

# Notice of Funding Opportunity

Nevada Public Broadcasting Stations

Application Due Date: June 22, 2022

Issued By

The Nevada Department of Education  
Office of Standards and Instructional Support

Funding Period:	August 1, 2022 – June 30, 2023
Funds Available:	\$462,725.00
Source of Funding:	Nevada State Legislature Appropriation from the general fund to support nonprofit public broadcasting stations in Nevada.

**Questions related to this funding should be addressed to:**

Mary Holsclaw, Education Program Professional  
Office of Standards and Instructional Support  
mholsclaw@doe.nv.gov



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## Part I – Application Requirements and Guidelines

### A. Introduction and Background

The Public Broadcasting Services Grant provides funding for nonprofit TV districts and/or Radio districts to provide programming to serve the educational, informational, and cultural needs across the state of Nevada. Sub-grantees will provide high quality programming to reach the most rural and most urban of communities.

### B. Eligible Applicants.

#### Eligibility Standards:

In order to qualify for funds distributed by the Department of Education from the State of Nevada appropriation for public broadcasting entities, the following criteria must be met:

- 1) Be licensed by the Federal Communications Commission (FCC) as a noncommercial educational station or operate a low power television or radio station or stations exclusively on a non-commercial basis;
- 2) Be licensed to a community within the State of Nevada;
- 3) Be on the air for at least one year;
- 4) Maintain power and antenna height sufficient to cover the city of license with a primary strength signal; and,
- 5) Broadcast programming devoted primarily to serving the educational, informational and cultural needs of the community. Stations who air any programming that furthers the principles of particular political or religious philosophies and/or programming designed primarily for in-school or professional in-service audiences **are not eligible**.

### C. Goals and Priorities

The goals and priorities of this grant is to provide programming to serve the educational, informational, and cultural needs across the state of Nevada.

### D. Funding Information

**This grant utilizes the following funding categories as part of a funding formula.**

#### *Public Broadcasting Stations: Primary and Secondary*

*Primary stations* that are full-service television or radio stations that meet the qualifications for Community Service Grants from the Corporation for Public Broadcasting; five full-time staff, professionally equipped production facilities, local production and origination, etc.

*Secondary stations* are a station which repeats the signal from a primary station, has production facilities and produces some local programming, and is necessary to achieve statewide coverage. These stations exclusively repeat the signal from a primary station or network and have sufficient reception and transmission equipment to transmit the repeated signal to its designated coverage area.

#### **Funding Formula:**

Sums appropriated by the State of Nevada through the Department of Education are to be distributed as follows:

#### **TV/RADIO SPLIT**

- 1) A grant pool of 55% of the appropriation shall be designated for the exclusive use of qualified primary and secondary *television* stations.
- 2) A grant pool of 45% of the appropriation shall be designated for the exclusive use of qualified primary and secondary *radio* stations.

**RADIO BASE/INCENTIVE SPLIT**

1. 20% of the radio pool will be set aside for base grants that will be evenly divided among all qualified primary and secondary radio stations.
2. 80% of the radio pool will be set aside for incentive grants. Distribution of incentive grants will be made to primary stations only based upon each station’s certified statement of non-tax-based revenue for the most recent preceding fiscal year. Capital and endowment revenue are excluded. The amount distributed to each station must represent that portion, expressed as a percentage, which each station’s non-tax-based revenue represents in proportion to the total of all non-tax based revenue by all eligible primary stations within the grant pool.

**TELEVISION BASE/PRIMARY SPLIT**

1. 20% of the television pool will be set aside for base grants that will be evenly divided among all qualified primary and secondary television stations.
2. 80% of the television pool will be set aside for incentive grants. Distribution of incentive grants will be split evenly among all qualified primary stations only.

**E. Participation and Evaluation**

***Participation Requirements***

All applicants and subrecipients must demonstrate the effectiveness of the requested and implemented strategies, activities, and interventions, and may do so by referencing Every Student succeeds Act (ESSA) Evidence Levels.

***Reporting Requirements***

All subrecipients are required to submit requests for reimbursement and final financial reports, in alignment with the General assurances.

***Monitoring and Evaluation Requirements***

All subrecipients will be evaluated for financial risk and will undergo financial subrecipient monitoring on an annual basis.

