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Nevada Division of Public and Behavioral Health Bureau of Child, Family, and Community Wellness Maternal, Child, and Adolescent Health Section

*In response to:*

Request for Applications:

Maternal Infant and Early Childhood Home Visiting Funding Release Date: May 12, 2025

Deadline for Submission and Time: June 10, 2025, by 11:59 p.m. PST

|  |  |
| --- | --- |
| Organization Name: | |
| Phone: | Email Address: |
| Name of Authorized Sub-Recipient Official and Title: | |
| Name of Primary Contact for Proposal: | |
| Proposal Primary Contact Email Address: | |

*As a duly authorized representative, I hereby certify that I have read, understand,*

*and agree to all terms and conditions contained within this request for applications and that informa tion included in our organiza tion’s application hereby submitted is accurate and complete.*