



**Nevada Public Agency Insurance Pool  
Public Agency Compensation Trust**  
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Toll Free Phone (877) 883-7665  
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## EDUCATIONAL RISK MANAGEMENT GRANT VALIDATION REPORT

Grant Number:  
Date Grant Submitted to POOL/PACT:  
Date of Grant Approval:  
Grant Amount:  
Grant Purpose:  
Member:  
Sub-Entity:

Please state specifically how the grant supported your efforts at risk elimination, reduction, or mitigation.

Photos Attached? Yes \_\_\_ No \_\_\_

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