**F. Technical Assistance and Support**

If you have general questions about this competitive grant application process, please contact the following:

***Program Technical Assistance from the Office***

<b>Name</b>	<b>Email</b>	<b>Support</b>
Mary Holsclaw	mholclaw@doe.nv.gov	Program Technical Assistance
Nancy Sanchez	grantsinfo@doe.nv.gov	Grant Technical Assistance
Amelia Thibault	sidcompliance@doe.nv.gov	Financial Risk Assessment Assistance

**G. Review Process**

***Submission of Application***

All applicants must apply via email. Technical assistance is available upon request.

***Review of Application***

NDE staff will review and score the applications as submitted on a rolling basis in alignment with the rubrics provided. Review will be simultaneous between programmatic and financial staff. Once all applications have been provided a score,

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the identified Review Team will assess the application scores and determine awards and allocations.



**H. Proposed Timeline**

The proposed timeline for the application period, review of applications, creation of the subaward agreement, and the funding period is available below:

<i>Date</i>	<i>Activity</i>
<i>Friday, May 27</i>	Applications made available to applicants
<i>Monday, June 22</i>	Applications Due
<i>Friday, August 1</i>	Funding Date
	First Report Date
	All Funds Expended; End of Funding Period
	Final Financial Report Due

Please note that dates are subject to change.

**I. Application Elements**

*1. Applicant Information*

Applicant Information for the applying entity will be required for identification and compliance purposes. Please see the **Applicant Information Form** in Part II.

*2. Use of Funds Narrative*

Please describe how the funds from this award will be used to support or serve the educational, informational, or cultural needs of your service area. Be specific about the program and the costs associated. Please see the **Use of Funds Narrative** in Part II.

*3. Certification*

The **General Statement of Certification** is required for all applicants; the **Base** statement is for both primary and secondary stations; the **Incentive** statement is for only primary stations. Each of these are available in Part II.

*4. Pre-Award Assessment*

The Financial Risk-Based **Pre-Award Assessment** is required for all subrecipients and will drive annual subrecipient monitoring and technical assistance. This form is available in Part II.

*5. Budget/Financial Forms*

The **Schedule of Non-Tax Based Financial Support** and its required attachments are required for all applicants. This form is available in Part II.

*6. Assurances*

A copy of the **General Assurances**, attached, must be read, signed, and submitted along with a copy of your application.

*7. Checklist*

- Application Information

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- Use of Funds Narrative
- General Statement of Certification
- Public Broadcasting Base Certification
- Public Broadcasting Incentive Certification (Primary Stations Only)
- Schedule of Non-Tax Based Financial Support
  - CPB Schedule A
  - CPB Schedule B
  - CPB Schedule C
  - CPB Schedule D
  - Previous FY Audited Financial Statement
- Pre-Award Assessment
  - Internal Controls
  - Financial Management Policies
  - Conflict of Interest Policy
  - Civil Rights Policy
  - Student Privacy Policy
  - Ledger of Expenditures

## Part II – Applicant Forms

### APPLICANT INFORMATION

#### Public Broadcasting Stations Support Program

Each entity wishing to apply for funding must complete this Applicant Information form. This form must be submitted to the Department of Education by **Wednesday, June 22** to [grantsinfo@doe.nv.gov](mailto:grantsinfo@doe.nv.gov) and [mholsclaw@doe.nv.gov](mailto:mholsclaw@doe.nv.gov).

<b>Entity's Legal Name</b>	Click or tap here to enter text.
<b>Employer Identification Number</b>	Click or tap here to enter text.
<b>Unique Entity Identifier</b>	Click or tap here to enter text.
<b>Nevada Vendor Identification Number</b>	Click or tap here to enter text.
<b>SAM Number</b>	Click or tap here to enter text.
<b>CAGE Number</b>	Click or tap here to enter text.
<b>License Number</b>	Click or tap here to enter text.
<b>Station Call Letters</b>	Click or tap here to enter text.
<b>Description of Entity</b>	Click or tap here to enter text.

<b>Contact Person</b>	Click or tap here to enter text.
<b>Title</b>	Click or tap here to enter text.
<b>Email</b>	Click or tap here to enter text.
<b>Phone Number</b>	Click or tap here to enter text.

