Nevada Supreme Court, Administrative Office of the Courts AOC Grant Program Application Cover Sheet

Applicant Court:				
Contact Person:				
Address:				
Phone: Fax:				
E-mail:				
Project Title:				
Project Description:				
Project Start Date:	Pro	ject Completion Date:		
	Project Total:			
	Requested Amount:			
	Applicant Match:			
Applicant is will	ling to consider a reduced gr	rant award amount offer.		
Applicant is not willing to consider a reduced grant award amount offer.				
	-	-		
Application Checklist				
Coversheet	Coversheet			
Statement of Pro	Statement of Problem			
Project Design a	Project Design and Implementation			
Capabilities/Cor	Capabilities/Competencies			
Budget and Narr	Budget and Narrative			
Impact/Outcome	Impact/Outcomes and Evaluation			
☐ Signed Assurance	☐ Signed Assurances			
Vendor Quote (i	Vendor Quote (if applicable)			
Applicant has fully read the AOC Grant Program Policies and Guidelines				
Authorized Signature:			_Date:	
Nomo		Title		