

State of Nevada



Joe Lombardo  
Governor

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*Nevada Governor's Council on Education Relating to the Holocaust  
Funding Request Form*

**Name:**

**Organization:**

**Phone Number:**

**Email:**

**Mailing Address:**

**Date of Event:**

**Location of Event:**

**How Much Are You  
Requesting:**

**Total Cost of Program:**

**How Many People Will  
This Serve:**

**Detailed Description of the Event, Purpose of Funding, How is GAC Being Included, and Who is Being Served:**

**A Post Event Form Will be Required for all Approved Funding.**