Subrecipient: Elko County School District - NNRPDP

UEI (DUNS):

Vendor Number: T40232000

Federal/State Project Title: NNRPDP

Check one below:

Budget: 1.00

Amendment: 1

Project Number:

Project Title: NNRPDP

FISCAL YEAR 2027

NDE Use Only

Budget Code:

Category

GL:

CAN Number:

Job Number:

OBJECT	DESCRIPTION	INSTRUCTION	SUPPORT	TOTAL
100	Salaries	$ -	$ 1,476,283.79	$ 1,476,283.79
200	Benefits	$ -	$ 772,433.22	$ 772,433.22
300	Purchased Professional Services	$ -	$ 246,990.00	$ 246,990.00
400	Purchased Property Services	$ -	$ 8,800.00	$ 8,800.00
500	510 Student Travel Services	$ -	$ -	
	581 Travel	$ -	$ 74,305.98	
	530 Communication	$ -	$ 2,650.00	
	Total 500	$ -	$ 76,955.98	$ 76,955.98
600	610 General Supplies	$ -	$ 1,700.00	
	612 Non Information Tech Items of Value *	$ -	$ -	
	640 Books and Periodicals	$ -	$ 5,000.00	
	641 Textbooks	$ -	$ -	
	650 Supplies; Info Tech	$ -	$ 5,017.76	
	651 Software	$ -	$ -	
	652 Information Tech Items of Value *	$ -	$ -	
	653 Web-based and Similar Programs	$ -	$ 2,450.00	
	654 Supplies-IT Related			
	Total 600	$ -	$ 14,167.76	$ 14,167.76
800	810 Dues and Fees	$ -	$ 5,000.00	
	890 Other Miscellaneous	$ -	$ -	
	800 Other	$ -	$ -	
	Total 800	$ -	$ 5,000.00	$ 5,000.00
Subtotal 100 - 600 & 800		$ -	$ 2,600,630.75	$ 2,600,630.75
Indirect Cost	Approved Rate: %	$ -	$ -	$ -
700	730 Equipment: over $5,000 each	$ -		
	700 Other	$ -	$ -	
	Total 700	$ -	$ -	$ -
900 Other	900 Other	$ -	$ -	
	Total 900	$ -	$ -	$ -
TOTAL		$ -	$ 2,600,630.75	$ 2,600,630.75

Signature: Annie Hicks

Signature of Authorized Sub-grantee Representative

Date 10/27/2026

Name/Title: Annie Hicks / Director, NNRPDP

Print Name and Title of Authorized Sub-grantee Representative

* All Items of Value must be itemized on the Budget Detail.

** Indirect Cost Rates must be approved by the NV Department o
(NDE) **before** the sub-grantee may budget for and charge those costs
to the grant. **Indirect cost is allowed for Federal Grant Awards on**

DEPARTMENT OF EDUCATION USE ONLY

Program Staff Initial _____ Date Approved _____

Grant Unit Staff Initial _____ Date Approved _____

*** Expenditures **cannot** exceed approved budget in any object code. Any changes to object code budget have to be approved by NDE prior to funds being incurred. NDE reserves the right to deny reimbursement for any amount exceeding previously approved budget for each object code .