAME*: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| ORGANIZATION DBA NAME (IF APPLICABLE): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| ORGANIZATION UEI NUMBER: _____ ORGANIZATION EIN NUMBER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| ORGANIZATION TYPE: <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Institution of Higher Learning<br><input type="checkbox"/> For-Profit Organization <input type="checkbox"/> State, Local, or Tribal Government<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                |  |
| COMPLETE ADDRESS: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| CONGRESSIONAL DISTRICT: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| ____ I CERTIFY THAT THIS ORGANIZATION IS AN "ELIGIBLE ORGANIZATION" AS DEFINED BY THIS RFA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| ____ I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| TYPED NAME & TITLE OF SIGNER: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

\*Name must match UEI Number.

## FORM 2 – APPLICANT’S ORGANIZATIONAL OVERVIEW

*The Applicant’s Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Grant.*

| Organization Information             |  |
|--------------------------------------|--|
| Applicant’s Full Legal Name          |  |
| Applicant’s “Doing Business As” Name |  |
| Previous Organization Names          |  |
| Unique Entity Identifier (UEI)       |  |
| Parent UEI (if applicable)           |  |
| EIN Number                           |  |

Does applicant serve a “rural community” as defined in Neb. Stat § 81-1228?

☐ Yes ☐ No

### Summary of Federal/ State Grants Experience

A description of Applicant’s previous experience with receiving federal and state funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient and/or experience receiving state funds as a grantee or subgrantee. Applicants should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the funding source that funds this RFA.

|  |
|--|
|  |
|--|

### **Summary of Programmatic Experience**

A description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.

### **Personnel and Management**

Applicant will provide a description of how the applicant recruits and manages staff and volunteers. Applicants will demonstrate they have qualified and capable personnel with experience in federal/state grants or equivalent credentials or experience. Applicants will demonstrate that they will be a reliable grantee who will use all awarded funds in a manner consistent with law and the requirements of this RFA.

☐ Organizational Chart Attached (Required)

### **Agreements or Costs Disallowed**

Applicants must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, grants, or contracts) that:

- Were terminated for cause; or
- Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

*If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.*

### FORM 3 – Applicant Work Plan and Work Plan Narrative

| WORK PLAN                |  |
|--------------------------|--|
| <b>Organization Name</b> |  |
| <b>Project Title</b>     |  |
| <b>Project Duration</b>  |  |

| <b>Goal:</b>      |          |                                           |                          |            |          |
|-------------------|----------|-------------------------------------------|--------------------------|------------|----------|
| <b>Objective:</b> |          |                                           |                          |            |          |
| #                 | Activity | List What Your Measure of Success Will Be | Responsible Staff/ Party | Start Date | End Date |
|                   |          |                                           |                          |            |          |
|                   |          |                                           |                          |            |          |
|                   |          |                                           |                          |            |          |
|                   |          |                                           |                          |            |          |

| <b>Goal:</b>      |          |                                           |                         |            |          |
|-------------------|----------|-------------------------------------------|-------------------------|------------|----------|
| <b>Objective:</b> |          |                                           |                         |            |          |
| #                 | Activity | List What Your Measure of Success Will Be | Responsible Staff/Party | Start Date | End Date |
|                   |          |                                           |                         |            |          |
|                   |          |                                           |                         |            |          |
|                   |          |                                           |                         |            |          |
|                   |          |                                           |                         |            |          |

## WORK PLAN NARRATIVE

In addition to the Work Plan grid, the proposal must include a Narrative with the following areas addressed.

### Project Summary

Provide a brief, one paragraph statement that clearly states the project goal, the major activities to be undertaken, and the projected impact on the community.

### Agency Qualifications

Describe and document the applicant's capacity to carry out the programmatic intent of funds and proposed activities. Information in this section should include agency mission, programs, and services.

Has your facility ever been cited by CMS or the State of Nebraska for substandard quality of care?

☐ Yes   ☐ No

Please provide documentation showing no citation has been issued.

### **Coordination and Collaboration**

Describe your community involvement and document the strength of relationships with other agencies to achieve common goals. Information included would be a list of current agency grants or contracts, evidence of working relationships and community partnering, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications. Attach letters of commitment/support from these partners.

### **Quality Rating and Improvement System**

All applicants must describe how they plan to participate in the quality rating and improvement system described in Neb. Stat. § 71-1956 with three (3) years after the date the grant is awarded.

