

Fiscal Year (FY) 2020 Assistance to Firefighters Grants

Application ID: EMW-2020-FG-12405

OMB number: 1660-0054, Expiration date: 11/30/2022 [View burden statement](#)

System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application.

All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

FIRE DEPT

Information current from SAM.gov as of:	01/03/2021
DUNS (includes DUNS+4):	136794711
Employer Identification Number (EIN):	886000028
Organization legal name:	CLARK, COUNTY OF
Organization (doing business as) name:	FIRE DEPT
Mailing address:	575 E. FLAMINGO LAS VEGAS, NV 89119-0200
Physical address:	575 E FLAMINGO RD LAS VEGAS, NV 89119-6950
Is your organization delinquent on any federal debt?	N
SAM.gov registration status:	Active as of 12/20/2020

☒ We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date

Applicant information

Please provide the following additional information about the department or organization applying for this grant.

Applicant name (i.e., fire department name)

Clark County Fire Department Rural Division

Main address of location impacted by this grant

Main address 1

Main address 2

Optional

City

State/territory



Zip code

Zip extension

In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?

Applicant characteristics

The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award.

Please provide the following additional information about the applicant.

Applicant type



Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.

☐ Yes

☐ No

What kind of organization do you represent?



How many active firefighters does your department have who perform firefighting duties?

How many of your active firefighters are trained to the level of Firefighter I or equivalent?

15

How many of your active firefighters are trained to the level of Firefighter II or equivalent?

8

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

☐ Yes

☐ No

Which of the following standards does your organization meet regarding physicals? If physicals are not required then do not select any option. (optional)

☒ Meets NFPA or 1582 standard

☐ Meets NTSB or DOT standard

☒ Meets State/Local standard

Please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

The training costs will be covered through the department's operational fund and through the recently awarded 2019 Staffing for Adequate Fire and Emergency Response (SAFER) Grant.

How many members in your department are trained to the level of EMR or EMT, Advanced EMT or Paramedic?

83

Does your department have a Community Paramedic program?

☐ Yes

☐ No

How many stations are operated by your department?

10

Does your organization protect critical infrastructure of the state?

☐ Yes☐ No

Please describe the critical infrastructure protected below.

The CCFD Rural Division provides fire protection to power transmission lines, state highways and federal interstate highways, solar power plants, railroads, major gas transmission lines, and major fuel transmission lines that run through the 7,000 square miles we protect. In addition, the Rural Division is also the Wildland Fire Response Division for the department and provides support on major wildland fire

Do you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.

☐ Yes☐ No

Operating budget

What is your organization's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?

Current Fiscal Year

2021

Fiscal Year	Operating budget
2021	\$272,033
2020	\$272,033
2019	\$272,033

What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?

0 %

Does your department have any rainy day reserves, emergency funds, or capital outlay?

☐ Yes☐ No

What is the total amount currently set aside?

\$0

Describe the planned purpose of this fund.

The CCFD Rural Division is funded entirely through Clark County's General Fund including the ongoing operating and purchase of capital equipment. In FY21, the County reported having an estimated ending fund balance of over \$116.6 million. However, this reserved funding is to cover unexpected costs or future financial obligation throughout the County including social service, judicial services and other core

What percentage of the declared operating budget is derived from the following	2021	2020	2019
Taxes	70 %	70 %	70 %
Bond issues	0 %	0 %	0 %
EMS billing	0 %	0 %	0 %
Grants	30 %	30 %	30 %
Donations	0 %	0 %	0 %
Fund drives	0 %	0 %	0 %
Fee for service	0 %	0 %	0 %
Other	0 %	0 %	0 %
Totals	100 %	100 %	100 %

Describe your financial need and how consistent it is with the intent of the AFG Program. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.

