

State of Nevada
Emergency Response Commission

SERC Grant Application
Operations, Planning, Training, and Equipment
Fiscal Year 2026

For Local Emergency Planning Committees

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

Due Date: March 25, 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)

## SERC OPTE Grant Application Kit

FY2026

### For Local Emergency Planning Committees

The SERC has developed this application kit as a template for Local Emergency Planning Committees (LEPCs) to apply for the SERC Operations, Planning, Training, and Equipment (OPTE) Grant. Application and award of grants 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 grant.

The grant project period is July 2025 through June 2026. Grant funds will be distributed on a reimbursement basis; however, the LEPC may request advance funding for expenses over \$2,000, policy 8.5.

LEPCs are eligible for funding through this grant 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:

- I. **Goals** - Identify what the LEPC would like to accomplish with the requested grant 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.
- II. **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.
- III. **Line Item Budgets** – List each item as a line item on the budget page. The grant request shall be for NO MORE THAN \$36,000.(this includes the \$4,000.00 for Operations)

An additional \$4,000 of Operation funds will be available if the LEPC is administratively compliant. The purpose of these funds is to provide for LEPC members to attend LEPC and SERC meetings, as well as operation costs. If requesting, up to 50% of operations funds for clerical assistance, include that amount in the line item budget.

- IV. Budget Narrative** – Explain each item listed in the line item budget. If requesting up to 50% of operations funds for clerical assistance, include a detailed justification for the use of funds. Clerical assistance funding is no longer automatically awarded and will be subject to SERC approval.

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 25, 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.

# GRANT APPLICATION CHECK SHEET

## A COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING

- ☒ Title Page
- ☒ Goals of this grant
- ☒ Objectives of this grant
- ☒ Line Item Budget
- ☒ Budget Narrative
- ☐ If Training – Brochure and GSA Rates
- ☒ Certified Assurances
- ☒ LEPC Compliance Certification (signed by Chair)
- ☒ Electronic version e-mailed to [serc@dps.state.nv.us](mailto:serc@dps.state.nv.us) .
- ☒ Copy of the LEPC meeting minutes approving submittal of grant application (minutes are submitted separately through normal minutes' submission process)

**The grant application must be delivered to this office  
or postmarked by March 25, 2025.**

**STATE EMERGENCY RESPONSE COMMISSION  
2025 SERC GRANT APPLICATION  
TITLE PAGE**

**Applicant:** Esmeralda county LEPC

**Address:** PO Box 547 - Goldfield, NV 89013-0547

**Local Emergency Planning Committee (LEPC) Chair:**

**Name:** Scott Reed

**Title:** CoChair

**Address:** PO Box 547

**City/Zip:** Goldfield, NV 89013-0547

**Phone:** 775-277-0018

**Fax:**

**E-mail:** [scott.reed.aemt@gmail.com](mailto:scott.reed.aemt@gmail.com) (Please also text to 775-277-0018) and [pcbrowfield@gmail.com](mailto:pcbrowfield@gmail.com)

**Fiscal Officer:**

**Name:** Rachel Holt

**Title:** LEPC Chair

**Address:** PO Box 547

**City/Zip:** Goldfield, NV 89013-0547

**Phone:** 775-485-3406

**Fax:**

**E-mail:** [rholt@esmeraldacountynv.gov](mailto:rholt@esmeraldacountynv.gov)

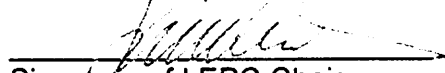
**Budget Summary:**

| Planning | Training | Equipment | Operations | Total*    |
|----------|----------|-----------|------------|-----------|
|          |          | 31,968.10 | 4000.00    | 35,969.00 |

Round up total\* to the nearest dollar

**LOCAL EMERGENCY PLANNING COMMITTEE APPROVAL:**

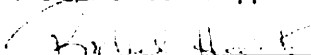
On behalf of the LEPC, I certify this body has reviewed this grant application and agrees to abide by the Federal and State procedures which are related to the acceptance of funds.

  
\_\_\_\_\_  
Signature of LEPC Chair

3-18-2025  
\_\_\_\_\_  
Date

**GOVERNING BODY APPROVAL: (i.e. County Commissioner, County Manager)**

The LEPC has the approval to apply for funding through this grant.

  
\_\_\_\_\_  
Signature of Governing Body

3-18-2025  
\_\_\_\_\_  
Date

Rachel Holt  
\_\_\_\_\_  
Print Name and Title

## I. GOALS:

*Tell the SERC what you want to accomplish with this grant. **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*

### **ZollX Series Biphasic Pacing Monitor:**

The reason behind electing to place in service the Zoll Series X monitor, as opposed to a different monitor, is based upon the fact that the Zoll Series X is currently used at all of the other ambulance stations in Esmeralda County, and by cooperating agencies creating interoperability. A patient who has been exposed to hazardous materials time is of the essence, the faster we can get them to the hospital the better the outcome. We are extremely rural in Nevada with limited abilities for patient transfer of care. Being able to save critical time transferring patient care and getting them to the hospital quickly is extremely crucial. The other ambulance services in the surrounding areas plus Mercy Air, the helicopter company that is the closest to us and that has the fastest response time to rendezvous with our ambulance on the ground, also uses Zoll Series X, having this monitor will allow our ambulance and Mercy to transfer patient trends (vitals), our 12 lead, and accessories for the monitors will interchange. Having the Zoll Series X will allow us to transfer patient care faster and result in the patient who has been exposed to hazmat material to get to the hospital faster.

