**State of Nevada**

**Emergency Response Commission**

OPTE Application

Operational, Planning, Training, and Equipment

Fiscal Year 2026

For State Agencies

The completed application must be delivered or postmarked by the noted due date

**Due Date: March 21, 2025**



State Emergency Response Commission

107 Jacobsen Way

Carson City, NV 89711

[serc@dps.state.nv.us](mailto:serc@dps.state.nv.us)

(775) 684-7511

**State Emergency Response Commission (SERC)**

OPTE Application Kit

**FY2026**

**For State Agencies**

The SERC has developed this application kit as a template for state agencies to apply for the SERC Operation, Planning, Training, and Equipment allocation. Application and award of allocations are managed pursuant to SERC policy 8.2. The source of funding is derived from fees collected from SARA Title III facilities within the State that store and/or produce hazardous materials in specified amounts. As these are State funds, there is no Catalog of Federal Domestic Assistance (CFDA) number associated with this allocation.

The allocation project period is July 2025 through June 2026. Allocation funds will be distributed on a reimbursement basis. However, the state agency may request advance funding for expenses over $2,000, policy 8.5

State agencies are eligible for funding through this allocation if they are in compliance with the Emergency Planning and Community Right-to-Know Act (EPCRA), Nevada Administrative Code (NAC), and SERC policies. SERC policies may be reviewed at <http://serc.nv.gov>.

The format is as follows:

1. **Goals** - Identify what the agency would like to accomplish with the requested funds to prevent, mitigate and/or respond to hazardous materials incidents. Provide detailed proposed planning, training and equipment needs for the period July 2025 through June 2026.
2. **Objectives** - Identify the specific approaches to achieve the goals through prevention of, mitigation of and/or response to hazardous materials incidents. Objectives need to be specific and measurable.
3. **Line Item Budgets** – List each item as a line item on the budget page. **The allocation request shall be for NO MORE THAN $36,000 (this includes the $4,000.00 in Operations).**
4. **Budget Narrative** – Remember to comply with SERC Policy 8.2 related to the required quotes or sole source for appropriate purchases. If you have questions, please contact the SERC office.

Provide an explanation for items that do not correspond with the declared level of response due to formal agreements with other entities

**After completing the application, a PDF version e-mailed to the SERC is preferred with any additional pages included e.g., quotes, letter of denial, etc. or you may submit the entire application package with all attachments by mail.**

If you submit electronically and do not receive confirmation of receipt within 24 hours or two business days, please follow-up with the SERC.

Please call SERC staff at (775) 684-7511 if you need assistance.

**Application must be received in this office or postmarked by March 21, 2025:**

[**serc@dps.state.nv.us**](mailto:serc@dps.state.nv.us)

State Emergency Response Commission

107 Jacobsen Way

Carson City, NV 89711

Please be prepared to make a presentation of your grant application to the Planning & Training Sub-Committee and Funding Committee. The date and location of the meetings to be announced.

###### Application Check Sheet

### a complete application must include the following

Title Page

Goals of this allocation

Objectives of this allocation

Line Item Budget

Budget Narrative

If Training – Brochure and GSA Rates

Certified Assurances

Compliance Certification (signed by Stage agency department head)

Level of Response Questionnaire

Electronic version e-mailed to [SERC@dps.state.nv.us](mailto:SERC@dps.state.nv.us)

Copy of Hazardous Materials Emergency Response Plan

**The application must be delivered to this office or postmarked by March 21, 2025**

**STATE EMERGENCY RESPONSE COMMISSION**

**2026 OPTE APPLICATION**

**TITLE PAGE**

|  |  |
| --- | --- |
| Applicant: |  |

|  |  |
| --- | --- |
| Address: |  |

***State Agency Project Manager:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | City/Zip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| E-mail: |  |

***State Agency Fiscal Officer:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | City/Zip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| E-mail: |  |

***Budget Summary:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Planning** | **Training** | **Equipment** | **Operations** | **Total\*** |
|  |  |  |  | **$0.00** |

**Round up total\* to the nearest dollar**

AGENCY APPROVAL (Department head of state agency):

On behalf of the above named agency, I certify this agency has reviewed this allocation application and agrees to abide by the Federal and State procedures which are related to the acceptance of funds.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Department head of state agency | Date |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Print Name and Title |  |

