

FY 2027/2028 OAG Document Preparation

Clark County OAG Local Solicitation
Applicant Guidance and Program Overview



welcome



Pre-Award Team: Project Development Team
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Apryl Kelly, Tracy Washington – Grants Coordinators

Brenda Herbstman – Senior Grants Coordinator

Post-Award Team: Contract Compliance Team
SSRAD@ClarkCountyNV.gov

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Management Team: Natasha Nickles, Mary Duff, Alisha Barrett

Introduction



Helpful Links



[CLICK HERE TO JOIN THE
PDT CONTACT LIST!](#)



[HTTPS://WWW.CLARKCOUNT
YNV.GOV/RESIDENTS/ASSIST
ANCE_PROGRAMS/OUTSIDE-
AGENCY-GRANT](https://www.clarkcountynv.gov/residents/assistance_programs/outside-agency-grant)



Reference Library

- [FY 2027/2028 OAG FAQs](#)
- [ZoomGrants Application Tips](#)
- [ZoomGrants Application Help](#)
- [Step-by-Step Applicant Instructions](#)
- [Annual Budget Detail & Workplan - 5 AMOUNTS](#)
- [Application High-Level Overview PPT](#)
- [Annual Budget Detail PPT](#)
- Workplan Form PPT – Coming soon!



Objective

Provide

Provide an overview of the FY 2027/2028 OAG application process.

Review

Review eligibility requirements and program priorities.

Explain

Explain application forms, budget requirements, and timelines.

Answer

Answer applicant questions and support successful submissions.

What is the OAG Program?

Grants are awarded to programs that provide a substantial benefit in the following areas:

- Help disadvantaged citizens become more self-sufficient and gain personal independence;
- Foster community pride or social cohesion; and/or
- Strengthen the community's infrastructure.

What is the OAG Program?

- OAG funds are intended to supplement services already provided by Clark County or to support programs that address the needs of Clark County residents.



Eligible Applicants

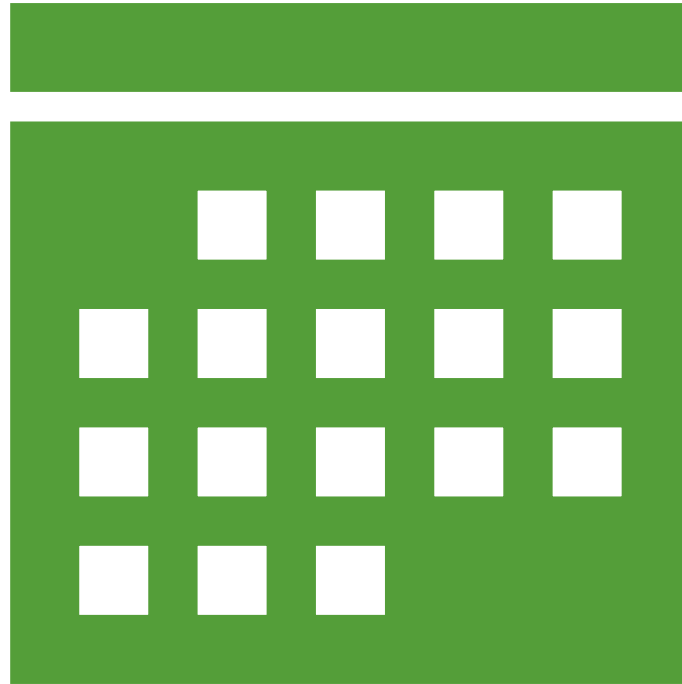


- Applicants must meet all solicitation and compliance requirements.
 - Non-profit organizations
 - Government Entities
 - Public organizations

Application Process

- Review the FY 2027/2028 OAG Application Instructions & Program Guide
- Attend Bidders' Conference (optional)
- Attend Office Hours Sessions (optional)
- Complete all required forms and attachments
- Submit application by documented deadline
- Applications will be evaluated & scored
- Award/Denial Letters mailed by June/July 2027





