

FFY25 Nevada SNAP-Ed Application Cover Sheet

Legal Name of Applicant _____

Physical Address _____

Federal Tax Identification Number (TIN) *if available* _____

DUNS Number *if available* _____

Primary Contact Name _____

Primary Contact Title _____

Primary Contact Email _____

Primary Contact Phone Number _____

Contract Signatory Name _____

Contract Signatory Email _____

Contract Signatory Phone Number _____

Proposed Total Budget (October 1, 2024 – September 30, 2025) _____

Indicate selected projects and implementing geographies:

Project 1: Improving the likelihood of healthy habits in children under 5 years old.

County	Zip Code and/or City

Project 2: Improving healthy eating/physical activity for youth (5-17 years).

County	Zip Code and/or City

Project 3: Improving healthy eating/physical activity for adult populations.

County	Zip Code and/or City

Project 4: Increasing access to healthy food via Nevada’s food distribution channels.

County	Zip Code and/or City