### **SCBAs: Risk Mitigation:**

Hazmat incidents entail significant risks to responders, communities, and the environment. Additional SCBAs serve as a proactive risk management measure, empowering firefighters to mitigate hazards more effectively and minimize potential consequences associated with hazardous material exposure. This proactive approach underscores our commitment to safeguarding personnel and public health, emphasizing the importance of investing in essential resources such as respiratory protection equipment.

### **Resource Optimization:**

Effective resource management is pivotal | Hazmat incidents, where resources may be scarce or rapidly depleted. By procuring more SCBAs, our fire department can optimize resource allocation based on the unique demands of each incident. This strategic distribution ensures that personnel have access to adequate respiratory protection throughout operations, thereby enhancing resource utilization and fortifying overall incident management capabilities.

### **Regulatory Compliance:**

Adherence to regulatory standards is paramount for fire departments, particularly in hazardous materials response. The procurement of additional SCBAs aligns with regulatory mandates that stipulate adequate provision of respiratory

protection equipment to ensure responder safety and public welfare. By securing these resources, our department demonstrates a steadfast commitment to meeting or exceeding regulatory requirements, reinforcing our compliance and accountability.

## **II. OBJECTIVES:**

*How do you plan to achieve the goals listed above? Include specific uses of this grant 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 grant funds?*
- ✓ *WHO will complete the purchases awarded?*
- ✓ *WHEN will the purchases be made and the activity implemented?*

*Click inside gray box to begin typing*

### **What:**

#### **Zoll X Series Biphasic Pacing Refurbished**

**Accessories:** Carrying Case, AC Battery Charger, Leads, O2 sensors, ECG monitoring pads, Adult and Child AED pads, BP Cuffs, etc.

#### **MSA 4500PSI G1 Fire Service SCBAs:**

- \* CGA Quick Connect Remote Cylinder Connection
- \* Serviceable Tunnel Harness With Chest Strap
- \* Metal Band Cradle Type
- \* Adjustable Swiveling Lumbar Pad
- \* Solid Cover Regulator Type, Left Shoulder (As Worn)
- \* Continuous Regulator Hose Type
- \* Left Chest (As Worn) Speaker Module \* Pass Right Shoulder (As Worn)
- \* Rechargeable Battery Type

#### **MSA G1 Charging Station: Multi Dock Charger**

#### **MSA SCBA Battery: G1, Rechargeable Battery**

#### **SCBA Mask Storage Bag Wolfpack Black SCBA Mask Bag, Zippered**

**Who:** Esmeralda County

**When:** Purchase will be made upon approval of grant for processing.

Equipment will be used immediately upon responding to HazMat incidents in Esmeralda County, and upon request for help in surrounding County borders within Esmeralda's response areas.

### III. 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 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 grant 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>) 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 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 .67 cents per mile. If a personal vehicle is used for personal convenience, the reimbursement allowed is .335 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!!!*

| Registration                     | Cost per Attendee       | # of Attendees       |                | \$0.00 |
|----------------------------------|-------------------------|----------------------|----------------|--------|
|                                  |                         |                      |                |        |
| Hotel                            | Cost per Night          | # of Nights          | # of Rooms     | \$0.00 |
|                                  |                         |                      |                |        |
| Per Diem                         | Cost per Day            | # of Days            | # of Attendees | \$0.00 |
|                                  |                         |                      |                |        |
| Transportation                   | # of Miles (Round Trip) | Personal Vehicle     | # of Vehicles  | \$0.00 |
|                                  |                         | 0.670                |                |        |
|                                  | # of Miles (Round Trip) | Personal Convenience | # of Vehicles  | \$0.00 |
|                                  |                         | 0.335                |                |        |
|                                  | Public Transportation   | Total \$ Amount      |                | \$0.00 |
|                                  |                         |                      |                |        |
|                                  | Cost of Airline Ticket  | # of Tickets         |                | \$0.00 |
|                                  |                         |                      |                |        |
| Parking                          | Cost per Day            | # of Days            | # of Vehicles  | \$0.00 |
|                                  |                         |                      |                |        |
| Total Course / Conference Costs: |                         |                      |                | \$0.00 |
| Total Training Costs:            |                         |                      |                | \$0.00 |



| <b>Training Costs:</b> Registration fees, per diem and travel costs should be included in this section |                                 |                          |                         |
|--------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|-------------------------|
| <i>Course Title</i>                                                                                    | <i>Itemized Travel Expenses</i> | <i>Registration Fees</i> | <i>Amount Requested</i> |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
| <b>Totals:</b>                                                                                         | <b>\$0</b>                      | <b>\$0</b>               | <b>\$0</b>              |

