



State of Nevada

Department of Education

RFA CHECKLIST

ORGANIZATION INFORMATION

Applicant:

Address:

Authorized Contact Name:

Title:

Email Address:

Telephone Number:

Amount Requested:

CHECK	ITEM	DESCRIPTION
	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.
	Application – Bullying Prevention	Includes all required sections written with sufficient detail
	Statement of Certification Form	Must be completed and signed in blue ink.
	General State Assurances	Must be completed and signed in blue ink.
	NDE Budget Expenditure Summary, for FY20	Must be completed and signed in blue ink
	NDE Budget Narrative Form, for FY20	Completed with sufficient narrative to support state project goals and items placed into correct categories
	Program, curricula, or vendor estimates, as applicable	Please attach information regarding estimated or real costs for any programs, training, projects, or curricula improvements