



State of Nevada

Department of Education

RFA CHECKLLIST ORGANIZATION INFORMATION

Applicant:

[Click here to enter text.](#)

Address:

[Click here to enter text.](#)

Authorized Contact Name:

[Click here to enter text.](#)

Title:

[Click here to enter text.](#)

Email Address:

[Click here to enter text.](#)

Telephone Number:

[Click here to enter text.](#)

Amount Requested:

[Click here to enter text.](#)

CHECKLIST

<input type="checkbox"/>	District Contact Information	Please complete with the contact information for the district level personnel that should be contacted if there are any questions regarding the application
<input type="checkbox"/>	Application	Includes all required sections written with sufficient detail
<input type="checkbox"/>	Statement of Certification Form	Must be completed and signed in blue ink
<input type="checkbox"/>	General State Assurances	Must be completed and signed in blue ink
<input type="checkbox"/>	NDE Budget Summary	Must be completed and signed in blue ink
<input type="checkbox"/>	NDE Budget Form	Completed with sufficient narrative to support state project goals and items placed into correct categories
<input type="checkbox"/>	Program, curricula, or vendor estimates, as applicable	Please attach information regarding estimated or real costs for any programs, training, projects, or curricula improvements