Training Opportunities



Training Opportunities

FY 2027/2028 OAG Bidder's Conference Schedule



Monday, October 5, 2026, 1:00 PM – 2:30 PM



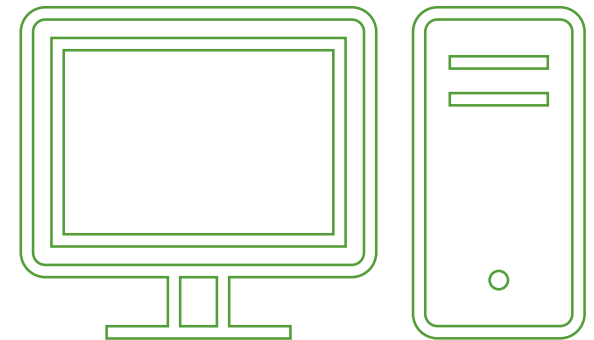
Training Opportunities

FY 2027/2028 OAG Office Hours Schedule

Wednesday, October 14,
2026, 10:30 AM – 12:00 PM

Wednesday, October 21,
2026, 1:00 PM – 2:00 PM

Wednesday, October 28,
2026, 10:30 AM – 12:00 PM



Application Deadline

Application
opens on...

**Thursday,
October 1,
2026**

9:00 AM PST

and will
close on...

**Thursday,
October 29,
2026**

5:00 PM PST



If it's Nevada Day and if
it's HALLOWEEN...





Community Initiative Track Application

Agencies may submit a maximum of two (2) different program applications under the Community Initiative track.

Applicants must request a minimum of \$10,000 for each project to be considered for funding. While there is no maximum request limit, historically no awards over \$75,000 have been made in the Community Initiative Track.



Department Initiative Track Application

To be eligible to apply for the Department Initiative Track the applicant must serve the targeted populations of Juvenile Justice Services, Family Services, and Social Services.

It is encouraged for applicants to have an established relationship with the department they are proposing to serve.



Department Initiative Track Application

Agencies may submit a maximum of two (2) different program applications under the Department Initiative Track.

Applicants must request a minimum of \$25,000 per project to be considered for funding.

Applicants not selected for Department Initiative funding will be considered under Community Initiative Track.



- **Clark County Social Services Funding Guidelines** was created to provide clear guidance on allowable and unallowable costs, ensuring compliance with the most current version of the Clark County Social Services funding requirements.
- Updated guidance will be published and will take effect July 1 of each year thereafter.

Funding Guidelines



Risk Assessment Requirement

- As part of the risk assessment process, review factors may include, but not limited to:
 - Financial stability;
 - Quality of management systems and internal controls;
 - History of performance on prior federal, state, or local awards;
 - Results of previous audits and monitoring reviews;
 - Compliance with reporting requirements; and
 - The organization's overall capacity to administer grant funds.



Conflict of Interest Policy Requirement

Applicants must maintain a written Conflict of Interest Policy that promotes impartial decision-making and protects against actual, potential, or perceived conflicts of interest.

The policy must require the disclosure of financial or personal interests that could influence, or appear to influence, the performance of grant-funded activities or the administration of grant funds.



Insurance Requirement

- There may be specific insurance coverage that would be required if the project is selected for funding. Failure to maintain required insurance coverage may result in the suspension or termination of grant funding.

Insurance Requirement

Applicants may be required to meet insurance requirements before contract execution.

Early coordination with Clark County Purchasing & Contracts Department is encouraged.

Failure to meet requirements may delay contract processing.



Application Scoring Rubric

Workplan
Format
Scoring
Rubric

Program Description (0–10
points)

Output Description (0–10
points)



Annual
Budget
Scoring
Rubric

Budget Review (0–10 points)

For agencies that previously received OAG funding, past performance may be considered during the review process.



This may include:

Compliance
with reporting
requirements

Timely grant
management

Achievement
of project
goals

Overall
community
impact

Evaluation & Selection Process



Department Initiative applications will be reviewed first.



Applications not selected for Department Initiative funding may be moved to the Community Initiative Track for further consideration.

Evaluation & Selection Process

All required attachments must be completed and uploaded at the time of application submission.

