

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:	<input type="checkbox"/> Statewide <input type="checkbox"/> 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: <i>(Month/Day/Year)</i>	Start Date 09/30/2024	End Date 09/29/2025
Amount Requested:		
Agency Approved Indirect Rate:		