The Clark County Fire Department Rural Division is allocated \$272,033 annually to operate 10 Rural Volunteer Fire Stations. This falls far short of the \$650,000 in estimated need to fund the volunteer fire stations, the balance of which must be made up with grant awards. These costs do not provide for the replacement of any of the divisions fleet of 30 apparatus. Of our fleet, 8 vehicles exceed the service life

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

☐ Yes

☐ No

Other funding sources

This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?

☐ Yes

☐ No

This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?

☐ Yes

☐ No

Please provide an explanation for other funding sources in the space provided below.

The Clark County Fire Department (CCFD) was awarded the 2019 SAFER to support the Recruitment and Retention of Volunteer Firefighters Program and was also awarded the AFG COVID-19 Supplemental grant to purchase PPE for our career suppression personnel. We also receive FEMA Urban Search and Rescue.

Applicant and community trends

Please provide the following additional information about the applicant.

Injuries and fatalities	2020	2019	2018
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	0	0
What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	0	0
What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	0	0	0

How many vehicles does your organization have in each of the type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.



Seated riding positions

The number of seated riding positions must be equal or greater than the total number of frontline and reserve apparatus. If there are zero frontline and zero reserve apparatus, the number of seated riding positions must be zero.

Type or class of vehicles	Number of frontline apparatus	Number of reserve apparatus	Number of seated riding positions
Engines or pumpers (pumping capacity of 750 gallons per minute (GPM) or greater and water capacity of 300 gallons or more): pumper, pumper/tanker, rescue/pumper, foam pumper, CAFS pumper, type I, type II engine urban interface	9	0	27
Ambulances for transport and/or emergency response	5	0	10
Tankers or tenders (water capacity of 1,000 gallons or more)	7	0	14
Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint	0	0	0
Brush/quick attack (pumping capacity of less than 750 GPM and water carrying capacity of at least 300 gallons): brush truck, patrol unit (pickup w/ skid unit), quick attack unit, mini-pumper, type III engine, type IV engine, type V engine, type VI engine, type VII engine	10	0	20
Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit	0	0	0
Additional vehicles: EMS chase vehicle, air/light unit, rehab units, bomb unit, technical support (command, operational support/supply), hose tender, salvage truck, ARFF (aircraft rescue firefighting), command/mobile communications vehicle	1	0	4

Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume?

- ☐ Yes
- ☐ No

Please explain how your department is facing a new risk, expanding service to a new area, or experiencing an increased call volume.

The Rural Division has been operating with the same staffing level and yet the call volume in the Rural Division has been trending from a 5% to 6% increase from years 2018 to 2020.

Community description

Please provide the following additional information about the community your organization serves.

Type of jurisdiction served

Unincorporated Community



What type of community does your organization serve?

Rural



What is the square mileage of your first due response zone/jurisdiction served?

7066

What percentage of your primary response area is protected by hydrants?

1

What percentage of your primary response area is for the following:	Percentage (must sum to 100%)
Agriculture, wildland, open space, or undeveloped properties	90
Commercial and industrial purposes	1
Residential purposes	9
Total	100

What is the permanent resident population of your first due response zone/jurisdiction served?

12841

Do you have a seasonal increase in population?

- ☐ Yes
- ☐ No

Please describe your organization and/or community that you serve.

The Clark County Fire Department is the largest fire department, largest combination department and largest volunteer department in the State of Nevada. The Clark County Fire Department Rural/Volunteer Division provides services to approximately 7,066 square miles of the unincorporated area of Clark County of which all of our 10 volunteer stations cover more than 50 square miles in their immediate first-

Call volume

Please provide the total number of incidents that your organization responded to for each year of the previous three year period (Jan - Dec). Include only those alarms which your organization was a primary responder and not second due or giving Mutual Aid.

Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (e.g. a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three).

Summary

Summary of responses per year by category. Enter whole numbers only. If you have no calls for any of the categories, enter 0.

