



MT. CHARLESTON LICENSE PLATE PROGRAM GRANT APPLICATION

1. Program/Project Title: _____
2. Program/Project Location: _____
3. Entity Requesting Grant: _____
4. Total Estimated Cost: _____
5. Grant Amount Requested: _____
6. Contact Information:
 - Name: _____
 - Address: _____
 - Phone: _____
 - E-mail Address: _____

Authorized Representative of Project/Program and/or Agency:

Name: _____ Title: _____

Signature: _____ Date: _____

- Additional required documentation is listed on the attached page.
- Application packages may be mailed or emailed. Faxed applications will not be accepted.
- The deadline for submittals is February 29, 2024 at 5:30 p.m.

Please submit questions, comments and application submittals to:



April Turner
Clark County Administrative Services
500 S. Grand Central Pkwy, 6th Floor
Las Vegas, NV 89155
atr@clarkcountynv.gov
702-455-3260



MT. CHARLESTON LICENSE PLATE PROGRAM REQUIRED DOCUMENTATION

1. A statement describing the project/program in detail.
2. A statement describing how the project/program supports the *“the natural environment of the Mount Charleston area, including, without limitation, programs to improve the wildlife habitat, the ecosystem, the forest, public access to the area and its recreational use.”*
3. If the application is for equipment for an emergency services provider, a statement describing why the equipment is specifically needed to benefit the Mount Charleston area and why the equipment will not likely be used to primarily benefit private individuals/groups or areas outside of the Mount Charleston area **is required**.
4. Estimated time schedule for completion of the program/project including a phasing and implementation plan.
5. An itemized list of the costs of the program/project including the estimated costs for planning, design and construction/implementation of the project and how the estimated costs were derived. **Grant requests for the purchase of tangible goods require competitive quotes to be sent along with your application.** Quotes should be valid up to 90 days.
6. If other than a government entity, provide Tax ID/EIN information and a **“Certificate of Good Standing”** from the NV Secretary of State’s office each year. Recipients of Mt. Charleston License Plate funds must also maintain standing in order to remain eligible for funding. If your status is revoked at any time, you **must** contact April Turner.
7. A completed County Disclosure form and a list of all Board Members of your organization.
8. If applicable, a location map, site plan and preliminary/conceptual design drawings of the project size 8.5” x 11” or larger and at an appropriate/readable scale.
9. If applicable, proof of any title to land, lease or easement that is required to carry out the project or a letter of intent between the property owner and the acquiring governmental entity; Documents presented may include the following: Recorded Grant Deeds, Title Reports, Lease Agreements, Easement Agreements, Letter of Intent to Purchase.
10. A description of the matching contribution, which may be monetary or in-kind.
11. A plan for the operation and maintenance of the project for a period of at least 10 years after the project is completed or an appropriate timeframe as determined by Clark County based on the size, type and scope of the program/project, including the identity of the person who will operate the project and provide the maintenance.



MT. CHARLESTON LICENSE PLATE PROGRAM

GRANT PROCEDURES

1. Authority

The Seventieth Legislative Session in 1999 amended NRS 482 and NRS 321 to establish the Mt. Charleston license plate program. This program is funded by fees collected from individuals who purchase a Mt. Charleston license plate. Of the fees collected by the Department of Motor Vehicles when one purchases a Mt. Charleston plate, \$25 the first year and \$20 each subsequent year go into a dedicated fund for projects and programs that will support the natural environment of Mount Charleston. These funds are available as grants and must be used for:

“The support of programs for the natural environment of the Mount Charleston area, including, without limitation, programs to improve the wildlife habitat, the ecosystem, the forest, public access to the area and its recreation use.”

2. Grants of money

Clark County will award grants of money from the fund for any project that supports the natural environment of the Mount Charleston area, including, without limitation, programs to improve the wildlife habitat, the ecosystem, the forest, public access to the area and its recreational use. Clark County makes all final decisions regarding grant funding. Grant funds will be disbursed at the sole discretion of Clark County.

3. Solicitation of applications

Clark County will periodically solicit applications for grants of money from the fund. An application for such a grant must be submitted to Clark County and must include:

- a. A completed application form
- b. A detailed description of the program/project
- c. A detailed description of how the program/project meets the intent of the program
- d. Estimated time schedule for completion of the program/project including a phasing and implementation plan.
- e. An itemized list of the costs of the program or project in accordance with the descriptions of work.
- f. If applicable, proof of any title to land, lease or easement that is required to carry out the project or a letter of intent between the property owner and the acquiring governmental entity.
- g. If other than a government entity, provide Tax ID/EIN information and a **“Certificate of Good Standing”** from the NV Secretary of State’s office.
- h. A completed County Disclosure form and a list of all Board Members.
- i. If applicable, a location map, site plan and preliminary/conceptual design drawings of the project.

- j. A description of the matching contribution, which may be monetary or in-kind.
- k. If applicable, letters in support from other public agencies and interested parties.
- l. A plan for the operation and maintenance of the project for a period of at least 10 years including the identity of the person who will operate the project and provide the maintenance. The exact timeframe will be determined by Clark County based the size, type and scope of the program/project.

4. Evaluation and prioritization

- a. Each program or project shall be evaluated based on its estimated costs and public benefits.
- b. Clark County shall make the final selection based on the preliminary ranking list compiled by the Mt. Charleston Town Advisory Board as well as in consideration of the fund's balance and sustainability.
- c. If the amount of grant requests exceed the amount of money in the fund for that round, a preliminary list ranking the projects shall be compiled by the Mt. Charleston Town Advisory Board.

