



State of Nevada

Department of Education

STATEMENT OF CERTIFICATION

SCHOOL-BASED MENTAL HEALTH PROFESSIONALS PROJECT

SECTION A: APPLICATION FOR A GRANT/SUBGRANT CERTIFICATION

I HEREBY CERTIFY that, to the best of my knowledge, the information in this application is correct.

The applicant designated below hereby applies for federal or state funds for the **SCHOOL-BASED MENTAL HEALTH PROFESSIONALS PROJECT**. The local Board of Trustees/Organization has authorized me to file this application and such action is recorded in the minutes of the board meeting held on _____.

Signature: _____ Date: _____
Authorized Representative

PART I – APPLICANT

Applicant: (Legal Name of Agency):

Mailing Address (Street, P. O. Box, City/ Zip):

Name, title and phone number of Applicant:

Authorized Contact Person:

Name, title and phone number of Applicant:

Fiscal Contact Person:

Amount of application:

PART II – STATE DEPARTMENT OF EDUCATION USE

Date Received: _____

Obligation Amount: _____

Reviewer's Signature: _____

Date: _____