

State of Nevada Department of Health and Human Services Grants Management Unit Stage 1 Application Organization Information

Please complete ALL applicable fields below with applicant information.

Agency Name

University of Nevada, Reno

Legal Name

This may or may not be the same name as the Organization name.

Board Of Regents Nevada System Of Higher Education obo University of Nevada, Reno

Also Known As

Please fill this out if there are other names your organization is known by other than the Organization Name or Legal Name.

UNR

Mailing Address

UNR

1664 North Virginia Street
MS 124 Controller's Office

City

Reno

State

NV

Postal Code

89557

Main Organization Phone

7757844040

Extension (if applicable)

Fax Number

7757846680

Organization E-mail Address

ospadmin@unr.edu

Website (www.) Address

www.unr.edu

Organization Type

University/College/School District

Accreditation

If you have some other source of accreditation, please list it below:

Accreditation Expiration Date

Tax Identification Number

886000024

**Please enter applicable information regarding your Primary Organization Contact.
(This is intended for the President, CEO, Executive Director or authorized
representative of an organization.)**

First Name

Mark

Last Name

Brenner

Title

Vice President for Research

E-mail

ospadmin@unr.edu

Mobile Phone

Office Phone

7757844040

Extension

Office Fax

7757846680

Please enter applicable information regarding your Primary Program Contact. (This is intended for the employee of an organization who is in charge of administering the program which you are requesting funding from the Grants Management Unit.)

First Name

Last Name

Title

Mobile Phone

Office Phone

Extension

Office Fax

PI information

E-mail (If you do not have an organization email address, please enter your primary contact email here).

Please enter applicable information regarding your Primary Fiscal Contact. (This is intended for the fiscal agent and representative of an organization who is in charge of administering the financial aspects of the program which you are requesting funding from the Grants Management Unit.)

First Name

Steve

Last Name

Stewart

Title

Fiscal Officer

Mobile Phone

Office Phone

7757844040

Phone Extension (if applicable)

Office Fax

7757846680

E-mail

ospadmin@unr.edu

List all current grants to your organization from State of Nevada entities including Funding Entity, Grant Period and Amount. If none, please enter "None". For large governmental or University organizations, only list grants to your particular unit.

Project Summary Information

Select the Program Area(s) you will provide services in:



Enter the program name or project title you are requesting funding for below:

Project Title