PROJECT MANAGER APPROVAL (Chief/Administrator of division of the state agency):

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Project Manager | Date |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Print Name and Title |  |

1. **GOALS:**

*Tell the SERC what you want to accomplish with this allocation.* ***Provide a separate discussion of each goal and justify its need towards the prevention, mitigation and/or response to hazardous materials incidents involving transportation.*** *The goals are general statements of desired results and identify intended outcomes the program has established to achieve. Justification to prevent, mitigate and/or respond to hazardous materials incidents must be addressed.*

|  |
| --- |
| *Click inside gray box to begin typing* |

1. **OBJECTIVES:**

*How do you plan to achieve the goals listed above? Include specific uses of this allocation funding to prevent, mitigate and/or respond to hazardous materials incidents. Objectives focus on the methods/activities to be used to achieve the goals they support.*

*Answer these questions in each objective:*

* *WHAT will be purchased with these funds?*
* *WHO will complete the purchases awarded?*
* *WHEN will the purchases be made and the activity implemented?*

|  |
| --- |
| *Click inside gray box to begin typing* |

1. **BUDGETS:**

**Planning:**

*Requests to contract with a consultant must be accompanied by at least two competitive bids. The bids must include an itemized quote and detailed scope of work from the consultant.*

**Training:**

*All training requests other than conferences must first be made through the State Fire Marshal’s office (SFM) and the Department of Emergency Management (DEM). If the SFM or DEM declines the training, the request may be included in the allocation application along with the letter of declination.*

*Requests to contract to provide training must be accompanied by at least two competitive bids. The bids must include an itemized quote and detailed scope of work from the consultant.*

*State per diem rates (which generally follow the federal GSA rates; (*[*http://www.gsa.gov*](http://www.gsa.gov)*) will prevail unless local rates are less. Travel eligibility requirements and rates are further defined in SERC policy 8.5. The rates listed below are for the calendar year 2024 only and are subject to change.*

*If a privately owned vehicle is used for agency convenience, mileage may be reimbursed at the State rate, currently* ***.655*** *cents per mile. If a personal vehicle is used for personal convenience, the reimbursement allowed is* ***.3275*** *cents per mile. If an agency vehicle is used, reimbursement may be made for fuel charges based on receipt or agency fuel logs. Airport parking* ***(most economical lot only)*** *and ground transportation expenses are reimbursable upon presentation of receipts. Rental cars must be pre-approved by the SERC.*

***Double click on any box to open an embedded Excel Spreadsheet to enter your data when finish click anywhere outside the box to re-embed the data into the Word document and then SAVE your work!!!***





**Equipment:**

*Equipment will be considered based on the state contract prices, as applicable. Please consult the State Purchasing Division’s website at* [*http://purchasing.nv.gov/contracts/*](http://purchasing.nv.gov/contracts/) *to determine contract prices. If requesting an item from a state contract, please include a copy of the webpage with your application*. *Equipment requests other than those on the state’s contract or higher priced than those on this list must be accompanied by a quote from the vendor and justification. Communications equipment is subject to the completion of the attached Communications Interoperability Questionnaire.*

**

**IV. BUDGET NARRATIVE**

*This is an explanation of the line items identified in each category. The budget narratives must explain the use of the requested allocation funds. Budget narratives must be included for each category for which there is a request for items/services. Justify the relationship between the items listed within each category and the goals and objectives of this allocation request. The budget narratives must tie each item requested to the goals and objectives of this project.*

# **Planning -**

*Explain the basis for selection of each consultant and describe how the service to be provided is essential to achieving established goals. Provide an explanation if the planning request does not correspond with the declared level of response due to formal agreements with other entities.*

|  |
| --- |
| *Click inside gray box to begin typing* |

# **Training -**

*Explain the purpose of the training and how it relates to achieving established goals. Provide location of training, duration, itemized transportation and per diem expenses. If applicable, attach a copy of the letter of declination from SFM. Provide an explanation if the training request does not correspond with the declared level of response due to formal agreements with other entities.*

|  |
| --- |
| *Click inside gray box to begin typing* |

# **Equipment -**

*Describe the equipment and how it will benefit the project, and why it is necessary to achieving established goals and objectives. Provide an explanation if the equipment request does not correspond with the declared level of response due to formal agreements with other entities.*

|  |
| --- |
| *Click inside gray box to begin typing* |

**CERTIFIED ASSURANCES**

**For State Agencies**

**Allocation Title: 2025 SERC Allocation**

Upon acceptance of funding from the State of Nevada Emergency Response Commission (SERC), the applicant and the lead governmental unit hereby agree to the following Certified Assurances governing the awarding of funds:

