

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: _____ Project Completion Date: _____

Project Total:	
Requested Amount:	
Applicant Match:	

☐ Applicant is willing to consider a reduced grant award amount offer.

☐ Applicant is not willing to consider a reduced grant award amount offer.

Application Checklist

- ☐ Coversheet
- ☐ Statement of Problem
- ☐ Project Design and Implementation
- ☐ Capabilities/Competencies
- ☐ Budget and Narrative
- ☐ Impact/Outcomes and Evaluation
- ☐ Signed Assurances
- ☐ Vendor Quote (if applicable)
- ☐ Applicant has fully read the AOC Grant Program Policies and Guidelines

Authorized Signature: _____ Date: _____

Name: _____ Title: _____