## FORM 4 – Applicant Budget

A budget template is provided but is not exhaustive: your budget might have additional items not listed here. Applicants may edit the template to reflect planned expenditures. All electronic documents must be submitted in Portable Document Format (PDF).

| SUMMARY BUDGET    |  |
|-------------------|--|
| Organization Name |  |
| Project Title     |  |
| Project Duration  |  |

|   |                       | Requested Funds |
|---|-----------------------|-----------------|
| A | Personnel             | \$              |
| B | Fringe Benefits       | \$              |
| C | Travel                | \$              |
| F | Equipment             | \$              |
| E | Supplies              | \$              |
| F | Consultants/Contracts | \$              |
| G | Other Direct Costs    | \$              |
| H | Total Direct Costs    | \$              |
| I | Total Indirect Costs  | \$              |
| J | Total (Sum H+I)       | \$              |

Applicant's Indirect Rate Being Claimed is (select one):

- ☐ Federally Approved Indirect Rate
- ☐ State Approved Indirect Rate
- ☐ State Approved Direct Cost Allocation Plan
- ☐ De Minimis Rate
- ☐ No Indirect Rate Claimed

The following Rate Agreement is Attached (Required)

- ☐ Federally Approved Indirect Cost Agreement
- ☐ State of Nebraska Approved Indirect Cost Agreement
- ☐ State of Nebraska Approved Cost Allocation Plan
- ☐ None (De Minimis/No Indirect Claimed)

| Budget Justification |  |
|----------------------|--|
|----------------------|--|

Include a brief budget justification narrative to explain expenses listed and how you arrived at the requested amounts. Provide explanations as to why each item is necessary for the success of the project.

| Circumstance      | Percentage of Respondents (%) |
|-------------------|-------------------------------|
| Self-defense      | 85                            |
| To protect others | 75                            |
| To stop a crime   | 65                            |
| To punish someone | 55                            |
| To show authority | 45                            |

## FORM 5 – SUBMISSION CHECKLIST

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application.

| Submission Requirements                                                | Required Documentation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Included?                |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>All Application Sections</b>                                        | Form 1 – Application Cover Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |
|                                                                        | Form 2 – Organizational Overview                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> |
|                                                                        | Form 3 – Work Plan Template and Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |
|                                                                        | Form 4 – Budget Template and Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |
|                                                                        | Form 5 – Submission Checklist (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| <b>Applicant Organizational Chart</b>                                  | Applicant must provide a diagram displaying the structure of the Applicant's organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |
| <b>Certificate of Good Standing</b>                                    | Applicants must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants). Provide current certification from the Nebraska Secretary of State or print out of active state from:<br><a href="https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search">https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search</a><br><input type="checkbox"/> NA                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |
| <b>Indirect Cost Rate/ Direct Cost Allocation Plan (if applicable)</b> | If an applicant is requesting an indirect rate, the applicant must provide a current approved indirect rate agreement approved by either the federal government or the State of Nebraska. If the applicant is requesting the de minimis rate, applicant must provide calculations to support the request.<br>Applicants with a direct cost allocation plan must include sufficient documentation to demonstrate costs are properly allocated. Approved cost allocation plan must be submitted with application.<br><input type="checkbox"/> NA                                                                                                                                                                      | <input type="checkbox"/> |
| <b>Letters of Support or Commitment</b>                                | Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must explain <b>the organization's role in the</b> project including tasks and/or items to be provided. Applicable cash and/or in-kind contributions should appear as a match on the Budget. | <input type="checkbox"/> |
| <b>Medicaid/Medicare License</b>                                       | Copy of current Medicaid/ Medicare License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |
| <b>Quality of Care</b>                                                 | Applicants must submit documentation showing the facility has <b>NOT</b> been cited by CMS or the State of Nebraska for substandard quality of care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> |
| <b>Signed W9</b>                                                       | Applicants must submit signed W9 from most recent tax year. W9 must include applicant's legal name, any "DBA" associated with the applicant, applicant EIN, and administrative address. Not applicable to governmental applicants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |

## Attachment 1 – End User Guidance: Shared File Link

### STEP 1:

Click the URL link to the ShareFile folder.

Enter the required information and Click “Continue” button.

ShareFile works with Firefox, Internet Explorer, and Chrome web browsers. **ShareFile does not work with Microsoft Edge.**

NEBRASKA

To continue, please enter your  
information below.