### **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/> to determine if your equipment may be eligible for the 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. Quotes for items not on the state's contract must be dated/active within 30 days of the open allocation cycle. Communications equipment is subject to the completion of the attached Communications Interoperability Questionnaire.*



Communications  
Interoperability Que

| <b>Training Costs:</b> Registration fees, per diem and travel costs should be included in this section |                                 |                          |                         |
|--------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|-------------------------|
| <i>Course Title</i>                                                                                    | <i>Itemized Travel Expenses</i> | <i>Registration Fees</i> | <i>Amount Requested</i> |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
|                                                                                                        | \$0                             | \$0                      | \$0                     |
| <b>Totals:</b>                                                                                         | <b>\$0</b>                      | <b>\$0</b>               | <b>\$0</b>              |

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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/> to determine if your equipment may be eligible for the 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. Quotes for items not on the state's contract must be dated/active within 30 days of the open allocation cycle. Communications equipment is subject to the completion of the attached Communications Interoperability Questionnaire.



Communications  
Interoperability Que

| <b>Equipment Costs</b>                                       |                 |                   |                           |
|--------------------------------------------------------------|-----------------|-------------------|---------------------------|
| <i>Item</i>                                                  | <i>Quantity</i> | <i>Unit Price</i> | <i>Amount Requested</i>   |
| <i>Itemized Equipment List will be attached totaling</i>     |                 |                   | <i>Exact \$ from list</i> |
| Recertified ZOLL Xseries 12Lead W/ Aed, Pacing, Spco2, Nibp, | 1               | \$18,500          | \$18,500                  |
| Zoll Electrodes MF Adult/Pediatric                           | 1               | \$0               | \$0                       |
| Zoll Electrodes MF Pedi/Infant                               | 2               | \$0               | \$0                       |
| Cuff NIBP 2 Tube Large Adult with Connectors                 | 3               | \$0               | \$0                       |
| Carrying Case                                                | 1               | \$0               | \$0                       |
| Shipping                                                     | 1               | \$40              | \$40                      |
| MSA 4500PSig G1 Fire Service SCBA                            | 2               | \$6,095           | \$12,190                  |
| MSA G1 SCBA Charging Station                                 | 1               | \$799             | \$799                     |
| MSA G1 Rechargeable Battery                                  | 1               | \$395             | \$395                     |
| SCBA Mask Storage Bag                                        | 1               | \$44              | \$44                      |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
|                                                              |                 |                   | \$0                       |
| <b>Total Equipment Costs:</b>                                |                 |                   | <b>\$31,968</b>           |

*Note: Clerical assistance cannot be more than 50% of the category. Justify clerical assistance in the budget narrative section.*

| <b>Operation Costs:</b>                           |                         |
|---------------------------------------------------|-------------------------|
| <i>Item</i>                                       | <i>Amount Requested</i> |
| Operations                                        | \$2,000                 |
| Clerical (up to 50% of the total operation award) | \$2,000                 |
| <b>Total Operation Costs:</b>                     | <b>\$4,000</b>          |

#### **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 grant 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 grant 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 from the SFM and/or DEM. 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 -**

*Click inside gray box to begin typing*

##### **Zoll X Series Monitor:**

**Having this monitor would assist the Esmeralda County Ambulance Service – Silver Peak Station in assessing a patient who has been involved in a hazardous waste accident. With Highways US 6 and 95 running through 90% of the Silver Peaks response area having a situation with hazardous materials has the potential**

**Operations -**

*A detailed Justification is necessary if requesting funds for clerical assistance. Describe how salaries will be determined. Funds for clerical assistance are not automatic and are subject to SERC approval.*

*Click inside gray box to begin typing*

**Operations monies will used for LEPC Secretary salary, the upkeep of the LEPC required documentation and clerical work to stay in compliance with SERC requirements. i.e. form completion, postage stamps, Printer paper and ink, delivery of certificate postings, etc.**

items listed within each category and the goals and objectives of this grant request. The budget narratives must tie each item requested to the goals and objectives of this project.

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*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 from the SFM and/or DEM. 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 -**

Click inside gray box to begin typing

#### **Zoll X Series Monitor:**

Having this monitor would assist the Esmeralda County Ambulance Service – Silver Peak Station in assessing a patient who has been involved in a hazardous waste accident. With Highways US 6 and 95 running through 90% of the Silver Peaks response area having a situation with hazardous materials has the potential of occurring daily. Having the proper monitors will assist the ambulance personnel in ensuring the patient can be assessed in regards to potential cardiac, respiratory and other emergencies that could occur in reference to a hazardous material accident. To allow the ambulance to get the patient to the proper care facility.

#### **MSA G1 SCBAs:**

Safety remains paramount in hazardous material incidents, where exposure to toxic gases and chemicals poses grave risks to responders. Supplementing our SCBA inventory by purchasing additional MSA SCBAs, provides an additional layer of safety, enabling firefighters to maintain a continuous supply of breathable air amidst perilous environments. This proactive measure significantly mitigates the likelihood of respiratory-related injuries or illnesses, safeguarding the well-being of our dedicated responders.

