**Agency Profile Instructions**

Project Name – Provide a short descriptive name for the proposed project

Purpose of Award – Provide a short 2-3 sentence description of the purpose of the RFA project

Region(s) to be served – Select the checkbox that applies to the regions of Nevada that will be served with the RFA. If not statewide, please specify which counties will be served

Agency Name – Applicant’s legal agency name

Agency Website – If applicable, provide the applicant’s website address

Agency Address – Street and floor or suite number

Agency City/State – City and State

Agency Zip Code – Five or nine-digit zip code

Employer ID Number – Provide employer identification number (EIN)

Vendor Number – Provide Vendor number

Unique Entity ID (UEI) Number – Provide Unique Entity ID (UEI) 12-character alpha-numeric ID assigned by SAM.gov (formerly DUNS number)

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Agency Director – This will be the main administrative contact person for this project

Agency Indirect Rate – Provide your requested agency approved indirect rate

**Agency Profile**

|  |  |  |
| --- | --- | --- |
| Project Name: |  | |
| Purpose of Award: |  | |
| Region(s) to be served: | * Statewide ☐ Specific County or Counties: | |
| Agency Name: |  | |
| Agency Website: |  | |
| Agency Telephone Number: |  | |
| Agency Address: |  | |
| Agency City, State: |  | |
| Agency Zip Code: |  | |
| Employer ID Number (EIN): |  | |
| Vendor Number: |  | |
| UEI Number: |  | |
| Project Period: *(Month/Day/Year)* | Start Date 09/30/2025 | End Date 09/29/2026 |
| Amount Requested: |  | |
| Agency Approved Indirect Rate: |  | |