If an applicant did not upload the correct required document or a deficiency is identified in a required document, the agency will have 30 calendar days from the date of notification to correct the deficiency.

Evaluation & Selection Process

QUESTIONS





CLARK COUNTY SOCIAL SERVICES

LEADING WITH COMPASSION. SERVING WITH PRIDE.

FY 2027-2028 OUTSIDE AGENCY GRANT (OAG) COMMUNITY CONNECTION BINGO

Let's connect, collaborate, and build a stronger Clark County together!



INSTRUCTIONS: Mingle and meet other organizations. Find someone who matches each statement, have them sign their name in the box, and try to get BINGO!



Get to know.
Make connections.



SERVES
YOUTH



PROVIDES
HOUSING
SERVICES



OFFERS
MENTAL HEALTH
SERVICES



SERVES
VETERANS



FIRST-TIME
OAG
APPLICANT



PROVIDES
FOOD
ASSISTANCE



SERVES
SENIORS



PROVIDES
EMPLOYMENT /
WORKFORCE
SERVICES



WORKS
WITH
FAMILIES



HAS
VOLUNTEER
OPPORTUNITIES



SERVES
PEOPLE WITH
DISABILITIES



OFFERS
SUBSTANCE USE
SERVICES



**FREE
SPACE**
We all serve our
community!



PROVIDES
ARTS / CULTURAL
PROGRAMS



GOVERNMENT
OR PUBLIC
AGENCY



HAS OPERATED
10+ YEARS



SERVES
UNHOUSED
INDIVIDUALS



PROVIDES
HEALTH OR
MEDICAL
SERVICES



SUPPORTS
EDUCATION



SERVES
SURVIVORS
OF VIOLENCE



LOOKING FOR
COMMUNITY
PARTNERSHIPS



SERVES OVER
500 RESIDENTS
ANNUALLY



OFFERS CASE
MANAGEMENT
SERVICES



WORKS
COUNTYWIDE



PROVIDES
TRANSPORTATION
OR MOBILITY
SUPPORT



REFLECTION QUESTION:

Who did you meet today that you could collaborate with on a future project or referral?



strong
families
strong
community



clarkcountynv.gov/socialservice



1600 Pinto Lane, Las Vegas, NV 89106



(702) 455-4270



30 Second Elevator Pitch

Organization

Target Population

One program you are most proud of

One collaboration you are looking for





Application Components

- 17 Application Questions
- Workplan Form
- Annual Budget Detail
- Risk Assessment
- Disclosure of Ownership
- Board of Directors List
- Conflict of Interest Policy
- Tax Return
- Audit or Consolidated Financial Statement
- State of Nevada Business License
- Clark County Charitable Organization Registration Certificate



Application Questions

1. Application Type
2. Program Type
3. Target Population
4. Commission District
5. Program District
6. General Requirements
7. General Requirements
8. Financial Management
9. Financial Management



Application Questions

- 10. On-Site Services
- 11. Referrals
- 12. Referrals
- 13. Record Retention & Monitoring
- 14. Financial Capacity
- 15. Reimbursement Requirements
- 16. Authorized Representative
Certification
- 17. Certification of Application



Required Attachments

All required attachments must be completed and uploaded at the time of application submission. If an applicant did not upload the correct required document, if the document has expired, or a deficiency is identified in a required document, the agency will have 30 calendar days from the date of notification to correct the deficiency or forfeit the award.



Attachment 1 - Workplan

- The Workplan is a required document for all applications. It outlines the structure for describing the proposed program, projected outputs, activities, service delivery details, and budget components.
- The purpose of this form is to ensure consistency across applications and to allow the County to evaluate programs based on clearly defined goals, measurable outputs, and demonstrated capacity.

A	B	C	D	E	F	G	H
<u>WORKPLAN</u>							
<PROVIDER NAME> hereinafter referred to as PROVIDER, agrees to provide the following services and reports according to the identified timeframes.							
Program Description: In no more than 300 words, describe the program including the number of clients to be served, how the funds requested will support the program, and the positive impact this program has on the community.							
<PROVIDER RESPONSE>							
Word count: 2				To check spelling, go to the Review tab and click on the "Spelling" icon.			