Hazmat incidents often unfold unpredictably, necessitating swift adaptation and response from emergency responders. Additional SCBAs, masks and bottles

**afford greater flexibility and preparedness to tackle diverse scenarios, including situations requiring simultaneous respiratory protection for multiple personnel or unexpected escalation of operational demands. This heightened flexibility bolsters our department's ability to respond effectively to evolving incident conditions and underscores our readiness to confront unforeseen challenges.**

**With the addition of mining being added in our communities and areas of responsibility, the acquisition of additional Self-Contained Breathing Apparatus (SCBA) masks and bottles is imperative to bolster the operational capacity of our fire department. In hazardous materials incidents, prolonged exposure and intricate mitigation efforts demand sustained respiratory protection for our personnel. The inclusion of extra SCBA bottles ensures uninterrupted supply of breathable air, empowering firefighters to operate effectively over extended periods and significantly elevating our incident response capabilities.**

*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*

**Operations -**

*A detailed Justification is necessary if requesting funds for clerical assistance. Describe how salaries will be determined. Funds for clerical assistance are not automatic and are subject to SERC approval.*

*Click inside gray box to begin typing*

**Operations monies will used for LEPC Secretary salary, the upkeep of the LEPC required documentation and clerical work to stay in compliance with SERC requirements. i.e. form completion, postage stamps, Printer paper and ink, delivery of certificate postings, etc.**

## CERTIFIED ASSURANCES For LEPCs

**Grant Title: 2026 SERC Grant**

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:

- A) The applicant assures compliance with the Nevada Administrative Code (NAC) 459.9912 et seq. and SERC policies found at <http://serc.nv.gov>.
- B) **FINANCIAL REPORTS** – The recipient is required to submit, at a minimum, quarterly financial reports 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 grant period and expended by the final report date as stated in the grant award cover letter. Failure to submit proper reports pursuant to current policies may jeopardize future funding from the SERC and could result in a denial of reimbursement of funds expended. Failure to comply with this requirement can result in the delay or denial of future reimbursements.

- 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 grant. 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 non-federal funds or resources 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:

|                   |                                                   |
|-------------------|---------------------------------------------------|
| <b>October 31</b> | - for reporting period July 1 to September 30;    |
| <b>January 31</b> | - for reporting period October 1 to December 31;  |
| <b>April 30</b>   | - for reporting period January 1 to March 31; and |
| <b>July 31</b>    | - for reporting period April 1 to June 30.        |

- 5) **Final report:** There will be no further expenditures, the grant is closed, and no further reports are necessary. This report is due within 30 days after the end of the award period, or any time prior to the end of the award period if no further funds will be spent. Once the final report is processed there will no additional draws allowed for the sub-grant. If reporting is not in by the final date, the remaining funds will be de-obligated.
- C) **EXERCISE REPORTS** – To be eligible for grant funding, the LEPC must report to the SERC by January 31<sup>st</sup> 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 year with every key element of the plan being implemented in the exercises within three years.
- D) **GRANT CHANGE REQUEST** – Grant expenditures are authorized for the purposes set forth in this application, as approved in the grant award, and in accordance with all applicable laws, regulations, and policies and procedures of the State of Nevada and the applicable federal granting agency. Requests 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.
- E) The applicant must comply with the provisions for sub-awards stipulated at 2 *CFR* 200.311. The applicant 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. Internal control and authority to ensure compliance with SERC's documentation, record keeping, accounting, and reporting guidelines will reside with that individual.
- F) 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 in the total award amount.
- G) The applicant 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.
- H) The applicant will give the SERC, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant or grant requirements. The Uniform Guidance/OMB Guidance provides greater clarity to the role and expectations for pass-through entities conducting oversight of sub-recipients. The Uniform Guidance/OMB Guidance expands on the responsibilities of pass-through entities by providing a more robust system of

oversight and monitoring. (see section 200.330 and section 200.331)  
<http://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-sec200-331.pdf>

I) The applicant 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 grant period and shall be current and actual.

J) The applicant assures funds made available under this grant will not be used to supplant state or local funds.

K) The applicant assures compliance with 2 *CFR* 200.212 and 180, *Non-procurement Suspension and Debarment*. The applicant assures, through the submission of the grant application for funding, neither the lead agency, county government, any of its participating agencies, are potential vendors, contractors or providers debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any federal department or agency.

L) The applicant assures that it will comply with Administrative Requirements 2 *CFR* part 200, *Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments* appropriate to the award as follows:

1. 49 *CFR* 110, *Hazardous Materials Public Sector Training and Planning Grants*
2. 49 *CFR* 18, *Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments*
3. 2 *CFR* 225, *Cost Principles for State, Local and Indian Tribal Governments*
4. OMB Circular A-133, *Audits of States, Local Governments and Nonprofit Organizations* (now contained in 2 *CFR* 200)
5. 49 *CFR* 20, *New Restrictions on Lobbying*
6. 49 *CFR* 32, *Government wide Requirements for Drug-Free Workplace*

M) The applicant assures 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.

