

# PUBLIC ASSISTANCE BULLETIN – SUBMITTING AN APPLICATION IN ZOOMGRANTS

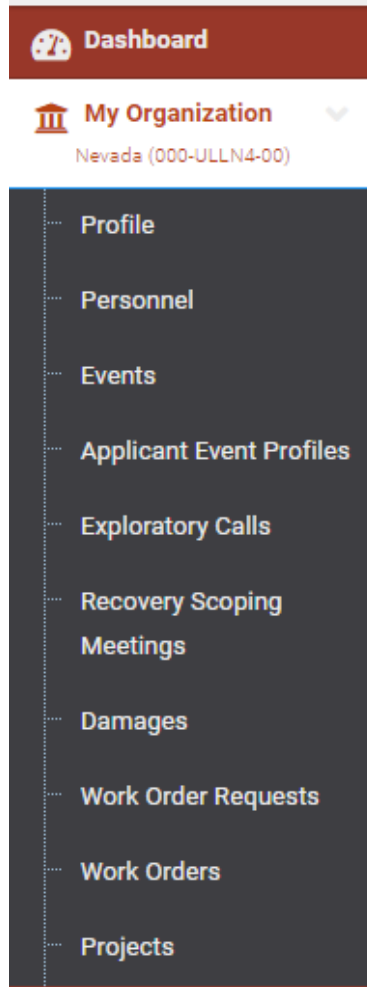
## BULLETIN #43 – 12/17/20

### Step One

Download your Project Worksheet (PW) from FEMA’s Grants Portal.

Login to Grants Portal.

Under “My Organization”, select “Projects”.



Select the PW you will be applying with. Ensure that this PW is one that has been obligated.

**My Projects**

Filters > Filters Unchanged Columns Unchanged Quick Search Unchanged

DEM Obligated Projects RUN QUERY ? HELP

Quick Search: SEARCH

Project #	Category	Title	Type	Process Step	Activity Completion Deadline	# Damages	Best Available Cost	Best Available Federal Share Cost
139009	B - Emergency Protective Measures	Testing - State of Nevad DEM	Work Completed / Fully Documented	Obligated	04/02/2021	1	\$224,310.21	\$168,232.66

Once the project is open, click on the "Reports" button at the top and download your Project Report.

It will download as a PDF that looks like this:

<b>Project #</b>	139009	<b>Project Type</b>	Work Completed / Fully Documented
<b>Project Category</b>	B - Emergency Protective Measures	<b>Applicant</b>	Nevada (000-ULLN4-00)
<b>Project Title</b>	Testing - State of Nevad DEM	<b>Event</b>	4523DR-NV (4523DR)

*\*Save this for your records. It will need to be uploaded into ZoomGrants.*

## Step Two

Once you receive the invitation to apply link from DEM you will create an account on ZoomGrants. Once your account is created you will want to click "Apply".

### Open Programs

Disaster DR-4523 Public Assistance COVID-19  
1/15/2021 - Organizations Only

You must be logged in to start a new application.

Apply

Preview

### Step Three

Fill in the fields with the appropriate information.

<b>Name of Jurisdiction</b>	NV Division of Emergency Management
<b>Amount Requested</b> <small>Must Match the FEMA Project Worksheet</small>	USDS 224310.21
<b>Applicant Information</b>	
First Name	Shea
Last Name	Schultz
Telephone	775-687-0300
Email	sschultzndem@gmail.com
<b>Organization Information</b> <small>(changes to this data will be reflected on all other applications for this organization)</small>	
Organization Legal Name/Entity Name	NV Division of Emergency Management
Address 1	2478 Fairview Drive
Address 2	
City	Carson City
State/Province	NV
ZIP+4/Postal Code	89701
Country	
Telephone	775-687-0300
Fax (optional)	
Website (optional)	www.dem.nv.gov
Federal Tax ID (EIN) (XX-XXXXXXX)	88-6000022
DUNS Number	607025948

*\*For Amount Requested: This should be the total project amount including both the Federal share and match amounts.*

#### Collaborators

Collaborators can only edit application data (answers). They cannot submit, archive, or delete this application.

Email Address	First Name	Last Name	Title	Editing Access	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="button" value="Invite"/>
<input type="checkbox"/> Add to Additional Contacts (below)					

**Additional Contacts for this Application**  
Additional Contacts will be copied on all emails sent to the application owner regarding this application. Enter ONLY email addresses separated by a comma. No names. No titles. No phone numbers.

*\*Any Collaborators or additional contacts can be added here. Collaborators will be able to access and edit the application.*

**Public Assistance Grant Application**

(answers are saved automatically when you move to another field)

**1. PRELIMINARY DAMAGE ASSESSMENT QUESTIONS. Please estimate all costs, from January 20, 2020 to date, that are compliant with FEMA Public Assistance or approved by FEMA Public Assistance. PUBLIC ASSISTANCE COVID-19 PROJECT DEVELOPMENT BULLETIN #25 – 4/28/20 https://dem.nv.gov/UploadedFiles/dem/nv/gov/content/COVID-19/Bulletin025-ProjectDevelopment.pdf**

\$123,456,789.00  
 Maximum characters: 255. You have 240 characters left.

