



RURAL PARTNERS PROGRAM APPLICATION

DATE

PROGRAM	
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FIRST NAME		LAST NAME	
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TITLE	
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ORGANIZATION	
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ADDRESS	
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CITY		STATE		ZIP	
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PHONE		E-MAIL	
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WEBSITE	
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NV ENERGY CONTACT	
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Send completed form to NV Energy contact via e-mail.

AMOUNT REQUESTED	
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OTHER SOURCES OF FUNDING	
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PROJECT START DATE		PROJECT END DATE	
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EXPECTED MEASURABLE RESULTS	
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FOLLOW-UP PLAN	
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