



CBE NO. 607170-24

**INTERLOCAL AGREEMENT WITH NORTH LAS VEGAS FIRE
DEPARTMENT FOR SERC OPTE FY2025 GRANT AWARD**

togetherforbetter

This INTERLOCAL AGREEMENT hereinafter referred to as "AGREEMENT" is entered into on this _____ day of _____, 2024 by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and NORTH LAS VEGAS FIRE DEPARTMENT, hereinafter referred to as AGENCY for Interlocal Agreement with North Las Vegas Fire Department for SERC OPTE FY2025 Grant Award.

WITNESSETH:

WHEREAS, NRS 277.180 authorizes public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the contract is authorized by law to perform;

WHEREAS, COUNTY has entered into a grant agreement with AGENCY for participation in the Fiscal Year 2025 State Emergency Response Commission ("SERC") Operations, Planning, Training & Equipment ("OPTE") grand funds;

WHEREAS, the Local Emergency Planning Committee ("LEPC") allocated the OPTE grand funds to AGENCY

WHEREAS, AGENCY, located at 4040 Losee Road North Las Vegas, Nevada 89030 will purchase the Fire Shows West Conference registration and travel expenses with the grand funds allocated by the LEPC; and.

WHEREAS, the 2025 SERC OPTE grand funds will reimburse AGENCY for the conference registration and travel expenses as listed in Exhibit A, "Expenditures Eligible for Reimbursement."

NOW, THEREFORE, the parties mutually agree as follows:

ARTICLE I: SCOPE OF WORK

1. AGENCY shall purchase the conference registration and travel expenses listed in Exhibit A.
2. AGENCY shall comply with all federal laws and regulations associated with the receipt of the grant funds as an AGENCY of such funds for the project identified in this AGREEMENT. See Exhibit B – Local, State and Federal Assurances. The obligations contained in this section shall survive any early termination of this AGREEMENT.
3. AGENCY shall agree to provide evidence of financial responsibility. AGENCY may satisfy this requirement by providing COUNTY a copy of AGENCY's most recent single audit report (Office of Management and Budget ("OMB") 2 C.F.R. 200.500) or a letter stating that AGENCY expended less than \$750,000 of federal funds during the reporting period.

ARTICLE II: TERM OF AGREEMENT

Commencing from the date of execution of AGREEMENT, the term shall be through June 30, 2025.

Notwithstanding the foregoing provision, either party may terminate AGREEMENT, without cause, upon giving ninety (90) days written notice to the other party. In the event the Budget Act and Fiscal Fund Out provision is invoked, AGREEMENT shall expire June 30th of the current fiscal year. Termination due to the failure of COUNTY or AGENCY to appropriate monies shall not relieve the parties' obligations under AGREEMENT incurred through June 30th of the fiscal year for which monies were appropriated for their operations.

ARTICLE III: PRICE, PAYMENT, AND SUBMISSION OF INVOICE

1. COUNTY, through its Office of Emergency Management and Homeland Security ("OEMHS"), shall provide a maximum of \$3,950 to AGENCY from the Fiscal Year 2025 SERC OPTE grant funds subject to the conditions set forth in this AGREEMENT.
2. AGENCY shall provide OEMHS with all documentation supporting any requests for payment of expenses against the funds encumbered and shall provide any additional documentation requested by OEMHS that may be required in the administration of the 2025 SERC OPTE grant funds.
3. AGENCY understands and agrees that COUNTY shall not be obligated to pay any monies to AGENCY if such state funds are terminated, are withheld from COUNTY, or are otherwise not forthcoming for any reason. In the event no state funds are forthcoming, COUNTY may immediately terminate this AGREEMENT.

If COUNTY rejects an invoice as incomplete, AGENCY will be notified within thirty (30) calendar days of receipt and AGENCY will have thirty (30) days to correct the invoice and resubmit.