<b>Person Completing Form</b>	Click or tap here to enter text.
<b>Title</b>	Click or tap here to enter text.
<b>Date</b>	Click or tap here to enter text.
<b>Signature</b>	

**USE OF FUNDS NARRATIVE**

<b>Licensee Name</b>	Click or tap here to enter text.
<b>Station Call Letters</b>	Click or tap here to enter text.
<b>Unique Entity Identifier</b>	Click or tap here to enter text.
<b>Nevada Vendor Identification Number</b>	Click or tap here to enter text.
<b>City/County of Licensee</b>	Click or tap here to enter text.
<b>Name and Title of Authorizing Official Licensee</b>	Click or tap here to enter text.
<b>Phone Number</b>	Click or tap here to enter text.
<b>Email Address</b>	Click or tap here to enter text.
<b>Licensee Address</b>	Click or tap here to enter text.
<b>Name of Contact</b>	Click or tap here to enter text.
<b>Email of Contact</b>	

*Please describe how the funds from this award will be used to support or serve the educational, informational, or cultural needs of your service area. Be specific about the program and the costs associated.*



**PUBLIC BROADCASTING BASE STATEMENT OF CERTIFICATION**  
**Nevada Public Broadcasting Stations**

*To be completed by both primary and secondary stations applying for funding distribution.*

<b>Legal Name of Licensee</b>	Click or tap here to enter text.
<b>Mailing Address</b>	Click or tap here to enter text.
<b>Authorized Representative Name and Title</b>	Click or tap here to enter text.
<b>Authorized Representative Phone #</b>	Click or tap here to enter text.
<b>Station Call Letters</b>	Click or tap here to enter text.
<b>Unique Entity Identifier</b>	Click or tap here to enter text.

Click or tap here to enter text. , **the licensee of** Click or tap here to enter text. **hereby certifies** that it meets the below listed eligibility criteria in order to receive funding through the Nevada Department of Education:

*Please check the box for each requirement to signify compliance:*

- Licensed by the Federal Communications Commission (FCC) as a non-commercial, educational station **or** is licensed by the FCC for the operation of a low power television or radio station and broadcasts exclusively on a non-commercial basis.
- Licensed to a community within the State of Nevada and has been in operation for at least one year.
- Operates with a power and antenna height sufficient to cover its service areas with a primary strength signal.
- Broadcasts a schedule of at least eight (8) hours per day devoted primarily to programming of high quality which serves demonstrated community needs of an educational, cultural, and informational nature. *Stations who air any programming that furthers the principles of particular political or religious philosophies and/or programming designed primarily for in-school or profession in-service audiences **are not eligible.***
- Any funds received through state funding by the licensee will be used solely for the benefit of an eligible public broadcasting station and not for general institutional overhead or parent organizational expenses.
- State funds received through passage of this appropriation will not supplant other licensee funding or cause to be reduced any other source of funding for the station.

<b>Authorized Representative:</b>	Click or tap here to enter text.	<b>Date:</b>	Click or tap here to enter text.
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<b>Signature</b>	
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**PUBLIC BROADCASTING INCENTIVE STATEMENT OF CERTIFICATION**  
**Nevada Public Broadcasting Stations**

*To be completed only by primary stations applying for funding distribution.*

<b>Legal Name of Licensee</b>	Click or tap here to enter text.
<b>Mailing Address</b>	Click or tap here to enter text.
<b>Authorized Representative Name and Title</b>	Click or tap here to enter text.
<b>Authorized Representative Phone #</b>	Click or tap here to enter text.
<b>Station Call Letters</b>	Click or tap here to enter text.
<b>Unique Entity Identifier</b>	Click or tap here to enter text.
<b>Vendor Number</b>	Click or tap here to enter text.

Click or tap here to enter text. , the licensee of Click or tap here to enter text. in order to meet the eligibility requirements for receipt of state funding through the Nevada Department of Education hereby certifies:

*Please check the box for each requirement to signify compliance:*

- Certified as a grantee of Community Service Grants funds by the Corporation for Public Broadcasting (CPB)
- The attached audit or authorized financial report of non-tax-based revenues are the most recent for the licensee and fairly stated as presented in the included schedules; they may be verified by accounting records and/or other financial information; these include audited financial statements and the CPB Annual Financial Report.