**2. Did your agency receive CARES Act Funds?**

Yes  
 No

**3. What type of CARES Act funds did you receive?**

Please address if the supplemental funding was issued to the jurisdiction in the form of an allocation such as EMPG, DOJ, CDBG or was the funding strictly a funding stream the jurisdiction has never received in the past.

Coronavirus Relief Funds and EMPG-S  
 Maximum characters: 255. You have 220 characters left.

**4. What is the total of CARES Act Funding your agency received?**

\$12,345.67  
 Maximum characters: 255. You have 248 characters left.

**5. How are you documenting expenses and deconflicting grant funds to ensure you are not requesting funding multiple times for the same expense?**

Assigning specific coding for each funding stream and ensuring a tracking system is in place for expenses.  
 Maximum characters: 1000. You have 994 characters left.

**6. You must certify that you will not ask for funding for the same expense more than once. You must have safety measures in place to ensure all funds are tracked and follow standard federal and state grants management practices. All of this information will be required in the quarterly financial and programmatic reporting process after the grant is issued.**

DEM requires proof of documentation after the grants is issued but before payment is approved. Recipients are required to follow all federal and state assurances, DEM Grants Management Guide, Nevada Revised Statutes and Code of Federal Regulation.

Yes, I agree & Certify that my agency will follow standard federal & state grants management practices

Documents Requested *	Required?	Uploaded Documents *	
Procurement Policy	Required	-none-	<input type="button" value="Upload"/>
Payroll Policy	Required	-none-	<input type="button" value="Upload"/>
Travel Policy	Required	-none-	<input type="button" value="Upload"/>
Grant Management Policy	Required	-none-	<input type="button" value="Upload"/>
Most Current A-133 Audit	Required	-none-	<input type="button" value="Upload"/>
If no A-133 was required, the last Internal Audit Performed on the organization. An upload is required. If this does not apply to you, upload the A-133 document again.	Required	-none-	<input type="button" value="Upload"/>

*\*Ensure you are uploading the proper and current documents.*

**1. Project #**

Under General Information on the approved PW, please locate the PW # and type that number into the box provided.

139009  
Maximum characters: 255. You have 249 characters left.

**2. Project Title**

Under General Information on the approved PW, please locate the Project Title and type the name of the project into the box provided.

Testing - State of Nevada DEM  
Maximum characters: 255. You have 226 characters left.

**3. Applicant Name**

Under General Information on the approved PW, please locate the Applicant name and type the applicant name and number next to the applicant name in the box provided.

NV Division of Emergency Management  
Maximum characters: 255. You have 220 characters left.

**4. Damage Description and Dimensions**

Under Damage Description and Dimensions, cut and paste the information into the box provided.

The Disaster # 4523DR, which occurred between 01/20/2020 and , caused:  
Damage # 384702; Emergency Protective Measures (Damage for Project [139009]  
Testing - State of Nevada DEM )  
During the incident period of 1/20/2020 through [End Date], COVID-19 created an  
immediate threat to the health and safety of the general public requiring emergency  
response and protective measures.  
  
Provided Provision of Supplies and Commodities for testing kits and food for the National  
Guard -  
Community at 2460 Fairview Drive, Carson City, NV 89701 (39.152200, -119.739067) from  
2/27/2020 to  
Maximum characters: 65000. You have 64407 characters left.

**5. Final Scope**

Under "Final Scope" please cut and paste the information into the box provided

Work Completed– StreamlinedCOVID-19 Application  
In response to the COVID-19 Public Health Emergency, the applicant utilized contracts in  
taking the Emergency Protective Measures of purchasing testing kits and  
meals for the National Guard assisting with community-based COVID testing.  
Cost share for this version is 75%. All work and costs in this project fall between 3/27/2020  
through 05/28/2020.  
COVID-19 Streamlined Application Disclosures:  
Contracts must include a Termination for Convenience clause.  
FEMA will not approve PA funding that duplicates funding or assistance provided by  
another Federal agency, including the U.S. Department of Health and Human  
Services, Centers for Disease Control and Prevention, and the United States Department  
Maximum characters: 65000. You have 61501 characters left.

*\*This information should come directly from the PW that was downloaded from Step One. Ensure you are copying the entire "Damage, Description, and Dimensions" and "Final Scope" sections.*



## **Next Steps**

Once your application is submitted it will be available for DEM to review and issue. You will receive notification via email when your application is ready for signature. Once your award is signed by DEM and your authorized representative you will be able to submit quarterly financial and progress reports.

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Additional DEM Bulletins, FEMA Fact Sheets, and additional recovery resources can be found on the DEM Website at <https://dem.nv.gov/COVID-19/home/>

<b>FOR QUESTIONS, PLEASE CONTACT:</b>	
<b>Disaster Recovery</b>	<b>disaster-recovery@dps.state.nv.us</b>

<b>DIRECT CONTACTS:</b>		
<b>Suz Coyote</b> <b><u>scoyote@dps.state.nv.us</u></b> <b>775-745-6806</b>	<b>Kelli Anderson</b> <b><u>kanderson@dps.state.nv.us</u></b> <b>775-220-1618</b>	<b>DEM Office</b> <b>775-687-0300</b>