

## FFY26 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, 2025 – September 30, 2026) \_\_\_\_\_

**Indicate selected projects and implementing geographies:**

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

County	Zip Code(s) and/or City

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

County	Zip Code(s) and/or City

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

County	Zip Code(s) and/or City

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

County	Zip Code(s) and/or City