

**Nevada Supreme Court, Administrative Office of the Courts
Courthouse Lactation Room Installation Grant
AB196**

Applicant Court: _____

Designated Grant/Project Manager: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Project Description:

Anticipated Project Start Date:

Anticipated Completion Date:

Project Total:	
Requested Amount:	
Applicant Match:*	

Application Checklist

- Grant Application Form
- Complete Letter of Request with Proof of Resources to Meet Applicant Match Requirement
- Budget Worksheet
- Complete Project Timeline and Responsibilities Narrative
- Assurances Form
- Current Vendor Quote(s)

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

**1:1 Match Required*