<b>Authorized Representative:</b>	Click or tap here to enter text.	<b>Date:</b>	Click or tap here to enter text.
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<b>Signature</b>	
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**GENERAL STATEMENT OF CERTIFICATION**  
**Nevada Public Broadcasting Stations**

*To be completed only by all applicants.*

**I HEREBY CERTIFY** that, to the best of my knowledge, the information in this application is correct. The applicant designated below hereby applies for the Nevada Public Broadcasting Stations Grant.

<b>Authorized Representative:</b>	Click or tap here to enter text.	<b>Date:</b>	Click or tap here to enter text.
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<b>Signature</b>	
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**PART I – APPLICANT**

<b>Applicant - Legal Name of Agency</b>	Click or tap here to enter text.
<b>Mailing Address</b>	Click or tap here to enter text.
<b>Authorized Representative Name and Title</b>	Click or tap here to enter text.
<b>Authorized Representative Phone #</b>	Click or tap here to enter text.
<b>Fiscal Representative Name and Title</b>	Click or tap here to enter text.
<b>Fiscal Representative Phone #</b>	Click or tap here to enter text.
<b>Amount of Application</b>	Click or tap here to enter text.

**PART II – STATE DEPARTMENT OF EDUCATION USE**

<b>Date Received</b>	Click or tap here to enter text.
<b>Obligation Amount</b>	Click or tap here to enter text.
<b>Reviewer Name</b>	Click or tap here to enter text.
<b>Date of Review</b>	Click or tap here to enter text.
<b>Reviewer Signature</b>	

**PRE-AWARD ASSESSMENT**

<b>Entity's Legal Name</b>	Click or tap here to enter text.
<b>Unique Entity Identifier/DUNS Number</b>	Click or tap here to enter text.
<b>Nevada Vendor Identification Number</b>	Click or tap here to enter text.
<b>SAM Number</b>	Click or tap here to enter text.
<b>CAGE Number</b>	Click or tap here to enter text.

**Document Requests**  
*Please submit up-to-date copies of the following documents as applicable to your organization. If you do not have any of the below documents, please mark it accordingly and attach a brief written response related to its absence.*

<b>Internal Controls</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY23
<b>Financial Management Policies</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY23
<b>Conflict of Interest Policy</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY23
<b>Civil Rights Policy</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document	<input type="checkbox"/> Already Submitted for FY23

<b>Does your organization plan to subcontract the award?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>If match or maintenance of effort are required, has your organization identified an allowable source?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>If yes, what source has been identified?</b>	Click or tap here to enter text.	

<b>Does your organization believe that it will be able to comply with the assurances as written?</b>	<b>Yes</b> <input type="checkbox"/>	<b>Unsure</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Does your organization have a time and effort accounting system in place?** *May state N/A if previously submitted for FY23.*

Click or tap here to enter text.

**What accounting system does your organization use?** *May state N/A if previously submitted for FY23.*

Click or tap here to enter text.

**Does your organization have previous experience managing similar grants?** *Please provide an example/describe in 3-4 sentences.*

Click or tap here to enter text.

**Please list any relevant licenses or accreditations that your organization may have relative to the grant and indicate if they are in good standing.**

Click or tap here to enter text.

**Does your organization have adequate financial staffing and experience to implement and manage the grant? (e.g., are you currently hiring or training new employees, planning for retirements, etc.) Please describe in 3-4 sentences.**

Click or tap here to enter text.

**PUBLIC BROADCASTING CERTIFICATION  
 SCHEDULE OF NON-TAX BASED FINANCIAL SUPPORT**

<b>Entity's Legal Name</b>	Click or tap here to enter text.
<b>Station Call Letters</b>	Click or tap here to enter text.
<b>Fiscal Year</b>	Click or tap here to enter text.

