



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE
GRANT MANAGEMENT UNIT

4126 Technology Way, Suite 100
Carson City, Nevada 89706

The Contingency Account for Victims of Human Trafficking (VHT)

Emergency Services Request Form

Submit to GMU@dhhs.nv.gov

Date: _____

Agency Requesting Funds: _____

Agency Contact: _____

Phone: _____ Email: _____

Mailing Address: _____

Client Information

Client Identification Code: _____
(please do not use client name or social security number)

Client's Location

County: _____ City: _____

Age: _____ Gender: _____

- _____ Hispanic, Latino or Spanish Origin
- _____ Not Hispanic, Latino or Spanish
- _____ White
- _____ Black African American
- _____ American Indian/Alaska Native
- _____ Asian
- _____ Native Hawaiian/Pacific Islander
- _____ Multi-race (two or more of the above)

Description and Justification of Client Need (e.g., emergency housing, transportation, medical care, description of the relation to trafficking):

Amount Requested _____

Signature of requestor _____

Printed Name of Requestor: _____

Receipts required for reimbursement, attached:

Yes No

For Department Use Only

_____ Approved Amount \$ _____

_____ Denied
Reason for Denial: _____

Make Check Payable to: _____

Vendor Number verified in DAWN: _____ Yes
VENDOR NUMBER No

Grants Management Unit Authorization

Signature of DHHS -Grants Management Unit Program Specialist Date

DHHS Director Authorization (or Director's Designee)

Signature Date

Check Issued: (date and check number)