7	OUTPUT #1: REQUIRED	PROGRAM NAME will ... <identify a measureable output of the program.>					
8	Population to be served:	<What is the predominant population served by the program?>					
9	Activities to be conducted	# of services provided	# of unduplicated clients	What benchmarks will be used to measure success?	Documentation used for measurement	When will activities start?	When will activities end?
10							
11							
12							
13	OUTPUT #2: OPTIONAL	PROGRAM NAME will ... <identify a measureable output of the program.>					
14	Population to be served:	<What is the predominant population served by the program?>					
15	Activities to be conducted	# of services provided	# of unduplicated clients	What benchmarks will be used to measure success?	Documentation used for measurement	When will activities start?	When will activities end?
16							
17							
18							
19	Budget Summary:	Direct Costs: <\$\$>	Total Project Budget: <\$\$>			County Request:	
20		Admin/Other Costs: <\$\$>	Per Person Served Costs: <\$\$>			<\$\$>	
21							

< >
WORKPLAN
+



Workplan Form

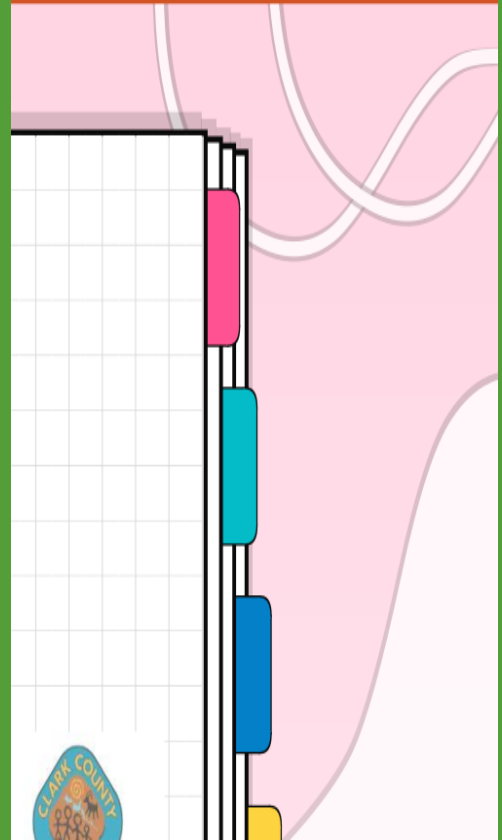


Instruction Video:



[CLICK HERE!](#)

Welcome!





Attachment 2 - Budget

- Staff salaries being charged to County funds must have all proper taxes and deductions subtracted from their checks and appropriately paid to state and federal agencies:
- Per IRS rules and regulations, staff must have all proper taxes and deductions subtracted from their checks; agency staff are not considered as consultants or independent contractors.
- Staff salaries are to be broken into two categories and percentages are required:
 - Salaries directly related to client services; and
 - Administrative salaries.

	A	B	C	D	E	F
1	Annual Budget Detail Summary					
2	Agency Name:					
3	Project Name:					
4	<i>Note: Any errors detected on this page should be fixed on the corresponding page.</i>					
5	Annual Budget Detail					
6	July 1, 2027 - June 30, 2028					
7	Budget Category	County Request	Other Funding Sources	Total		
8	A. Salary	\$ -	\$ -	\$ -		
9	B. Fringe Benefits	\$ -	\$ -	\$ -		
10	C. Travel	\$ -	\$ -	\$ -		
11	D. Equipment	\$ -	\$ -	\$ -		
12	E. Operating	\$ -	\$ -	\$ -		
13	F. Subawards/Contracts	\$ -	\$ -	\$ -		
14	G. Services and Goods	\$ -	\$ -	\$ -		
15	Direct Costs Total	\$ -				
16	H. Administrative	\$ -	\$ -	\$ -		
17	Total Project Costs	\$ -	\$ -	\$ -		