Invoices shall be submitted as follows:

Pamela Hatty, Management Analyst
Clark County Office of Emergency Management & Homeland Security
575 E Flamingo Road
Las Vegas, NV 89119

AGENCY must notify COUNTY in writing of any changes to AGENCY remit payment address or other pertinent information that may affect issuance of payment and allow thirty (30) days for the change to be processed.

COUNTY is not responsible for late payments on inaccurate invoices and/or incomplete or unsatisfactory deliverables or milestones. COUNTY does not pay late fees or charges. Final payment may be withheld until all deliverables have been submitted and accepted or final services have been rendered.

ARTICLE IV: FISCAL FUNDING OUT CLAUSE

In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under AGREEMENT between the parties shall not exceed those monies appropriated and approved by COUNTY for the then current fiscal year under the Local Government Budget Act. AGREEMENT shall terminate and COUNTY'S obligations under it shall be extinguished at the end of any of COUNTY'S fiscal years in which COUNTY'S governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under AGREEMENT. COUNTY agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to AGREEMENT. In the event this section is invoked, AGREEMENT will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve COUNTY of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

ARTICLE V: AMENDMENT / ENTIRE AGREEMENT

Amendment to AGREEMENT may be made only upon mutual consent in writing, by the parties hereto and executed with the same formality attending the original. Executed AGREEMENT, together with any attachments, contains the entire agreement between COUNTY and AGENCY relating to the rights granted and obligations assumed by the parties hereto. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of agreement not expressly set forth in AGREEMENT are of no force or effect.

ARTICLE VI: ASSIGNMENTS

Neither party may assign or delegate all or any part of AGREEMENT without the written consent of both parties and executed with the same formality as attending this original.

ARTICLE VII: NOTICES

Any notice required or permitted to be given hereunder shall be in writing and shall either be delivered personally to the party to whom such notice is given, or sent to it by United States registered or certified mail, postage prepaid and return receipt requested, addressed or delivered to such party at the address or addresses designated below (or such other address or addresses as may hereafter be designated by a party) by written notice to the other party:

To COUNTY: Attention: Pamela Hatty, Administrative Specialist
Clark County Office of Emergency Management & Homeland Security
575 East Flamingo Road
Las Vegas, NV 89119

To AGENCY: Attention: Joseph Calhoun, Fire Chief
4040 Losee Road
North Las Vegas, Nevada 89030

ARTICLE VIII: POLICIES AND PROCEDURES

AGENCY agrees to abide by all quality assurance, utilization review, peer review and consultation, standardized reporting, credentialing, and policies and procedures mutually established by COUNTY and AGENCY.

ARTICLE IX: INSURANCE

AGENCY agrees to maintain, at its own expense, general liability and medical malpractice insurance, through a self-funded program, on its employees and officers.

ARTICLE X: WAIVER AND SEVERABILITY

Any waiver of a breach of any provision of AGREEMENT shall not be deemed a waiver of any other breach of the same or different provision. In the event any provision of AGREEMENT is rendered invalid or unenforceable by any valid act of Congress or the Nevada State Legislature or declared null and void by any court of competent jurisdiction or is found to be in violation of State Statutes and/or regulations, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the non-compliance. The remainder of the provisions of AGREEMENT not in question shall remain in full force and effect.

ARTICLE XI: LAW OF VENUE

AGREEMENT shall be governed by the laws of the State of Nevada.

ARTICLE XII: LIABILITY

AGENCY shall be solely responsible for the acts and/or omissions of its employees, officers and agents/vendors in the administration of this AGREEMENT.

ARTICLE XIII: AUDIT

AGENCY shall allow COUNTY OEMHS to annually audit all activities relating to this funding to maintain compliance to all federal OMB requirements and state grant guidance.

ARTICLE XIV: WAIVER

No waiver of any provision of this AGREEMENT shall constitute a waiver of any other provision, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the PARTIES.

ARTICLE XV: NO JOINT VENTURE

Nothing herein shall be construed to create an employer/employee relationship.