* 1. The recipient assured compliance with the Nevada Administrative Code (NAC) 459.9912 et seq. and SERC policies found at <http://serc.nv.gov>.
  2. **FINANCIAL REPORTS –** The recipient is required to submit, at a minimum, quarterly financial report to the SERC. Reporting must be made in accordance with all applicable federal, state, and local laws and regulations, and SERC Policies 8.5 and 8.6.

No expenditures or obligations will be eligible for reimbursement if occurring prior to or after the award period. All funds need to be obligated by the end of the allocation period and expended by the final report date as stated in the allocation award cover letter. Failure to submit proper reports pursuant to current policies may jeopardize future funding from the SERC.

* + 1. **Request for advance:** May be requested only if expenses total over $2,000.00 and is accompanied by a dated purchase order or quote. Complete and submit a financial report form with the appropriate “request for advance” box checked.
    2. **Report on expenditure of advance:** Show the actual expenditure of the advanced funds. Complete and submit a financial report form with the appropriate “report on expenditure of advance” box checked. This report is due **within 30 days** of the date of the advanced check and must include copies of dated invoices and proof of payment. If the amount advanced is more than the amount spent or the advanced amount is not spent within the 30 days, the unexpended funds are to be returned to the SERC within 45 days of the date of the check.
    3. **Request for reimbursement:** Complete and submit a financial report form, at a minimum quarterly, for all expenditures funded by the allocation. Include a summary breakdown of expenses, copies of dated invoices, proof of payment and any other documents required by SERC policies. Any other form of documentation for expenditures must be approved by the SERC staff. If additional funds are used toward the project, report those expenditures as a **match** in the appropriate line on the report form.
    4. **Quarterly report required:** If there are no expenditures within the quarter, a report with an explanation of why and the plan for future expenditures is due by the end of the month following the end of the quarter. Due dates for quarterly reports are as follows:

**October 31** - for reporting period July 1 to September 30;

**January 31** - for reporting period October 1 to December 31;

**April 30** - for reporting period January 1 to March 31; and

**July 31** - for reporting period April 1 to June 30.

* + 1. **Final report:** There will be no further expenditure, the allocation is closed, and no further reports are necessary. This report is due within 45 days after the end of the award period, or any time prior to the end of the award period if no further funds are spent.
    2. **EXERCISE REPORTS –** To be eligible for funding, the state agency must report to the SERC by January 31st of each year on at least one real event and/or tabletop, functional, or full-scale exercise or drill which utilizes and implements the hazardous materials emergency response plan. An exercise is required at least once every third year.
  1. **CHANGE REQUEST –** Allocation expenditures are authorized for the purposes set forth in this application, as approved in the allocation award, and in accordance with all applicable laws, regulations, and policies and procedures of the State of Nevada and the applicable federal granting agency. Request for change in the project must be submitted to the SERC and approved in writing prior to its implementation. Approval may be required by the Funding Committee if the change is significant (SERC Policy 8.7).
  2. The recipient assures, through the submission of the application for funding, neither the lead agency, county government nor any of its participating agencies are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any federal department or agency.

1. The recipient assures the fiscal accountability of the funds received from the State Emergency Response Commission will be managed and accounted for by the lead agency’s chief comptroller and internal control and authority to ensure compliance with SERC’s documentation, record keeping, accounting, and reporting guidelines will reside with that individual.
2. SERC will reimburse the recipient reasonable, allowable, allocable cost of performance, in accordance with current federal requirements, Nevada Revised Statute, Nevada Administrative Code, State Administrative Manual, SERC policies and any other applicable fiscal rules, not to exceed the amount specified at the total award amount.
3. The recipient assures it shall maintain data and information to provide accurate financial reports to SERC. Said reports shall be provided in form, by due dates and containing data and information as SERC reasonably requires to administer the program.
4. The recipient assures financial reports shall be submitted within 30 calendar days of the end of each calendar quarter and within 45 days of the end of the project period and shall be current and actual.
5. The recipient assures funds made available under this allocation will not be used to supplant state or local funds.
6. The recipient assures that it will comply with applicable federal cost principles and administrative requirements appropriate to the allocation as follows:
7. OMB Circular A-87, *Cost Principles for State, Local & Indian Tribal Governments*
8. OMB Circular A-102, *Common Rule-Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*
9. 28 CFR 66, *Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*
10. OMB Circular A-133, *Audits of States, Local Governments and Nonprofit Organizations*
11. The recipient and its contractors assure compliance with the below in any programs and activities receiving federal financial assistance:

*Title VI of the Civil Rights Act of 1964,* which prohibits discrimination on the basis of race, color and national.

