



State of Nevada

Department of Education

RFA CHECKLIST: SCHOOL-BASED MENTAL HEALTH PROFESSIONALS PROJECT

LOCAL EDUCATION AGENCY (LEA) INFORMATION

District or Charter Academy:

Address:

Authorized Contact Name:

Title:

Email Address:

Telephone Number:

Amount Requested:

CHECKLIST

District/Charter Contact Information All information must be provided in the included tables.

Required Agreements Must be completed and signed in blue ink or electronically.

Application Questions (5) Responses for each portion of each question must be provided.

Current Staffing Information All information must be provided in the appropriate locations.

School List All information must be provided in the included Excel spreadsheet.

Statement of Certification Form Must be completed and signed in blue ink or electronically.

General Federal Assurances Must be completed and signed in blue ink or electronically.

NDE Budget Summary and Narrative Template must be completed according to the instructions provided and signed in blue ink or electronically.