



**Nevada Public Agency Insurance Pool
Public Agency Compensation Trust**
201 S. Roop Street, Suite 102
Carson City, NV 89701-4779
Toll Free Phone (877) 883-7665
Telephone (775) 885-7475
Facsimile (775) 883-7398

RISK MANAGEMENT GRANT VALIDATION REPORT

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

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

Photos Attached? Yes ___ No ___

If total grant request is \$50,000 or more, member affirms it has complied with all applicable federal, state and local rules, including but not limited to, The Local Government Purchasing Act.

Submitted by: _____
Title Print Name Signature Date

Acknowledgment of Member Liaison

Print Name Signature Date