*49 CFR 21*, Nondiscrimination in Federally Assisted Programs of the Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964.

*Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990*, which prohibits discrimination based on disability.

*The Age Discrimination Act of 1975*, which prohibits unreasonable discrimination based on age.

*Title IX of the Education Amendments of 1972*, which prohibits discrimination based on gender in educational activities.

1. Any publication (written, visual, or audio) issued by the recipient describing programs funded whole or in part with federal funds, shall contain the following statement:

“This program was supported by Allocation #**\_\_\_\_\_\_\_\_**, awarded by the Nevada State Emergency Response Commission (and, if an HMEP allocation, the U.S. Department of Transportation). Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position of policies of the State Emergency Response Commission (and, if an HMEP allocation, U.S. Department of Transportation)”

1. The recipient fully understands the State Emergency Response Commission has the right to suspend, terminate or de-obligate funds to any recipient that fails to conform to the requirements or the terms and conditions of its allocation award.
2. **LOBBYING -** No funds appropriated will be paid, by or on behalf of the recipient, to any person for influencing or attempting to influence an officer, employee, or a member of Congress, or an officer, employee, or any member of the Nevada State Legislature.
3. Project related income, (i.e., registration fees, royalties, sales of real and personal property) must be used for the purpose of furthering the goals and objectives of the project or program from which the income was generated. Interest earned must be returned to the State Emergency Response Commission.
4. All activities and purchases utilizing any SERC administered sources of funding must comply with all local, state and federal laws and regulations as well as grant specific requirements. It is the responsibility of sub-grantees to be familiar with any such laws, regulations and requirements.

The recipient acknowledges receipt of these Certified Assurances and hereby assures adherence to all the above conditions of an allocation award from the SERC.

**Agency Approval (Department head of state agency):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (print): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | | | Date |

**Project Manager Approval (Chief/Administrator of division of the state agency):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (print): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | | | Date |

**RETURN THIS SIGNED FORM WITH APPLICATION**

**STATE AGENCY COMPLIANCE CERTIFICATION**

The following requirements must be met by State Agencies for compliance with federal and State laws and regulations, SERC policies and procedures. This checklist must be completed, signed and returned with the application.

**A check mark in the squares on the left will indicate a YES response.**

Has the head of the State agency prioritized the request and signed the application and Certified Assurances?

Has the agency identified which emergency response plan it operates under and what its role is in that plan?

What Plan?

Role in Plan?

Has the agency identified its role, if any, in the State Hazardous Materials Emergency Response Plan?

Role in Plan?

Has the agency reviewed and updated its hazardous materials emergency plan (or hazmat portion of the jurisdiction’s “all hazards” plan), NRT-1A, Level of Response Questionnaire and Letter of Promulgation within the last year? Have the review results and updates been submitted to the SERC in writing by January 31st?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plan update – | Date: |  | Submitted: |  |
| NRT – 1A update – | Date: |  | Submitted: |  |
| Level of Response Questionnaire update – | Date: |  | Submitted: |  |
| Letter of Promulgation update – | Date: |  | Submitted: |  |

Have all required reports been submitted to the SERC which summarize the financial management of the active allocations?

Has the agency reported on at least one incident or exercise (exercise required at least every third year) of its hazardous materials emergency response plan by January 31st?

Has Agency read SERC policies?

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate the date of the most recent exercise: |  | Submitted: |  |
| Indicate the date of an incident report used  in lieu of an exercise: |  | Submitted: |  |

|  |  |  |
| --- | --- | --- |
| As head of the |  | |
|  | State Agency | |
|  |  |  |
| I attest all information provided on this Compliance Certification is accurate | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Agency Department Head Signature Date

**RETURN THIS SIGNED FORM WITH APPLICATION**