

FFY25 Nevada SNAP-Ed Application Cover Sheet

Legal Name of Applicant _____

Physical Address _____

Federal Tax Identification Number (TIN) *if available* _____

DUNS Number *if available* _____

Primary Contact Name _____

Primary Contact Title _____

Primary Contact Email _____

Primary Contact Phone Number _____

Contract Signatory Name _____

Contract Signatory Email _____

Contract Signatory Phone Number _____

Proposed Total Budget (October 1, 2024 – September 30, 2025) _____

Indicate selected projects and implementing geographies:

Project 1: Improving the likelihood of healthy habits in children under 5 years old.

County	Zip Code and/or City

Project 2: Improving healthy eating/physical activity for youth (5-17 years).

County	Zip Code and/or City

Project 3: Improving healthy eating/physical activity for adult populations.

County	Zip Code and/or City

Project 4: Increasing access to healthy food via Nevada’s food distribution channels.

County	Zip Code and/or City

Checklist of Assurances

To be considered for funding, applicants must meet all assurances listed below by the time the award is set in place. Please put an X in all boxes that apply to the applicant's organization.

Our organization has the interest and ability implement the SNAP-Ed project(s) as required, if awarded, including:

- Commitment to work with SNAP-Ed eligible audiences
- Commitment to improve nutrition and physical activity behaviors and/or access in eligible communities
- Commitment to collect necessary data for reporting and evaluation and adhere to timely reporting submissions
- Agreement not to discriminate based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity

Our organization has the capacity to act as a subrecipient of Federal grant funding, including:

- The experience or capability to adhere to timely and complete reporting and invoicing requirements

Our organization, if not already acquired, will complete the requirements to obtain a Federally recognized indirect cost rate, a valid Dun and Bradstreet Universal Numbering System (DUNS) number and register in the System for Award Management (SAM) on or before the date required by DWSS and UNR EXT in the event our organization is chosen as a subrecipient for SNAP-Ed funding. In the event a Federally recognized indirect cost rate is not obtained, our organization will use a de minimus indirect cost rate per the Uniform Guidance ([eCFR 200.414](#)).

In the event our agency is chosen as a subrecipient, our organization understands that if we have not fully complied with the requirements to complete the subrecipient award by the time DWSS and UNR EXT is ready to make the award, DWSS and UNR EXT may determine that the applicant is not qualified to receive the award and use that determination as a basis for providing the award to the next qualified applicant.