

Entity's Legal Name	
Unique Entity Identifier*	
Nevada Vendor Identification Number	

***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 documents below, please mark it accordingly and attach a brief written response related to its absence.

Internal Controls	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable document	<input type="checkbox"/> Already Submitted for FY27
Financial Management Policies	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable document	<input type="checkbox"/> Already Submitted for FY27
Conflict of Interest Policy	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable document	<input type="checkbox"/> Already Submitted for FY27
Civil Rights Policy	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable document	<input type="checkbox"/> Already Submitted for FY27
Student Privacy Policy	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable document	<input type="checkbox"/> Already Submitted for FY27
Ledger of Expenditures	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable document	<input type="checkbox"/> Already Submitted for FY27

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 FY26. If you do not have a time and effort accounting system in place, please provide a brief description of 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 FY27.*

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 FY27. 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.*

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