How to Find the 5 Amounts needed for Attachment 1

Workplan Form amounts needed	Find amounts in cells of the Annual Budget Detail Budget Summary tab
Direct Costs	B15
Admin/Other Costs	B16
Total Project Budget	D17
Per Person Served Costs	See instructions provided.
County Request	B17

The five amounts needed for the Workplan Form are in the following cells of the Annual Budget Detail Budget Summary tab:

The five amounts needed are in the following cells of the Budget Summary tab:

Direct Costs ●

	A	B	C	D	E	F
1	Annual Budget Detail Summary					
2	Agency Name:					
3	Project Name:					
4	<i>Note: Any errors detected on this page should be fixed on the corr</i>					
5	Annual Budget Detail					
6	July 1, 2027 - June 30, 2028					
7	Budget Category	County Request	Other Funding Sources	Total		
8	A. Salary	\$ -	\$ -	\$ -		
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10	C. Travel	\$ -	\$ -	\$ -		
11	D. Equipment	\$ -	\$ -	\$ -		
12	E. Operating	\$ -	\$ -	\$ -		
13	F. Subawards/Contracts	\$ -	\$ -	\$ -		
14	G. Services and Goods	\$ -	\$ -	\$ -		
15	Direct Costs Total	\$ -				
16	H. Administrative	\$ -	\$ -	\$ -		
17	Total Project Costs	\$ -	\$ -	\$ -		
	< >	Budget Instructions	Annual Budget Detail	Budget Summary	A. Salary Con't	...

7

OUTPUT #1: REQUIRED	PROGRAM NAME will ... <Identify a measurable output of the program.>					
Population to be served:	<What is the predominant population served by the program?>					
Activities to be conducted	# of services provided	# of unduplicated clients	What benchmarks will be used to measure success?	Documentation used for measurement	When will activities start?	When will activities end?

12

OUTPUT #2: OPTIONAL	PROGRAM NAME will ... <Identify a measurable output of the program.>					
Population to be served:	<What is the predominant population served by the program?>					
Activities to be conducted	# of services provided	# of unduplicated clients	What benchmarks will be used to measure success?	Documentation used for measurement	When will activities start?	When will activities end?

17

Budget Summary:	Direct Costs: <\$>	Total Project Budget: <\$>	County Request: <\$>
	Admin/Other Costs: <\$>		

21

< >

WORKPLAN

+



Attachment 3 – Risk Assessment

- There are five (5) questions, when answered, will automatically generate a score and a risk of low or high. Please note: A "No" response will indicate high risk.
- This does not impact whether or not they are eligible for an award. The Risk Assessment will be used to determine the appropriate post-award monitoring requirements for funded agencies.

Clark County Social Services
RISK ASSESSMENT QUESTIONNAIRE

- | | | |
|---|---------------------------------|--------------------------------|
| 1) Does the organization have experience with managing federal awards (either as a recipient or subrecipient)? (2021 Compliance Supplement Section 3-M-1, 2 CFR 200.331(b)(1), 2 CFR 200.205(c)(3), 2 CFR 200.331(B)(4)) | Yes
☐ | No
☐ |
| 2) Does your organization meet the expense threshold to provide an annual single audit as required by 2 CFR Part 200 Subpart F? (2021 Compliance Supplement Section 3-M-1, 2 CFR 200.31(b)(2), 2 CFR 200.501, 2 CFR 200.205(c)(4), 2 CFR 200.205(c)(4), 2 CFR 200.331(b)(4), 2 CFR 200.205(c)(1)) | Yes
☐ | No
☐ |
| 3) The organization has not had any substantial changes in either management and/or staff within your agency within the last 3 years. (2021 Compliance Supplement Section 3-m-1, 2 CFR 200.331(B)(3)) | Yes
☐ | No
☐ |
| 4) The organization does not have any board member currently debarred/suspended or has been debarred or suspended from government funding within the last 5 years? (2 CFR.213, 2 CFR 200.205(c)(5)) | Yes
☐ | No
☐ |

5) The organization has not been under any corrective action plan (CAP) or suspended by any governmental funder due to its inability to meet terms and conditions of award and/or contracts within the last 3 years? (2021 Compliance Supplement Section 3-M-1, 2 CFR 200.331(g) 2 CFR 200.205(c)(5), 2 CFR 200.205(c)(2), 2 CFR 200.205(c))

Yes No
☐ ☐

Score: 1

Risk: HIGH

Attestation:

I attest that the above information is accurate and that the risk assessment was conducted in compliance with 2 CFR §200.332(b), and by typing my name, title, and date below, I hereby certify and attest that the information provided is true and accurate to the best of my knowledge, and I agree to the terms and conditions set forth in this attestation.