Email

page.barningham@nebraska.gov

First Name

Page

Last Name

Barningham

Company

DHHS

Continue

☒ Remember Me

Your information will be used for internal tracking  
purposes only. It will not be shared with third parties.

### STEP 2:

Upload or drag files to upload them.

Applicants should clearly identify the uploaded response files. To assist in identification please use the following naming convention: **RFA XXXX ABC Company**

If multiple files are submitted for one funding opportunity, add number of files to file names: **RFA XXXX ABC Company File 1 of 2**

NEBRASKA

File Request from Page Barningham at Nebraska State Government



Drag files here

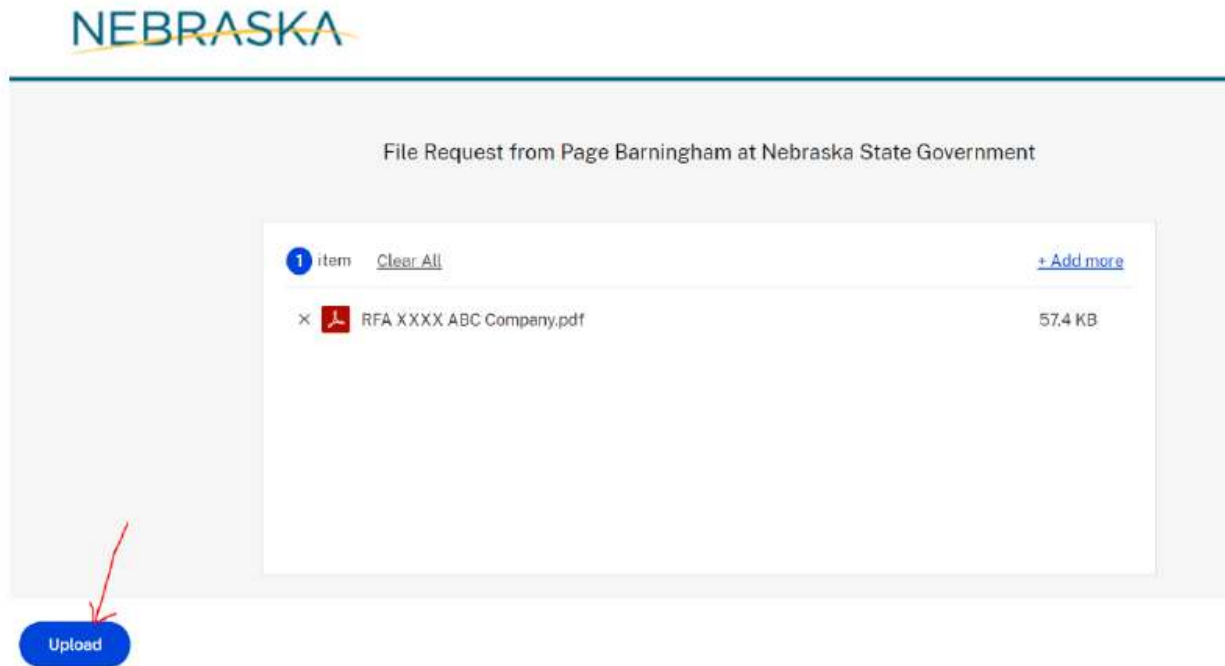
[Browse files](#)