Summary of responses per year per category	2020	2019	2018
NFIRS Series 100: Fire	304	104	148
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	0	0	0
NFIRS Series 300: Rescue & Emergency Medical Service Incident	485	518	466
NFIRS Series 400: Hazardous Condition (No Fire)	3	2	5
NFIRS Series 500: Service Call	31	147	113

Summary of responses per year per category	2020	2019	2018
NFIRS Series 600: Good Intent Call	11	16	11
NFIRS Series 700: False Alarm & False Call	9	6	6
NFIRS Series 800: Severe Weather & Natural Disaster	0	0	0
NFIRS Series 900: Special Incident Type	0	0	0
Total	843	793	749

Fire

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2020	2019	2018
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	5	4	11
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	20	21	33
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	213	45	57
Total	238	70	101

What is the total acreage of all vegetation fires? Enter whole numbers only. If you have no vegetation fires, enter 0.

Total acreage per year	2020	2019	2018
What is the total acreage of all vegetation fires?	18	25	57

Rescue and emergency medical service incidents

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2020	2019	2018
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	<input type="text" value="22"/>	<input type="text" value="23"/>	<input type="text" value="33"/>
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
How many EMS-BLS Response Calls?	<input type="text" value="278"/>	<input type="text" value="297"/>	<input type="text" value="260"/>
How many EMS-ALS Response Calls?	<input type="text" value="185"/>	<input type="text" value="198"/>	<input type="text" value="173"/>
How many EMS-BLS Scheduled Transports?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
How many EMS-ALS Scheduled Transports?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
How many Community Paramedic Response Calls?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	485	518	466

Mutual and automatic aid

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2020	2019	2018
How many times did your organization receive Mutual Aid?	<input type="text" value="31"/>	<input type="text" value="102"/>	<input type="text" value="55"/>

How many responses per year per category?	2020	2019	2018
How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual Aid?	213	45	57
How many times did your organization provide Automatic Aid?	0	0	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	0	0
Total	244	147	112

Grant request details

Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 in federal resources.

- ☐ Yes
- ☐ No



Instructions

If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item [budget object class information](#). The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction. Select grant writer fee when adding an activity if there is a grant-writing fee associated with the preparation of the request

Grand total: \$1,000,000.00

Program area: Vehicle acquisition

Total requested for Vehicle acquisition activity: \$1,000,000.00

Remove activity

[Add item to Vehicle acquisition](#)

Please add the projects and items in your application for vehicle acquisition. For each item you want funded, provide the requested information.

If you are requesting training for the vehicle, add an additional funding line item for the cost once the vehicle is added to your application.

Narrative

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below to determine the worthiness of the request for an award. Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability with detailed but concise information.

You may either type your narrative statements in the spaces provided below or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting but you can expand the size of the narrative block. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc.), or graphs.

Project Description and Budget: Clearly explain the organization's project objectives and the relationship to your organization's budget (e.g., personnel, equipment, contracts, etc.) and risk analysis by providing statistics to justify the needs. Describe the various activities to be implemented, including program priorities or facility modifications, to include details on how these are consistent with project objectives, your organization's mission and national, state, and/or local requirements. Provide details that link the proposed expenses to operations and safety, as well as to the completion of the project's goals.

Our objective with this grant is to replace two (2) of our Type 6 Brush Trucks and two (2) of our Water Tenders.

The Type 6 Brush Trucks are a 1995 and a 1996. Both vehicles exceed the service life as recommended in NFPA 1911. The Clark County Fire Department Rural Division utilizes these vehicles for not only initial attack on brush fires, but as they are equipped with medical equipment, they also respond to all medical and structural fire calls. This makes them the busiest vehicles in our fleet and consequently the vehicles

Cost Benefit: Describe how you plan to address the operations and personal safety needs of your organization, including cost effectiveness and sharing assets. The Operations and Safety Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs. The request should also be consistent with your organization's mission and identify how funding will benefit your organization and affected personnel.