5. Evaluation criteria for grant awards

Clark County and the Mt. Charleston Town Advisory Board shall evaluate each program/project pursuant to the following criteria:

- a. The public benefit of the program to support the natural environment of the Mount Charleston area, including, without limitation, programs to improve the wildlife habitat, the ecosystem, the forest, public access to the area and its recreational use.
- b. The ability to obtain all required local, state and federal permits.
- c. The long-term viability of the program or project.
- d. The ability of the applicant to maintain the project.
- e. The cost reasonableness of the program or project.
- f. The ability of the applicant to carry out the program in a timely manner.
- g. If the applicant is applying to fund a program or project that is a portion of a larger project, the ability of the portion funded with grant money to achieve benefits independently of the other components of the larger project.
- h. The amount of cooperation and support for the program or project from persons other than the applicant, including, without limitation:
 - (i) Federal, state and local governmental agencies;
 - (ii) Private landowners; and/or
 - (iii) Non-profit organizations
- i. The adequacy of the maintenance plan for the project, if applicable.
- j. The amount of matching contribution provided by the applicant.
- k. If the grant is for equipment for an emergency services provider, the public benefit of the equipment and its importance for the specific needs of the Mount Charleston area and the likelihood the equipment will be used to benefit private individuals/groups or to benefit areas outside of the Mount Charleston area.
- l. Other factors that warrant special consideration.

6. Requirements of the Grant Recipient

Upon the award of a grant, the recipient and Clark County shall enter into an agreement, which shall include, but not be limited, to the following:

- a. An agreement to operate and provide maintenance for the project or to primarily use the equipment to benefit the public in the Mount Charleston area for a period of at least 10 years after the project is completed or the equipment is

- obtained, or an appropriate timeframe as determined by Clark County based on the size, type and scope of the program/project;
- b. If the project involves improvements located on private property, a grant of easement to the appropriate jurisdiction may be required;
 - c. An agreement that the project will be completed within one year of the grant being awarded, which will be verified by an inspection by the Rural Towns Liaison. At the end of the first year, up to a one-year extension may be granted if requested in writing to Clark County Administrative Services and approved in writing by Clark County Administrative Services. If an extension is granted, the recipient may not apply for additional funding until the original project has been substantially completed;
 - d. Acknowledgment that the grant recipient shall be responsible for obtaining all required local, state and federal grants or authorizations necessary for carrying out the project.

7. Match Requirements

- a. Grant applicants shall be required to provide at least 10 percent in matching contributions to be eligible for grants under this program.
- b. Matching contributions can include in-kind contributions.
- c. The final amount of matching contributions will be determined by the size and scope of the program/project.

8. Acceptable and Unacceptable Uses of Grant

Acceptable uses of grant money:

- a. All expenses related directly to the program or project including expenses related to design and construction.
- b. The administrative costs of the program or project cannot exceed three percent (3%) of the grant.
- c. The purchase of emergency service provider equipment to be primarily used in the Mount Charleston area for the benefit of the public.

Unacceptable uses of grant money:

- a. Must not be used to replace or supplant money available from other County funding sources.
- b. Any planning activities which are not directly related to the design and engineering of the project.
- c. The purchase of equipment that will primarily be used to benefit private individuals/groups or areas outside of the Mount Charleston area, including equipment that is not designed to meet the specific needs of the Mount Charleston area and equipment that is only necessary as a one-time purchase that is exhausted at the end of the project, (ie. trash bags, paper goods).
- d. Any work required by a public agency as mitigation or as a condition of the approval of any other project.
- e. Any component of the program or project that is deemed by Clark County to not benefit the public.

INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

Purpose of the Form

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners (“BCC”) in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

General Instructions

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

Detailed Instructions

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

Business Entity Type – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting ‘Other’, provide a description of the legal entity.

Non-Profit Organization (NPO) - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

Business Designation Group – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), Physically-Challenged Business Enterprise (PBE), Veteran Owned Business (VET), Disabled Veteran Owned Business (DVET), or Emerging Small Business (ESB) . This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

- **Minority Owned Business Enterprise (MBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.
- **Women Owned Business Enterprise (WBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- **Physically-Challenged Business Enterprise (PBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.
- **Small Business Enterprise (SBE):** An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.
- **Veteran Owned Business Enterprise (VET):** An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51 percent owned and controlled by one or more U.S. Veterans.
- **Disabled Veteran Owned Business Enterprise (DVET):** A Nevada business at least 51 percent owned/controlled by a disabled veteran.
- **Emerging Small Business (ESB):** Certified by the Nevada Governor's Office of Economic Development effective January, 2014. Approved into Nevada law during the 77th Legislative session as a result of AB294.

Business Name (include d.b.a., if applicable) – Enter the legal name of the business entity and enter the “Doing Business As” (d.b.a.) name, if applicable.

Corporate/Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Nevada Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

Number of Clark County Nevada Residents employed by this firm. (Do not leave blank. If none or zero, put the number 0 in the space provided.)

List of Owners/Officers – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

For All Contracts – (Not required for publicly-traded corporations)

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If **YES**, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean). **This will also include Clark County Detention Center.**

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name – Requires signature of an authorized representative and the date signed.

Disclosure of Relationship Form – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:						
Corporate/Business Entity Name:						
(Include d.b.a., if applicable)						
Street Address:				Website:		
City, State and Zip Code:				POC Name:		
				Email:		
Telephone No:				Fax No:		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
 Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
 Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature	Print Name
Title	Date

DISCLOSURE OF RELATIONSHIP

List any disclosures below:
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

For County Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Signature

Print Name
Authorized Department Representative