N) 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 Grant # 26-SERC-\_\_-\_\_, awarded by the Nevada State Emergency Response Commission (and, if an HMEP grant, 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 grant, U.S. Department of Transportation)"

The applicant must provide a copy of any such publication to the SERC for the sub-grant file.

- O) The applicant fully understands the State Emergency Response Commission has the right to suspend, terminate or de-obligate grant funds to any recipient that fails to conform to the requirements or the terms and conditions of its grant award.
- P) **LOBBYING** - No grant 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 or local government. The applicant will comply with provisions of Federal law, which limit certain political activities of employees of a state or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.)
- Q) 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.
- R) 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.
- S) Applicant understands that an updated addendum to the grant may be required based on the federal guidelines or state requirements between now and the time of the award documents based on requirements for State of Nevada or the federal sponsoring agency.

The applicant acknowledges receipt of these Certified Assurances and hereby assures adherence to all the above conditions of a grant award from the SERC.

**GOVERNMENTAL UNIT (i.e., COUNTY COMMISSION, COUNTY MANAGER)**

Name (print): Rachel Holt Title: County Commissioner – LEPC Chair  
Rachel Holt 3-18-2025  
Signature: Date

**LOCAL EMERGENCY PLANNING COMMITTEE CHAIRMAN**

Name (print): Scott Reed Title: LEPC Co-Chair  
Scott Reed 3-18-2025  
Signature: Date

**RETURN THIS SIGNED FORM WITH GRANT APPLICATION**

## LEPC COMPLIANCE CERTIFICATION

The following requirements must be met by the LEPCs for compliance with federal, State and SERC laws, regulations and policies and procedures. This checklist must be completed, signed and returned annually by March 31, even if the LEPC is not a recipient of grant funds.

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

- ☒ Have changes in the LEPC Bylaws and Membership list been submitted to SERC?

|                                    |                  |                      |
|------------------------------------|------------------|----------------------|
| Bylaws reviewed/updated -          | Date: 11/20/2024 | Submitted: 1/16/2025 |
| Membership list reviewed/updated - | Date: 1/16/2025  | Submitted: 1/16/2025 |

- ☒ Have LEPC meetings been held, at a minimum quarterly, and have agendas and minutes of all meetings, including special meetings, been forwarded to the SERC?

- ☒ Has the LEPC submitted all required reports which summarize the financial management of the active grants (*i.e., copies of invoices and verification of expenditures*)?

- ☒ Has the LEPC 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 along with a copy of the LEPC meeting minutes documenting review of the Plan by January 31<sup>st</sup>?

|                                          |                  |                      |
|------------------------------------------|------------------|----------------------|
| Plan update -                            | Date: 1/9/2025   | Submitted: 1/16/2025 |
| NRT-1A update -                          | Date: 1/16/2025  | Submitted: 1/16/2025 |
| Level of Response Questionnaire update - | Date: 11/20/2024 | Submitted: 1/16/2025 |
| Letter of Promulgation update -          | Date: 11/20/2024 | Submitted: 1/16/2025 |

- ☒ Has the LEPC reported on at least one incident or exercise (exercise required at least every third year) of its hazardous materials emergency response plan by January 31<sup>st</sup>?

|                                                                      |            |                      |
|----------------------------------------------------------------------|------------|----------------------|
| Indicate the date of the most recent exercise:                       | 11/14/2024 | Submitted: 1/16/2025 |
| Indicate the date of an incident report used in lieu of an exercise: |            | Submitted:           |

- ☒ Has the LEPC met the annual requirement of publishing the Emergency Planning and Community Right-to-Know Act "information availability" in the local newspaper? Has the standard Affidavit of Publication been sent to the SERC?

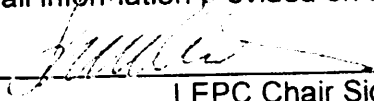
|                                 |                                 |
|---------------------------------|---------------------------------|
| Date of publication: 10/17/2024 | Affidavit Submitted: 10/21/2024 |
|---------------------------------|---------------------------------|

- ☐ Has LEPC read SERC policies?

As chairman Esmeralda Local Emergency Planning Committee, I attest  
of

County Name

all information provided on this Compliance Certification is accurate

  
\_\_\_\_\_  
LEPC Chair Signature

3-18-2025  
\_\_\_\_\_  
Date

**RETURN THIS SIGNED FORM WITH GRANT APPLICATION**

1st Choice



Quote

3121 Scott St.  
Vista, CA 92081  
(888) 682-1941 Phone  
(760) 598-3300 Fax  
www.coastbiomed.com

Order Number: 0026059  
Order Date: 3/13/2025

Salesperson: 0055  
Customer Number: F89556

Sold To:  
ESMERALDA COUNTY FIRE DISTRICT  
PO BOX 12  
Goldfield, NV 89013  
Confirm To:  
JEFFREY BUSHNELL