The Clark County Fire Department Rural Division, if awarded, would benefit with this grant funding in many ways. First, the purchase of new fire apparatus built to the current NFPA specifications would be much safer for our personnel to operate due to improved braking and suspension. Vehicle visibility has also improved during emergency responses due to updated LED lighting. All Clark County Fire Department vehicles are purchased using a competitive bid process which would ensure the best value. The Clark County Fire Department is a signatory to a Cooperators Agreement with State and Federal agencies to provide Wildland response within the state and the Southwest. Due to the age of the

Statement of Effect on Operations: Explain how this funding request will enhance the organization's overall effectiveness. Describe how the grant award will improve daily operations and reduce the organization's risk(s) including how frequently the requested item(s) will be used and in what

capacity. Indicate how the requested item(s) will help the community and increase the organization's ability to save additional lives and property. Jurisdictions that demonstrate their commitment and proactive posture to reducing fire risk, by explaining their code enforcement (to include Wildland Urban Interface code enforcement) and mitigation strategies (including whether or not the jurisdiction has a FEMA-approved mitigation strategy) may receive stronger consideration under this criterion.

As the four vehicles identified for replacement in this application have exceeded their service life, all have experienced decreased reliability, parts shortages and breakdowns which have occurred in route to emergencies. The replacement of the vehicles enhances our ability to provide life saving services in 7,066 square miles of rural Clark County and in 10 rural communities. The Clark County Fire Department is a signatory to a Cooperators Agreement with State and Federal agencies to provide Wildland response within the state and the Southwest. Due to the age of the vehicles, we are currently limited in our operational range. The replacement of the identified vehicles would increase our range allowing the

Vehicle inventory



Please provide the oldest model year, newest model year, and average model year of the vehicles in number of years within your organization's inventory. The types and quantities of vehicles have been prepopulated based on your inputs to the [Applicant and community trends](#) section of this application.

Vehicle type or class	Quantity	Oldest model year (e.g. 2009)	Newest model year (e.g. 2009)	Average model year (e.g. 1995)
Tanker or tender	7	1987	2006	1995
Engine or pumper	9	1993	2018	2002
Ambulance	5	1997	2016	2008
Additional vehicle	1	2016	2016	2016
Brush/quick attack	10	1995	2017	2008



[Close](#)





Item

Tanker/Tender



[✕ Remove item](#)

QUANTITY	UNIT PRICE	TOTAL	Budget class	
2	\$300,000.00	\$600,000.00	Equipme	  Remove

[+ Add cost](#)**Description**

Replacement of two (2) 2000 Gallon Water Tenders. Estimated cost for each water tender is \$300,000.

Is the vehicle you propose to buy:

Replacement of an existing apparatus 

Was the vehicle you're requesting to replace built prior to the applicable NFPA vehicle standard from 1992?

- ☐ Yes
- ☐ No

What is the mileage of the vehicle being replaced?

16732

What is the average age of the vehicles of this type or class in your fleet?

26

What is the age of the vehicle being replaced?

34

Do you have a driver-training program equivalent to national or NFPA standards?

- ☐ Yes
- ☐ No

Are you requesting funding for training specific to the vehicle acquisition?

- ☐ Yes
- ☐ No

Will you obtain the appropriate training through other sources?

- ☐ Yes

☐ No

If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?

☐ Yes

☐ No

Enter the type and year of manufacture for vehicle being replaced.

Ford 1200 - 1987

Enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:

1FDYK84N5HVA09496

How long have you owned the vehicle you are replacing?

34

If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?

☐ Yes

☐ No

Will this vehicle be used on Automatic and/or Mutual Aid?

Both



How many vehicles of this type or class are currently in your fleet?

6

How many vehicles of this type or class in your fleet were manufactured prior to 2002?

4

Is this a converted vehicle?

☐ Yes

☐ No

What is the number of calls the vehicle being replaced supported last calendar year?

[Close](#)**Item**[✕ Remove item](#)**QUANTITY****UNIT PRICE****TOTAL****Budget class** [✕ Remove](#)[+ Add cost](#)**Description**

Is the vehicle you propose to buy:

Was the vehicle you're requesting to replace built prior to the applicable NFPA vehicle standard from 1992?

