

## State of Nevada

## Department of Education

RFA CHECKLIST: TRAUMA INFORMED AND RESTORATIVE PRACTICES ESSER II AND ESSER III

## 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 (10)** Responses for each portion of each question must be provided.

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

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

**General Federal Assurances ESSER III** 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.

10.2G 2/27/2019