<b>DIRECT REVENUE</b> <i>(Schedule A, Line 22 of CPB AFR)</i>	\$ Click or tap here to enter text.
<b>INDIRECT ADMINISTRATIVE SUPPORT</b> <i>(Schedule B, Line 5 of CPB AFR)</i>	\$ Click or tap here to enter text.
<b>IN-KIND CONTRIBUTIONS</b> <b>Services and Other Assets</b> <i>(Schedule C, Line 6 of CPB AFR)</i>	\$ Click or tap here to enter text.
<b>IN-KIND CONTRIBUTIONS</b> <b>Property and Equipment</b> <i>(Schedule D, Line 8 of CPB AFR)</i>	\$ Click or tap here to enter text.
<b>SUBTOTAL OF ALL FINANCIAL SUPPORT</b>	\$ Click or tap here to enter text.
<b>MINUS TAX-BASED REVENUE</b> <i>ENTER AS NEGATIVE NUMBER</i> <i>Include amounts from the following CPB AFR lines:</i> <i>Schedule A, Lines 1-6</i> <i>Endowments Line 17</i> <i>Capital Line 18</i> <i>Schedule B, Line 5</i> <i>Schedule C and D, Donor Codes FG, PB, LG, SG, and SU</i>	\$ Click or tap here to enter text.
<b>TOTAL NON-TAX BASED FINANCIAL SUPPORT</b>	\$ Click or tap here to enter text.

<b>Document Requests</b>
<i>Please submit up-to-date copies of the following documents.</i>

<b>CPB Schedule A</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document
<b>CPB Schedule B</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document
<b>CPB Schedule C</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document
<b>CPB Schedule D</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document
<b>Previous FY Audited Financial Statement</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document
<b>Ledger of Expenditures</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> No applicable document



## Attachment CC

### GENERAL STATE GRANT ASSURANCES

The RECIPIENT assures that if awarded a grant or contract:

The State Agency shall hold the RECIPIENT to the provisions within the applicable Nevada Revised Statute (NRS) that govern the funds passed through the Nevada Department of Education (NDE) to the RECIPIENT.

### STATE REGULATIONS

The Nevada Department of Education (NDE), which administers the funds and program, shall hold the RECIPIENT to the following provisions:

1. The RECIPIENT assumes full responsibility for the overall program, which includes, but is not limited to fiscal administration, timely submission of required reports, program management including personnel, and meeting the goals and objectives in the approved grant award.
2. The RECIPIENT agrees to fully comply with evaluation and audit teams that will evaluate the effectiveness of this grant. Noncompliance may affect the RECIPIENT'S eligibility for future awards from NDE or result in forfeiture of remaining funds.
3. The RECIPIENT agrees that monthly Requests for Funds (RFF) are due to the NDE by the **15<sup>th</sup>** of each month for expenditures incurred in previous month. The final RFF must be submitted no more than **21** calendar days after the period of performance has ended. Failure to comply with these requirements may result in denial of the RFF.
4. Expenditures cannot exceed the approved budget in any object code (category). All requests for cost or no-cost budget amendments must be made in writing and approved prior to expenditure of funds. Any changes to the object code budget must be approved by NDE prior to expenses being incurred. NDE reserves the right to deny reimbursement for any amount exceeding the previously approved budget for each object code. Budget amendments may be accepted up to **60** calendar days prior to the end date of the grant period of performance and should not occur more than once per quarter.
5. The RECIPIENT will submit the Final Financial Reports to the NDE within 30 calendar days after the period of performance has ended. Failure to comply with this requirement may result in ineligibility for future grant awards from NDE.

## GENERAL STATE GRANT ASSURANCES (continued)

6. The RECIPIENT agrees to comply with NDE's requirement to submit supporting source documentation with reimbursement requests to demonstrate that all costs charged to state grants are allowable.
7. All documentation, such as invoices or contracts, etc., should be maintained at the RECIPIENT's principle place of business and readily available for examination upon request. If not, the RECIPIENT must bear the cost of making original documents available for examination by the State. RECIPIENTS generally must retain financial and programmatic records, supporting documents, statistical records, and all other records that are required by the terms of a grant or may reasonably be considered pertinent to a grant for a period of 3 years from the date the annual FFR is submitted to NDE.
8. Personnel employed, such as teachers and instructional aides, by the RECIPIENT or personnel contracted to provide services to the RECIPIENT shall be certified pursuant to the provisions of NRS 386.590 (as amended by Senate Bill 509 of the 2015 Session of the Nevada Legislature, Chapter 238, Statutes of Nevada (2015)).
9. The RECIPIENT shall maintain effective control and accountability for all grant funds, property, and other assets. Good internal control necessitates that fiscal responsibilities be clearly established. Accounting functions should be separated to the fullest extent possible, so that no one person authorizes, executes, and approves the same transaction. Policies covering personnel and accounting procedures and separation of duties must be documented in a policies and procedures manual or similar document and should be made available to NDE upon request.
10. The RECIPIENT must maintain continued responsibility of the overall program. This includes the establishment of written policies and procedures for program operations. The following areas must not be delegated to persons who are not employees or officials of the RECIPIENT organization:
  - a. Being informed of and accountable for all program income and expenditures;
  - b. Performance of timely, written evaluations of the program and monitoring of established goals and objectives as written in the program's grant award;
  - c. Financial reports and other reports required by NDE, including monthly Requests for Funds, quarterly progress reports and final program reports (as applicable);
  - d. Administration of the program in accordance with each RECIPIENT'S administrative practice.