Ship To:  
ESMERALDA COUNTY FIRE DISTRICT  
1 STATION DRIVE  
Dyer, NV 89010

|               |              |        |             |
|---------------|--------------|--------|-------------|
| Customer P.O. | Ship VIA     | F.O.B. | Terms       |
| OPTE GRANT    | FEDEX GROUND |        | Net 30 Days |

| Item Code                                                                                                                                                                                                                                                                                                                                                                  | Unit | Ordered | Shipped | Back Order | Price     | Total Amount |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------|------------|-----------|--------------|
| ****PRICING BASED OFF OF MULTI UNIT DISCOUNT ****                                                                                                                                                                                                                                                                                                                          |      |         |         |            |           |              |
| ZXBPSTNCBT R                                                                                                                                                                                                                                                                                                                                                               | EACH | 1.00    | 0.00    | 0.00       | 18,500.00 | 18,500.00    |
| ZOLL X SERIES BIPHASIC PACING, SPO2, 12 LEAD, NIBP, CO2, BLUETOOTH/WIFI-REFURBISHED Includes: Quick Combo Cable, SPO2 Extension Cable, Adult SPO2 Finger Probe, 12 Lead ECG Cable, 1 Lithium Battery, NIBP Hose, Adult NIBP Cuff, Adult Defib Electrodes, Co2 Mainstream Adult/Pedi Filterline Set, ECG Monitoring Electrodes, 1 Roll Paper, AC Charger, 12 month warranty |      |         |         |            |           |              |
| C340-0070                                                                                                                                                                                                                                                                                                                                                                  | EACH | 1.00    | 0.00    | 0.00       | 0.00      | 0.00         |
| ZOLL ELECTRODES MF ADULT/PEDIATRIC                                                                                                                                                                                                                                                                                                                                         |      |         |         |            |           |              |
| C238-0012                                                                                                                                                                                                                                                                                                                                                                  | EACH | 2.00    | 0.00    | 0.00       | 0.00      | 0.00         |
| ZOLL ELECTRODES MF PEDI/INFANT                                                                                                                                                                                                                                                                                                                                             |      |         |         |            |           |              |
| C415-0053                                                                                                                                                                                                                                                                                                                                                                  | EACH | 1.00    | 0.00    | 0.00       | 0.00      | 0.00         |
| CUFF NIBP 2 TUBE LARGE ADULT WITH CONNECTORS                                                                                                                                                                                                                                                                                                                               |      |         |         |            |           |              |
| /NSP                                                                                                                                                                                                                                                                                                                                                                       | EACH | 1.00    | 0.00    | 0.00       | 0.00      | 0.00         |
| CARRYING CASE X SERIES BLACK (used)                                                                                                                                                                                                                                                                                                                                        |      |         |         |            |           |              |

\*\*\*SHIPPING \$40\*\*\*

This quote expires on 5/6/2025  
Contact Coast if an updated version is needed

|                |           |
|----------------|-----------|
| Net Order:     | 18,500.00 |
| Less Discount: | 0.00      |
| Freight:       | 40.00     |
| Sales Tax:     | 0.00      |
| Order Total:   | 18,540.00 |

**Quotation****Quotation#:** QUO-09267-D1Q8**Last Modified:** 3/11/2025 4:41 PM**Customer PO #:****Account Number:** C1040711**Bill To:**Esmeralda County Fire District  
PO Box 12  
Goldfield, NV 89013  
Billing Contact:

Ship Method:

Payment Terms: NET 30

**Ship To:**Esmeralda County Fire District  
PO Box 12

Goldfield, NV 89013

Shipping Contact: Chief Jeff Bushnell

| Item                  | Description                                                     | UOM | QTY | Current Price | Your Price  | Extended Price |
|-----------------------|-----------------------------------------------------------------|-----|-----|---------------|-------------|----------------|
| 95-ZX12BIPSBCTAB<br>T | Recertified ZOLL Xseries 12Lead W/<br>Aed, Pacing, Spco2, Nibp, | EA  | 1   | \$0.00        | \$21,400.00 | \$21,400.00    |

**Subtotal:** \$21,400.00**Freight:** \$0.00**Tax:** \$0.00**Quote Total:** \$21,400.00**Quote Expiration Date:** 4/7/2025**Comments:**

Unit Includes: Carrying Case, Battery, (2) Adult Pads, (2) Pedi Pads, Adult &amp; Large BP Cuffs, All Cables, Sensors, Accessories &amp; 1 Year Warranty

**Quote valid for 30 days from the above date**

Prepared for you by:

Shane Burton  
Shane.Burton@cardiopartners.com  
(615) 657-7217

PROUD SUPPLIER TO THE US GOVERNMENT

GSA/VA Contract Number: 36F79723D0173

Contract Expiration Date: 08/31/2028

DUNS #: 078 760 417

CAGE Code: 6V6E4

FEIN/TIN: 80-0874694

Business Size Classification: Large

Ph: 510-839-5111  
TF: 800-443-3556  
Fax: 510-839-5325  
oaksales@lncurtis.com  
UEI#: DDL5ADSWN7U7

# CURTIS

TOOLS FOR HEROES

Pacific North Division  
6723 Sierra Court, Suite C  
Dublin, CA 94568  
www.LNCurtis.com

