



State of Nevada

Department of Education

STATEMENT OF CERTIFICATION

Bullying Prevention Grant

SECTION A: APPLICATION FOR A GRANT/SUBGRANT CERTIFICATION

I HEREBY CERTIFY that, to the best of my knowledge, the information in this application is correct.

The applicant designated below hereby applies for federal or state funds for the Bullying Prevention Grant. The local Board of Trustees/Organization has authorized me to file this application and such action is recorded in the minutes of the board meeting held on _____ (Date).

Signature: _____ Date: _____
Authorized Representative

PART I – APPLICANT

Applicant: (Legal Name of Agency): _____

Mailing Address (Street, P. O. Box, City/ Zip): _____

Name, title and phone number of Applicant: _____

Authorized Contact Person: _____

Name, title and phone number of Applicant: _____

Fiscal Contact Person: _____

Amount of application: _____

PART II – STATE DEPARTMENT OF EDUCATION USE

Date Received: _____

Obligation Amount: _____

Reviewer's Signature: _____

Date: _____