## GENERAL STATE GRANT ASSURANCES (continued)

11. If the RECIPIENT decides to establish a policy-making body (as required by law or by funding source), its roles and responsibilities must be clearly defined. This must be approved by the NDE Program Director.
12. Any activities that deviate from the scope of work/goals and objectives identified in the grant agreement must receive prior written approval from the NDE Program Director and may require an amendment to the grant agreement. These changes may be accepted up to 60 calendar days prior to the end date of the grant period of performance.
13. RECIPIENTS must notify the NDE Education Programs Professional immediately regarding any legal action or negative publicity related to grant-funded events, activities, services, purchases, or outreach.
14. All instructions, requirements, rules and regulations for grants administered through the RECIPIENT are applicable to the RECIPIENT'S contracts or other mechanisms passing on these funds. It is the responsibility of the RECIPIENT to ensure compliance of these entities through monitoring, reporting, site visits, fiscal reviews or other means. NDE may implement probationary measures with the RECIPIENT for noncompliance.
15. Indirect costs are not allowed for State grants or contracts to school districts, charter schools, non-profit organizations, Nevada System of Higher Education (NSHE) or other entities that are funded in whole or in part with State funds.
16. No organization may participate in the grant-funded project in any capacity or be a recipient of State funds designated for this project if the organization has been debarred, suspended, or otherwise found to be ineligible for participation in federal assistance programs under Executive Order 12549, "Debarment and Suspension" (see 45 CFR 92.35). Prior to issuing grant awards under this grant, NDE will consult the Excluded Parties List System to ensure that organizations under funding consideration are not ineligible. The list may be accessed online through the System for Award Management at <https://www.sam.gov>.
17. Decisions made by NDE must be based on the grant agreements, approved budgets, grant assurances, written program policies and procedures, and written fiscal policies and procedures, including those in the State Administrative Manual, Nevada Revised Statutes or state regulations and guidance that apply to the funding source. If a RECIPIENT disagrees with a decision, the RECIPIENT has the option to dispute the decision by taking the following steps:
  - a. Request in writing that the NDE Education Programs Professional provide:
    1. Documentation upon which a decision is based. Written response will be made within seven (7) working days.

## GENERAL STATE GRANT ASSURANCES (continued)

2. If the disagreement is still unresolved, request in writing that the matter be reviewed by the NDE Program Director, whose decision will be final and will not be open to further discussion or challenge.
  3. All interactions will be conducted with honesty, courtesy, and respect. It is essential that a professional relationship be maintained in order to properly administer the grant and provide effective services in the community.
  4. Conduct that interferes with the administration of the grant or negatively impacts the ability to provide effective program services may result in termination of the grant after NDE carefully reviews the circumstances.
18. Timeliness of report submission will be tracked and noted in the RECIPIENT grant file. Any extensions or exceptions to requirements must also be noted in the RECIPIENT file.

## GENERAL STATE GRANT ASSURANCES (continued)

The RECIPIENT understands and agrees that failure to comply with the assurances detailed above may result in the loss of State funds and may be considered grounds for the suspension or termination of this grant award.

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State Fiscal Year

---

Project Title

---

Project Number

---

Name of Recipient (District/Organization)

---

Signature of Recipient Authorized Person

---

Recipient Authorized Person Name and Title

---

Date