Only Choice

## Quotation

|                                                                                                 |                                                                                                         |                                                                                  |                                                                                           |                                      |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------|
| <b>CUSTOMER:</b><br>Esmeralda County Fire<br>Protection District<br>PO Box 135<br>Dyer NV 89010 | <b>SHIP TO:</b><br>Esmeralda County Fire District<br>Jeffery Bushnell<br>1 Station Dr.<br>Dyer NV 89010 | <b>QUOTATION NO.</b><br>336471                                                   | <b>ISSUED DATE</b><br>03/13/2025                                                          | <b>EXPIRATION DATE</b><br>04/12/2025 |
|                                                                                                 |                                                                                                         | <b>SALESPERSON</b><br>Nicolai Caviglia<br>ncaviglia@lncurtis.com<br>775-721-7678 | <b>CUSTOMER SERVICE REP</b><br>Nicolai Caviglia<br>ncaviglia@lncurtis.com<br>775-721-7678 |                                      |
| <b>REQUISITION NO.</b>                                                                          | <b>REQUESTING PARTY</b><br>Jeffery Bushnell                                                             | <b>CUSTOMER NO.</b><br>C30350                                                    | <b>TERMS</b><br>Net 30                                                                    | <b>OFFER CLASS</b><br>FR             |
| <b>F.O.B.</b>                                                                                   | <b>SHIP VIA</b>                                                                                         | <b>DELIVERY REQ. BY</b>                                                          |                                                                                           |                                      |
| <b>DEST</b>                                                                                     | Standard Shipping                                                                                       |                                                                                  |                                                                                           |                                      |

### NOTES & DISCLAIMERS

Thank you for this opportunity to quote. We are pleased to offer requested items below. If you have any questions, need additional information, or would like to place an order, please contact your Customer Service Rep as noted above.

**Safety Warning Notice:** Products offered, sold, or invoiced herewith may have an applicable Safety Data Sheet (SDS) as prepared by the manufacturer of the product. The SDS is provided with the product. In addition, manufacturer's safety and/or warning notices, instructions and information relating to the proper use and care of the product is provided with the product. All applicable SDS, safety and/or warning notices, instructions and other information provided with the product should be thoroughly read, reviewed, and understood prior to handling, distributing, using, reselling, or servicing any and all products provided by Curtis. Materials utilized to clean, repair, maintain and/or service your owned equipment, as well as Curtis owned equipment, may contain per-and polyfluoroalkyl substances (PFAS) to meet national standards or original equipment manufacturer specifications. For other important product notices and warnings, or to request an SDS, product specifications, manufacturer's safety notices, instructions and/or warning notices, please contact Curtis or visit <https://www.lncurtis.com/product-notices-warnings>

Transportation is included in below pricing.

| LN | QTY | UNIT | PART NUMBER                    | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                             | PL | UNIT PRICE | TOTAL PRICE |
|----|-----|------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------|-------------|
| 1  | 2   | EA   | A-<br>G1FS-444MA2C0L<br>AR MSA | 4500PSIg G1 Fire Service SCBA;<br>* CGA Quick Connect Remote Cylinder<br>Connection<br>* Serviceable Tunnel Harness With<br>Chest Strap<br>* Metal Band Cradle Type<br>* Adjustable Swiveling Lumbar Pad<br>* Solid Cover Regulator Type, Left<br>Shoulder (As Worn)<br>* Continuous Regulator Hose Type<br>* No Emergency Breathing Support<br>* Left Chest (As Worn) Speaker Module<br>* Pass Right Shoulder (As Worn)<br>* Rechargeable Battery Type |    | \$6,095.00 | \$12,190.00 |

WARNING: This product contains PFAS  
to reduce the risk of parts sticking or  
becoming inoperable.



Ph: 510-839-5111  
TF: 800-443-3556  
Fax: 510-839-5325  
[oaksales@lncurtis.com](mailto:oaksales@lncurtis.com)  
UEI#: DDLSADSWN7U7

# CURTIS

TOOLS FOR HEROES

*Only choice*

Pacific North Division  
6723 Sierra Court, Suite C  
Dublin, CA 94568  
[www.LNCurtis.com](http://www.LNCurtis.com)

| LN | QTY | UNIT | PART NUMBER                | DESCRIPTION                    | PL | UNIT PRICE | TOTAL PRICE |
|----|-----|------|----------------------------|--------------------------------|----|------------|-------------|
| 2  | 1   | EA   | 10158385 MSA               | G1 SCBA Charging Station Kit   |    | \$799.00   | \$799.00    |
| 3  | 1   | EA   | 10148741-SP<br>MSA         | Battery Pack, G1, Rechargeable |    | \$395.00   | \$395.00    |
| 4  | 1   | EA   | SMP-ST-6205-BK<br>WOLFPACK | Black SCBA Mask Bag, Zippered  | OM | \$44.10    | \$44.10     |

Small Business  
CAGE Code: 5E720  
SIC Code: 5099  
Federal Tax ID: 94-1214350  
UEI #DDLSADSWN7U7

This pricing generally remains firm until 04/12/2025. Pricing is subject to change if product is affected by the implementation of a tariff. Contact us for updated pricing after this date.

