

Dream Tags Charitable Fund Emergency Request for Proposal

Cover Sheet

Organization Name: Nevada Department of Wildlife													
Organization Type: 501(c)(3) EIN# _____ Governmental entity <input checked="" type="checkbox"/> Y/N													
Address: 6980 Sierra Center Pkwy, Reno, NV 89511													
Project Name: Southern Nevada Guzzler Fill													
Amount requested: \$75,000	Website:												
Project start date (mm/yyyy): 9.30.2020	Project completion date (mm/yyyy): 10.9.2020												
This funding will be used to (complete this sentence with a max of 2 sentences): Fill guzzlers with water in Southern Nevada to prevent more sheep deaths													
Key People:	Director: Tony Wasley												
	Board Chair:												
	Project Contact:	Name: Mike Scott											
		Position: Game Division Administrator											
		Phone: 775-688-1520											
		Fax:											
Email: mscott@ndow.org													
Organization Mission:													
Project is on (check all that apply) <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private land.													
Are government permits or decision documents needed for the project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, are those permits and decision documents already secured? <input type="checkbox"/> Yes <input type="checkbox"/> No If permits and decision documents are needed but not yet secured, in #4 of the Narrative Requirements provide a list of permits and documents needed and a schedule for securing them.													
Has your organization received other grants from the Dream Tags Fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (use additional to list ALL funded projects)	If yes, <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date awarded:</td> <td></td> </tr> <tr> <td>Project # & title:</td> <td></td> </tr> <tr> <td>Amount of Award:</td> <td></td> </tr> <tr> <td>Date awarded:</td> <td></td> </tr> <tr> <td>Project # & title:</td> <td></td> </tr> <tr> <td>Amount of Award:</td> <td></td> </tr> </table>	Date awarded:		Project # & title:		Amount of Award:		Date awarded:		Project # & title:		Amount of Award:	
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DESCRIPTION OF PROJECT UNDER CONSIDERATION

Indicate the description that best fits the project you are proposing. Mark no more than three categories:

- A. Projects that improve, protect, or restore habitat
- B. Projects that embrace unique opportunities for advancing the mission of wildlife conservation in Nevada
- C. Projects that address emergency needs
- D. Other projects that meet the evaluation criteria

NARRATIVE REQUIREMENTS

Provide answers for all sections below; use the numbers and topics (in **bold**) to label each section in your response. Your application is limited to 5 narrative pages, including the cover sheet. Your budget is page 6. **All projects are required to have measurable outcomes:**

1. **Specific project goals and measurable outcomes.** How do these tie to the project description?
2. **Project location.**
3. **Project description.** Include site map and aerial photos if applicable/possible. Maps and photos must fit on 8-1/2" x 11" paper and may be attached at the end of your proposal after the budget.
4. **Permitting.** Provide a permitting schedule for your project along with your plan for getting the required permits and decision documents. Be sure to include the cost of permitting/decision documents as a line item in your budget.
5. If **future phases** of the project will be needed, identify anticipated sources of funding.
6. **Principals involved** in leading or coordinating the project or activity.
7. Number of **staff positions involved** in project: Fulltime _____ Part-time _____ ("Fulltime" means 100% of their staff position will be dedicated to this project; "part-time" means only a portion of their staff position will be dedicated to this project)
8. Number of **volunteers involved** in project and an estimated number of volunteer hours.
9. **Time Line** of Project. List key dates and include project milestones. *Note:* Be realistic in your estimate of dates and milestones. List any factors that may cause a delay in implementing and/or completing the project.²
10. **Success.** Tell the committee how we will know you succeeded in what you proposed to do.
11. **Grant match.** All applicants must provide a match of at least 25 percent for dollars requested. The match may be with funding and/or in-kind services. Complete the Grant Match section of the application.
12. **Project budget** (see Sample Budget Template on page 5 of this RFP). Provide detail on line-item expenditures and show which costs are to be paid for by the Dream Tags Charitable Fund grant, which expenses will be paid by other sources of funding, and which will be paid for with in-kind services. **Project budget must be on its own on page 6.**
 - *Note: Indirect/overhead expenses cannot exceed 25 percent*

Grants from the Dream Tags Charitable Fund are typically paid on a reimbursable basis for actual expenditures only. Craft your budget in such a way that requests for reimbursement correspond to the original budget.

² Funding will not be provided for work performed prior to grant approval.

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Grant Match					
Match amount to be provided:	\$ _____				
Match details:	<p>Please provide the form of your matching funds. If match is made up of both cash and in-kind, fill in both sections.</p> <p>Match is:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Cash</td> <td>\$ _____</td> </tr> <tr> <td>In-kind</td> <td>\$ _____</td> </tr> </table> <p style="font-size: small;">Note: Provide an itemized breakdown of volunteer match in your budget with rationale.</p>	Cash	\$ _____	In-kind	\$ _____
	Cash	\$ _____			
	In-kind	\$ _____			
<p>For the cash portion of your match, is the funding already being held by the applicant for this project? Yes ___ No ___</p>					
Description of matching funds/in-kind donations:					

REQUIRED ATTACHMENTS

Submit the following attachments via email. Clearly label each file with your organization's name.

Nonprofits submit:

- Last audited financial statements if your organization has been audited
- List of Board of Directors
- Copy of agency's IRS 501(c)(3) Tax Determination Letter
- Copy of the agency's most recent IRS Form 990

Governmental entities submit:

- Departmental budget in lieu of audited financial statements

SAMPLE BUDGET TEMPLATE

Budget Item Description*	ORIGINAL PROJECT BUDGET			REIMBURSEMENT REPORT	
	DT \$	Other Funding Name**	Match \$	Expenditures to date DT	Expenditures to date (other sources)
		NBU			
Helicopter Flight Time	\$75,000	\$75,000		\$150,000	
TOTAL	\$75,000			\$150,000	