Name, Title

Date



Attachment 4 – Disclosure of Ownership

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

Disclosure of Ownership Directions

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)

☐ Sole Proprietorship
 ☐ Partnership
 ☐ Limited Liability Company
 ☐ Corporation
 ☐ Trust
 ☐ Non-Profit Organization
 ☐ Other

Business Designation (Check all that apply)

☐ MBE
 ☐ WBE
 ☐ SBE
 ☐ PBE
 ☐ VET
 ☐ DVET
 ☐ ESB

Minority Business Enterprise
 Women-Owned Business Enterprise
 Small Business Enterprise
 Physically Challenged Business Enterprise
 Veteran Owned Business
 Disabled Veteran Owned Business
 Emerging Small Business

Number of Clark County Nevada Residents Employed:

Corporate/Business Entity Name:

Street Address:

City, State and Zip Code:

Telephone No:

Nevada Local Street Address:

City, State and Zip Code:

Local Telephone No:

Website:

POC Name:

Email:

Fax No:

Local Fax No:

Local POC Name:

Email:

Checking one of these boxes is mandatory. leave blank.

Entering a number here is mandatory. Do not leave blank. (if your organization has zero employees, n here)

Filling this out is mandatory. Do not leave blank.

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

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

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

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

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

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☐ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

Answering this question is mandatory. Do not blank.



Attachment 5 – Board of Directors List

The purpose of the Board of Directors List is to verify the organization's governance structure, demonstrate organizational oversight, and assess the capacity and accountability mechanisms in place to support effective management of grant-funded activities. Please list each member of your governing body, their titles, voting powers, and if they are paid. Upload to ZoomGrants as a PDF.

Governing Body Disclosure Example

****Sample Board of Directors List****

**Center for Improving the World
Board of Directors
20XX**

John Smith
Board President
Executive Director
ABC Company
San Francisco, CA

Dave Robertson
Vice President
Managing Director
DEF Designs
New York, NY

Michelle Jones
Treasurer
President
GHI Unlimited
San Francisco, CA

Mike Miller

Mark Johnson, Ph.D.
Chair
STU Hospital
San Francisco, CA

Diane Moore
Producer
VWX Enterprises
New York, NY

Andrew Peterson
Superintendent
Y School District
Denver, CO

Deborah Thomas
Vice President
Z Academy
San Francisco, CA

**Please list each member of
your governing body, their
titles, voting powers, and if
they are paid.**



Attachment 6 – Conflict of Interest Policy

Applicants must provide a copy of their current Conflict of Interest Policy or equivalent written standards of conduct. The policy should describe procedures for identifying, disclosing, and addressing actual or potential conflicts of interest involving employees, officers, board members, contractors, and other individuals involved in the administration of grant-funded activities.



Attachment 7 – IRS Tax Return

- Tax-exempt nonprofit organizations must upload the most recently filed IRS Form 990 Tax Return (or Form 990-EZ, if applicable). If your organization is not required by the IRS to file Form 990, please provide documentation confirming your filing exemption. (i.e., Government Entities, Public Organizations)



Are you a new
nonprofit
organization?

Less than a year old?



Agencies must submit their most recent Annual Single Audit, Third-Party Audit, Consolidated Financial Statement, or internally prepared financial statements to demonstrate fiscal responsibility and compliance with funding guidelines.

Requiring these documents ensures that OAG funds are awarded to agencies with sound financial management, strong oversight practices, and the demonstrated ability to implement services in alignment with the program's goals and community impact standards.