Due to market volatility, global supply chain pressures, and supply shortages, we recommend contacting your local L.N. Curtis and sons office prior to placing your order to confirm pricing and availability. This excludes our GSA Contract and other Fixed Price Contracts which are governed by contract-specific prices, terms, and conditions.

|                     |                    |
|---------------------|--------------------|
| Subtotal            | \$13,428.10        |
| Estimated Tax Total | \$0.00             |
| Transportation      | \$0.00             |
| <b>Total</b>        | <b>\$13,428.10</b> |

[View Terms of Sale and Return Policy](#)

**MINUTES OF SPECIAL PUBLIC MEETING OF  
ESMERALDA COUNTY  
LOCAL EMERGENCY PLANNING COMMITTEE (LEPC)**

**DATE & TIME:**  
Wednesday March 12, 2025 at 7pm

- I. **CALL TO ORDER & ROLL CALL**—The meeting was called to order by Scott Reed at 7:06pm. In attendance were Scott Reed, Silver Peak Ambulance & LEPC Co-chair-Patricia Brownfield, LEPC Secretary-Jessica Villa, Fishlake Valley Ambulance-Emily Gould, State Public Health Preparedness-Jeffrey Bushnell, Fishlake Valley Fire Dept.-Paul Melendrez, County DEM-Dee Sligar, Goldfield Ambulance-Danielle Johnson, County Ambulance & Justice of the Peace, Nick Dondero, Sheriff-Guests Emily Anderson, DOWL-Rachael Cruz, DOWL and Gretchen, DOWL. We had a quorum present.
- II. **PUBLIC COMMENT-- (Discussion Only)** – No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Public comments may be limited to 3 minutes per person at the discretion of the Chair. Comments will not be restricted based on viewpoint.-  
There were no comments
- III. **\*APPROVAL OF MINUTES OF LAST MEETINGS (Discussion For Possible Action):**  
**Approval of:** 1/15/25 Regular Meeting Minutes-Danielle Johnson moved, Jeffrey Bushnell seconded, Scott Reed asked for discussion and there being none it was voted and passed for approval
- IV. **AGENDA ITEMS:**
  1. **\*DISCUSSION/DECISION: \*Review and Approve:** Hazard Mitigation Plan presented by Rachel Cruz with DOWL. She will send links and presented pages to the LEPC members.
  2. **\*DISCUSSION/DECISION: \*Review and Approve:** Update Email List was tabled until our next Regular meeting.
  3. **\*DISCUSSION/DECISION: \*Review and Approve:** Approve OPTF Grant for submitting to SERC. Jeffrey Bushnell stated the grant application was complete with the requested. He also attached an agreement between Sourcewell, the manufacturer of the equipment and Curtis & Sons, the approved supplier of the equipment, for backup as to why there is only one supplier quote for the SCBA equipment. It was moved and seconded to submit the grant to the Commissioner for approval. The vote passed.
  4. **\*DISCUSSION/DECISION: \*Review and Approve:** Approve UWS Grant for submitting to SERC. It was moved and seconded to approve Jeffrey Bushnell to provide the required paperwork for the Extraction Gear and get the information to Patricia Brownfield secretary for preparing to submit to the Commissioners at their April meeting for approval to submit to SERC.
  5. **\*DISCUSSION/DECISION: \*Old Business - (Discussion/For Possible Action).**-There was no Old Business to discuss.
  6. **PUBLIC COMMENT - (Discussion Only)** - No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Public comments may be limited to 3 minutes per person at the discretion of the Chair. Comments will not be restricted based on viewpoint.-Paul Melendrez asked that Patricia add Rachael to the LEPC email list. Paul Melendrez mentioned a special May meeting. Further information will follow.
  7. **\*SET DATE AND TIME FOR NEXT MEETING -- (Discussion/For Possible Action).** Pre-approved meeting dates for the year 2025. January-15, April 16, July 16, October 15 plus Special meetings as required.
  8. **\*ADJOURN (Discussion/For Action):** Danielle moved, Paul Melendrez seconded and the meeting adjourned

# GRANT APPLICATION CHECK SHEET

LEPC: Esmeralda County

☒ LEPC is in compliance

Grant: OPTE 2026

☒ Received by Due Date

☒ Title Page – math is accurate / signed

☒ Goals completed

☒ Objectives completed

☒ Budgets

☐ ~~If Training – brochure included~~

☐ ~~If Training – DEM/SFM denial letters included~~

☐ ~~If Travel – GSA rates included~~

☒ If Equipment – quotes included

☐ ~~If Radios – communications questionnaire included~~

☒ Operations – is Clerical requested (check Budget Narrative)

☒ Budget Narrative(s) completed

☒ Certified Assurances completed / signed

☒ LEPC Compliance Certification completed / signed

☐ ~~If HMEP – Activity Request Form completed~~

☐ ~~If HMEP – Activity Request will need to be approved by HMEP~~

☒ LEPC meeting minutes approving submittal of grant application

Grant \$ amount: \$55,969 Total \$ amount available: \$36,000

Reviewed by: B.B. B.H.