☐ Yes☐ No

What is the mileage of the vehicle being replaced?

What is the average age of the vehicles of this type or class in your fleet?

What is the age of the vehicle being replaced?

Do you have a driver-training program equivalent to national or NFPA standards?

- ☐ Yes
☐ No

Are you requesting funding for training specific to the vehicle acquisition?

- ☐ Yes
☐ No

Will you obtain the appropriate training through other sources?

- ☐ Yes
☐ No

If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?

- ☐ Yes
☐ No

Enter the type and year of manufacture for vehicle being replaced.

Enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:

How long have you owned the vehicle you are replacing?

If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?

- ☐ Yes
☐ No

Will this vehicle be used on Automatic and/or

What are the vehicles to be used on alternate dates?

Mutual Aid?

Both



How many vehicles of this type or class are currently in your fleet?

10

How many vehicles of this type or class in your fleet were manufactured prior to 2002?

3

Is this a converted vehicle?

☐ Yes☐ No

What is the number of calls the vehicle being replaced supported last calendar year?

85

Grant request summary

The table below summarizes the number of items and total cost within each activity you have requested funding for. This table will update as you change the items within your grant request details.

Grant request summary

Activity	Number of items	Total cost
	2	\$1,000,000.00
Total	2	\$1,000,000.00

Is your proposed project limited to one or more of the [following activities](#) ⓘ : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

☐ Yes☐ No

Please download the EHP Screening form available at <https://www.fema.gov/media-library/assets/documents/90195>. Once you have been awarded the grant and have accepted the award, please complete and send your screening form and attachments to GPDEHPinfo@fema.dhs.gov.

EHP screening form attachment (optional)

Maximum File Size:
25MB

Accepted File Types:
.pdf, .doc, .docx, .xls, .xlsx, .jpg

 Upload from your computer

Filename	Date uploaded	Description
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Budget summary

Budget summary

Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$1,000,000.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Total direct charges	\$1,000,000.00
Indirect charges	\$0.00
TOTAL	\$1,000,000.00
Non-federal resources	
Applicant	\$47,619.05
State	\$0

Object class categories	Total
Other sources	\$0
Remarks	
Total Federal and Non-federal resources	
Federal resources	\$952,380.95
Non-federal resources	\$47,619.05
TOTAL	\$1,000,000.00
Program income	\$0.00

Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?


☐ Yes

☐ No

Secondary point of contact

Please provide a secondary point of contact for this grant.

The Authorized Organization Representative (AOR) who submits the application will be identified as the primary point of contact for the grant. Please provide one secondary point of contact for this grant below. The secondary contact can be members of the fire department or organizations applying for the grant that will see the grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application. The secondary point of contact can also be an individual who assisted with the development, preparation, or review of the application.

Margie Yatson Management Analyst	Primary phone 7024557395 Work	Additional phones 7023396530 Mobile	 Edit
	Fax		

verozam@clarkcountynv.gov

Assurances and certifications

SF-LLL: Disclosure of Lobbying Activities

OMB number: 4040-0013, Expiration date: 02/28/2022 [View burden statement](#)

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. Â§ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

☒ The applicant is not currently required to submit the SF-LLL

Review application

[Submit for signature](#)

Please select any of the following links to view or edit a particular section of your application. You may submit your application for signature once your application is complete and without any errors.

**This application is ready to submit for signature**

Submit this application for final signature to complete the application submission process.

✓	SAM.gov profile	View/edit
✓	Applicant information	View/edit
✓	Applicant characteristics	View/edit
✓	Operating budget	View/edit
✓	Community description	View/edit
✓	Applicant and community trends	View/edit
✓	Call volume	View/edit

✓	Grant request details	View/edit
✓	Grant request summary	View/edit
✓	Budget summary	View/edit
✓	Contact information	View/edit
✓	Assurances and certifications	View/edit