

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

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

\* Other (Specify):

\* 3. Date Received:

04/01/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\* a. Legal Name: Regional Transportation Commission of Southern Nevada

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

90-0036752

\* c. UEI:

HXXHVZSWLRBJ5

### d. Address:

\* Street1: 600 S. Grand Central Parkway

Street2: Ste. 350

\* City: Las Vegas

County/Parish: Clark

\* State: NV: Nevada

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 89106-4512

### e. Organizational Unit:

Department Name:

Fleet / Metropolitan Planning

Division Name:

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

Prefix:

Mrs.

\* First Name:

Angela

Middle Name:

\* Last Name:

Brookins

Suffix:

Title: Senior Financial Analyst

Organizational Affiliation:

\* Telephone Number: 702-676-1901

Fax Number: 702-676-1530

\* Email: BrookinsA@rtcscnv.com

## Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Environmental Protection Agency

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

66.046

CFDA Title:

Climate Pollution Reduction Grants

### \* 12. Funding Opportunity Number:

EPA-R-OAR-CPRGI-23-07

\* Title:

Climate Pollution Reduction Grants Program: Implementation Grants (General Competition)

### 13. Competition Identification Number:

Title:

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

1245-SF424 Attachment 1.pdf

Add Attachment

Delete Attachment

View Attachment

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

Carbon-Free Shared Mobility

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

\* a. Applicant NV-001

\* b. Program/Project 1, 3, 4

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

1246-Congressional Districts - NV-001, 003

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 10/01/2024

\* b. End Date: 09/30/2029

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

* a. Federal	15,972,454.45
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	15,972,454.45

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

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

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

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

☒ \*\* I AGREE

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

**Authorized Representative:**

Prefix: Mrs. \* First Name: MJ

Middle Name:

\* Last Name: Maynard

Suffix:

\* Title: Chief Executive Officer

\* Telephone Number: 702-676-1500 Fax Number: 702-676-1530

\* Email: MaynardM@rtcshnv.com

\* Signature of Authorized Representative: Angela M Brookins \* Date Signed: 04/01/2024