

## **Cover Letter Format**

Substance Abuse Prevention and Treatment Agency  
Attention: Darla Beers  
4126 Technology Way, 2<sup>nd</sup> Floor  
Carson City, NV 89706

**The funding the applicant is planning to apply for in this Open and Competitive Request for Application must include the following:**

Include the following information:

- Coalition Name
- Executive Director Name
- Board President
- Contact Person (Please list at least one contact person in addition to the Executive Director)
- Address
- City
- Zip
- Phone
- Fax
- Email
- Employer Identification Number (Tax ID #)
- Vendor Number (Office of State Controller)
- DUNS Number
- Amount of Funding Request