

Submit to State of Nevada, Division of Welfare and Supportive Services via email at [sxcook@dwss.nv.gov](mailto:sxcook@dwss.nv.gov) or mail to: DWSS – Nevada SNAP-Ed, 400 W. King Street, Suite 300, Carson City NV 89703.

**To:** State of Nevada, Division of Welfare and Supportive Services, SNAP-Ed

**Date Completed:** \_\_\_\_\_

**Legal Name of Organization/Applicant:** \_\_\_\_\_

Street Address/Suite/Building: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Primary Contact Person/Title:** \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

What counties do you intend to serve if an application is submitted?

- |                                      |                                    |                                   |                                  |                                   |                                     |
|--------------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Douglas   | <input type="checkbox"/> Eureka   | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Nye      | <input type="checkbox"/> Washoe     |
| <input type="checkbox"/> Churchill   | <input type="checkbox"/> Elko      | <input type="checkbox"/> Humboldt | <input type="checkbox"/> Lyon    | <input type="checkbox"/> Pershing | <input type="checkbox"/> White Pine |
| <input type="checkbox"/> Clark       | <input type="checkbox"/> Esmeralda | <input type="checkbox"/> Lander   | <input type="checkbox"/> Mineral | <input type="checkbox"/> Storey   |                                     |

Do you intend to reach the tribal communities in the State of Nevada?     Yes     No     Unsure

Dear State of Nevada, SNAP-Ed:

Please accept this letter as notification that the Organization/Applicant named above is interested in applying for SNAP-Ed grant funding from the State of Nevada, Division of Welfare and Supportive Services (DWSS) for a period of performance from October 1, 2020 through September 30, 2022 (FFY2021-2022).

The Organization/Applicant named above understands that signing this letter of interest **does not** formally or informally bind nor promise that the organization or applicant will submit an application to for SNAP-Ed funds.

The Organization/Applicant named above understands that by submitting this letter of interest, DWSS will add the primary contact person to a communication list and agrees to receive future emails and phone calls related to Nevada SNAP-Ed and to this funding opportunity unless the Organization/Applicant named above requests to be removed from the communication list.

Additional notes from Organization/Applicant (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature of Primary Contact

Name of Person Signing, if different from Primary Contact: \_\_\_\_\_

Contact information of Person Signing, if different than listed above: \_\_\_\_\_

\_\_\_\_\_