Attachment 8 – Annual Single Audit

Submit ONE of the following

Single Audit

Completed by an independent, qualified auditor or auditing firm that is not part of the organization.

- May be required for organizations that spent \$1 million or more in federal funds during its most recent fiscal year, you must submit the most recent Single Audit required under federal rules.

Third-Party Audit

Completed by an independent auditor who is not part of the organization.

It helps show that:

- The organization keeps accurate financial records.
- Grant and other funds are being used properly.
- The organization has good financial controls.
- An outside professional has reviewed the organization's finances.

Submit ONE
of the
following

Consolidated Financial Statements

- May be needed when an organization has a parent organization, subsidiary, or related organization.

They combine the financial information from these organizations into one financial report.

Internally Prepared Financial Statements

- May be used when an organization does not have audited or reviewed financial statements.

These statements are prepared by the organization using its own financial records, such as accounting software, bookkeeping records, or QuickBooks.



Attachment 9 – Nevada Business License

Applicants must apply under the agency's legal business name. The legal business name must match the NV Business License.



Nevada Certificate of Good Standing

<https://www.nvsos.gov/licensing/state-business-license/state-business-license-faq>

I am a nonprofit corporation. Am I required to have a State Business License?

Non-profit entities organized pursuant to [NRS Chapter 82](#) are not required to have a State Business License. Non-profit entities organized pursuant to NRS 81 must file the Declaration of Eligibility for Exemption form along with their initial or annual list.

Certificate of Good Standing -
<https://www.nvsos.gov/businesses/commercial-recordings/sample-certificates#longwo>

Secretary Of State

Nevada State Capitol Building
101 North Carson Street, Suite 3
Carson City, NV 89701

Phone: [\(775\) 684-5708](tel:7756845708)

Email: sosmail@sos.nv.gov

- <https://www.nvsos.gov/sos-information/contact-us>

Nonprofit applicants must provide a copy of their current Clark County Charitable Organization Registration Certificate. This document is used to verify compliance with local charitable solicitation requirements and to confirm the organization's authorization to operate charitable programs within Clark County.



Attachment 10 – Clark County Charitable Organization Registration Certificate



Review & Selection Process



DEPARTMENT INITIATIVE APPLICATIONS WILL BE REVIEWED FIRST. APPLICATIONS NOT SELECTED FOR DEPARTMENT INITIATIVE FUNDING MAY BE MOVED TO THE COMMUNITY INITIATIVE TRACK FOR FURTHER CONSIDERATION.

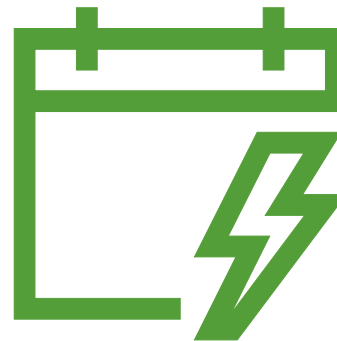


APPLICATIONS THAT ARE INCOMPLETE WILL BE NOTIFIED AND GIVEN 30 DAYS FROM THE DATE OF NOTIFICATION TO RETURN THE REQUESTED DOCUMENTS - IF REQUESTED DOCUMENTS ARE NOT RECIVED THE APPLICATION WILL NOT BE CONSIDERED FOR FUNDING.



Review & Selection Process

- All required attachments must be completed and uploaded at the time of application submission. If an applicant did not upload the correct required document or a deficiency is identified in a required document, the agency will have 30 calendar days from the date of notification to correct the deficiency.



QUESTIONS



Common Application Tips



Please Remember:



Follow all instructions carefully.



Use clear and concise language.



Ensure goals, objectives, and budgets align.



Submit complete and accurate documents.



Do not wait until the last day to submit.



Additional Questions & Contact Information

Please submit questions through the designated communication process.

Email SSPDT@ClarkCountyNV.gov with any questions.

Additional resources and templates are available in the application materials.

Make sure to contact us if you need
one-on-one assistance.

Monday – Thursday 8:00AM to 5:00PM



**Thank you for attending the
FY 2027/2028 OAG Document
Preparation Training!**