

<b>Entity's Legal Name</b>	
<b>Unique Entity Identifier*</b>	
<b>Nevada Vendor Identification Number</b>	

**\*If your organization is not currently set to “public” on SAM.gov, please submit snip of SAM.gov relating your organization’s current status and expiration date.**

**Document Requests**

*Please submit up-to-date copies of the following documents as applicable to your organization. If you do not have any of the below documents, please mark it accordingly and attach a brief written response related to its absence.*

Internal Controls	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY24
Financial Management Policies	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY24
Conflict of Interest Policy	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY24
Civil Rights Policy	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY24
Student Privacy Policy	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY24
Ledger of Expenditures	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY24

*Please note, the ledger of expenditures should be an excerpt of your organization’s transaction-level data, illustrating budget account by revenues and expenditures, categories, function codes, and object codes. As applicable, please include a reference to your chart of accounts.*

**Does your organization have a time and effort accounting system in place?** *May state N/A if previously submitted for FY24. If you do not have a time and effort accounting system in place, please provide a brief description why and note whether it is reflected in your policies and procedures.*

**What accounting system does your organization use?** *May state N/A if previously submitted for FY24.*

**Does your organization utilize an indirect rate or the de minimus administrative rate? How are these rates reflected in your ledger / chart of accounts?** *May state N/A if previously submitted for FY24. Please note whether this information is reflected in your policies and procedures.*

**Does your organization have previous experience managing similar grants?** *Please provide an example/describe in 3-4 sentences.*

**Please list any relevant licenses or accreditations that your organization may have relative to the grant and indicate if they are in good standing.**

**Does your organization have adequate financial staffing and experience to implement and manage the grant?** (e.g., are you currently hiring or training new employees, planning for retirements, etc.) Please describe in 3-4 sentences.

<b>Does your organization plan to subcontract* the award?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If match** or maintenance of effort are required, has your organization identified an allowable source?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, what source has been identified?</b>	
<b>Does your organization believe that it will be able to comply with the assurances as written?</b>	Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No <input type="checkbox"/>

\*Please note that this refers to a competitive bidding process/solicitation of contracts or further breaking out the award to additional organizations

\*\*Match refers to a requirement that your organization be able to contribute a certain amount of funds proportional to the award amount to the project; your grant application will have clearly stated whether there are matching requirements