Upload

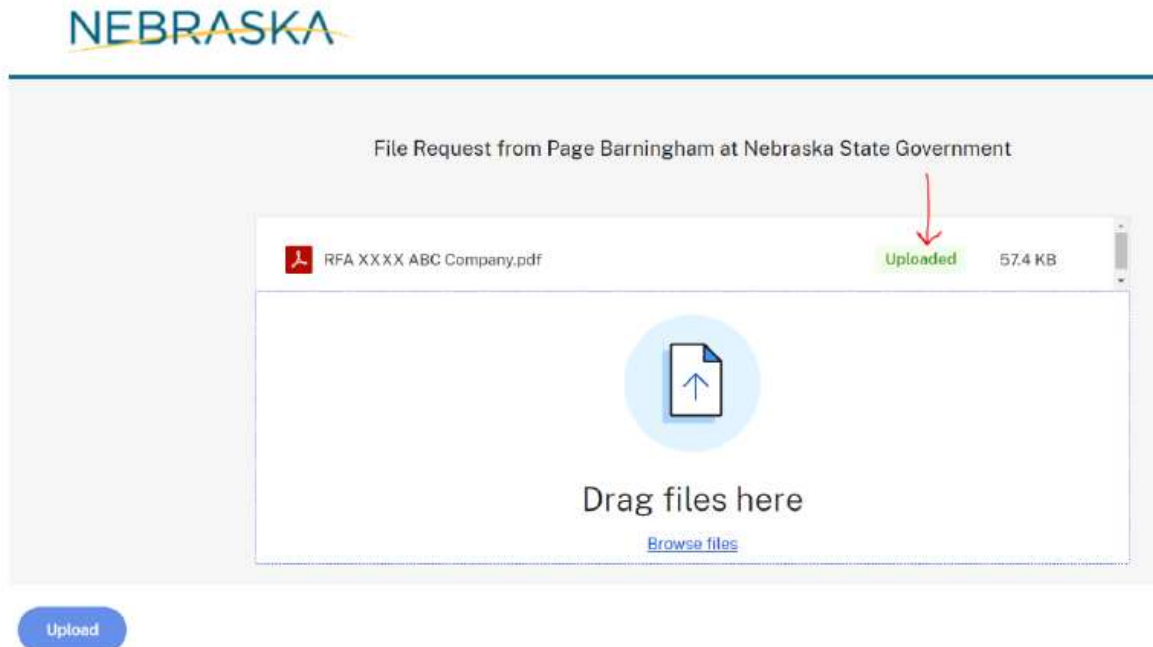
**STEP 3:**

Verify and submit loaded documents.

Click the “Upload” button to submit.



An uploaded document will show up as “Uploaded” in green highlight on the screen.



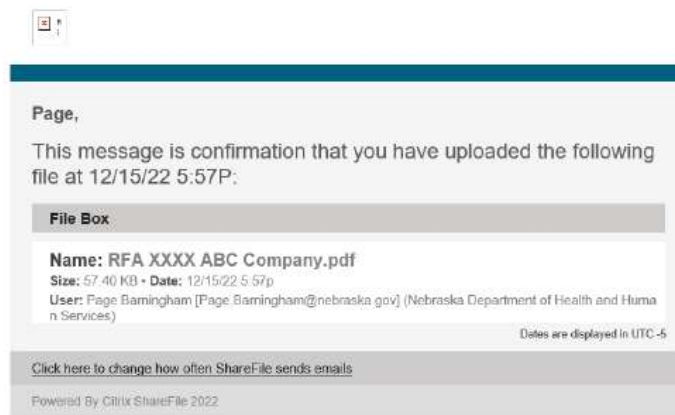
#### STEP 4:

Verify the file has Uploaded successfully.

The system will generate a confirmation of the upload to be sent to the email address that was entered in STEP 1.

If you do not receive this confirmation, your file may not have been received.

#### You Have Uploaded a File To ShareFile



Assistance with technical issues can be found at <https://www.sharefile.com/support>

## **Attachment 2 – Additional Requirements**

### **Applicant Organizational Chart**

Applicants must provide a diagram displaying the structure of the Applicant's organization.

### **Certificate of Good Standing**

Applicants must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants). Provide current certification from the Nebraska Secretary of State or print out of active state from: <https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search>

### **Indirect Cost Rate/ Direct Cost Allocation Plan (if applicable)**

If an applicant is requesting an indirect rate, the applicant must provide a current approved indirect rate agreement approved by either the federal government or the State of Nebraska. If the applicant is requesting the de minimis rate, applicant must provide calculations to support the request.

Applicants with a direct cost allocation plan must include sufficient documentation to demonstrate costs are properly allocated. Approved cost allocation plan must be submitted with application.

### **Letters of Support or Commitment**

Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must explain **the organization's role in the** project including tasks and/or items to be provided. Applicable cash and/or in-kind contributions should appear as a match on the Budget.

### **Medicaid/Medicare License**

Copy of current Medicaid/Medicare License

### **Quality of Care**

Applicants must submit documentation showing the facility has **NOT** been cited by CMS or the State of Nebraska for substandard quality of care.

### **Signed W9**

Applicants must submit signed W9 from most recent tax year. W9 must include applicant's legal name, any "DBA" associated with the applicant, applicant EIN, and administrative address. Not applicable to governmental applicants.