

## Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

03/31/2025

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Clark County

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

88-6000028

**\* c. UEI:**

PMGNVNSVFW7

**d. Address:**

**\* Street1:**

4701 W Russel Road

**Street2:**

Suite 200, 2nd Floor

**\* City:**

Las Vegas

**County/Parish:**

Clark

**\* State:**

NV: Nevada

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

89118-1626

**e. Organizational Unit:**

**Department Name:**

Environment and Sustainability

**Division Name:**

Climate and Sustainability

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

**\* First Name:**

Robert

**Middle Name:**

**\* Last Name:**

Burgy

**Suffix:**

**Title:**

Climate and Sustainability Program Manager

**Organizational Affiliation:**

**\* Telephone Number:**

(702) 455-4430

**Fax Number:**

**\* Email:**

Robert.Burgy@ClarkCountyNV.Gov

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

US Department of Energy

### 11. Catalog of Federal Domestic Assistance Number:

81.086

CFDA Title:

### \* 12. Funding Opportunity Number:

NV

\* Title:

Clean Cities and Communities Coalition Outreach, Education, and Performance Tracking Program:  
(April 2025 - March 2026)

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Clean Cities and Communities Coalition Outreach, Education, and Performance Tracking Program:  
(April 2025 - March 2026)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant NV-ALL

\* b. Program/Project NV-ALL

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 04/01/2025

\* b. End Date: 03/31/2026

**18. Estimated Funding (\$):**

* a. Federal	60,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	60,000.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name: John

Middle Name:

\* Last Name: Hill

Suffix:

\* Title: Operations Manager

\* Telephone Number: (702) 455-4430 Fax Number: 

\* Email: jhill@clarkcountyv.gov

\* Signature of Authorized Representative:



\* Date Signed:

