

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

FUNDING ACKNOWLEDGEMENT FORM

This form is designed to document any additional funding sources your agency is receiving for projects similar to the one being submitted. Please complete all sections accurately. This form will be requested annually to the Bureau of Behavioral Health Wellness and Prevention.

Section 1: Agency Information

- **Agency Name:** _____
- **Contact Person:** _____
- **Phone Number:** _____
- **Email Address:** _____

Section 2: Project Information

- **Name of the Project being funded:** _____
- **Brief Description of the Project:** _____

Section 3: Additional Funding Sources

Please provide information about any other funding your agency is receiving for projects similar to the one being submitted. Use additional sheets if necessary.

Checkmark	Funding Source	Funder	Amount	Name of Project Funded	Additional Notes
<input type="checkbox"/>	Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant	Bureau of Behavioral Health Wellness and Prevention			
<input type="checkbox"/>	Mental Health Community Services Block Grant	Bureau of Behavioral Health Wellness and Prevention			

<input type="checkbox"/>	Partnership for Success (PFS) Grant	Bureau of Behavioral Health Wellness and Prevention, or OTHER			
<input type="checkbox"/>	State Opioid Response (SOR) Grant	Bureau of Behavioral Health Wellness and Prevention			
<input type="checkbox"/>	Opioid Settlement Dollars	Funds for Resilient Nevada, Director's Office of Department of Health and Human Services			
<input type="checkbox"/>	Opioid Settlement Dollars	Funded through the County (One Nevada agreement)			
<input type="checkbox"/>	State General Funds	Bureau of Behavioral Health Wellness and Prevention			
<input type="checkbox"/>	Overdose Data to Action (OD2A) Grant	Bureau of Behavioral Health Wellness and Prevention, or through Southern Nevada Health District			
<input type="checkbox"/>	Projects for Assistance in Transition from Homelessness (PATH)	Bureau of Behavioral Health Wellness and Prevention			
<input type="checkbox"/>	Clinical High Risk Psychosis Program for Youth (CHR-P)	Bureau of Behavioral Health Wellness and Prevention			
<input type="checkbox"/>	OTHER	Bureau of Behavioral Health Wellness and Prevention			
<input type="checkbox"/>	OTHER				
<input type="checkbox"/>	OTHER				

Section 4: Certification

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that any misrepresentation of funding sources may result in disqualification or termination of funding.

- **Authorized Representative Name:** _____
 - **Title:** _____
 - **Signature:** _____
 - **Date:** _____
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