ARTICLE XVI: NO THIRD-PARTY BENEFICIARIES

This AGREEMENT shall not be construed as or deemed to be an agreement for the benefit of any third party or parties, and no third party or parties shall have a right of action hereunder.

ARTICLE XVII: EXECUTION

This AGREEMENT may be executed in multiple counterparts, each of which will be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

IN WITNESS WHEREOF, the parties hereto have caused AGREEMENT to be signed and intend to be legally bound thereby.

CLARK COUNTY

ATTEST:

By: _____
BRETT M. WOOD, CPPO, CPPB, PMP
Purchasing Manager

By: _____
LYNN MARIE GOYA
County Clerk

Date: _____

Date: _____

APPROVED AS TO FORM:

Steven Wolfson, District Attorney

By: _____
JASON B. PATCHETT
Deputy District Attorney

Date: _____

NORTH LAS VEGAS

ATTEST:

By: _____
MICAELA MOORE
City Manager

By: _____
JACKIE RODGERS
City Clerk

Date: _____

Date: _____

APPROVED AS TO FORM:

By: _____
JOSEPH CALHOUN
Fire Chief

By: _____
ANDREW MOORE
City Attorney

Date: _____

Date: _____

EXHIBIT A

EXPENDITURES ELIGIBLE FOR REIMBURSEMENT

FIRE SHOWS WEST CONFERENCE		
	No. of Attendees	Allocated Funds
North Las Vegas Fire Department	3	\$ 3,950.00

GENERAL:

- Travelers will seek reimbursement from their respective department.
- Once traveler has received reimbursement, the following documentation needs to be forwarded to COUNTY:
 1. Approved travel authorization from department management.
 2. Proof of reimbursement from department's financial system.
 3. All invoices/receipts (except for meals) showing paid.
 4. Copy of per diem rates for hotel and meals
 5. Copy of department's travel policy.
 6. Certificate of attendance.
 7. State reimbursement form (attached if wanted to include as an attachment)
 8. Department invoice to Clark County for total cost of travelers.

Exhibit C (Travel Expense Reimbursement Claim) and all the above documents need to be received by COUNTY no later than 30 days after travel is completed. No payment will be processed without Exhibit C and all the above-referenced items. If there are any disallowed expenses from the State of Nevada, Henderson Fire Department will reimburse COUNTY for the disallowed amount.

EXHIBIT B

LOCAL, STATE and FEDERAL ASSURANCES

Clark County Emergency Management & Homeland Security Financial and Project Activity Assurances

Upon acceptance of funding from the Clark County OEMHS the lead governmental unit hereby agrees to the following financial and project activity assurances governing the transfer of funds.

1. A quarterly Financial Report shall be submitted to Clark County Emergency Management & Homeland Security (OEMHS) no later than 15 days following the close of the quarter. Unless approved by Clark County OEMHS, late reports could delay reimbursement.
2. The final Financial Report must be submitted to Clark County OEMHS no later than 30 days following the end of the grant period. Unless approved by Clark County OEMHS, late reports could result in non-payment of final claim.
3. The Clark County OEMHS retains the right to terminate this AGREEMENT for cause at any time before completion of the program when it has determined that the subgrantee has failed to comply with the conditions of this AGREEMENT.
4. Financial management must comply with the requirements of OMB 2 C.F.R. Part 200, whichever is applicable to your organization.
5. All grant expenditures are to be reasonable and allowable in accordance with OMB Part 200, whichever is applicable to your organization, and which are incorporated into this AGREEMENT by reference.
6. All grant expenditures are to be made in accordance with this AGREEMENT. Modifications must be requested and approved in advance by submitting a Project Change Request form to Clark County OEMHS.
7. Grant revenue and expenditure records must be maintained and made available to the Clark County OEMHS for audit.
8. Subgrantees shall comply with the audit requirements of the Single Audit Act Amendment of 1986 and OMB 2 C.F.R. 200, which is incorporated into this AGREEMENT by reference, to include the required submission of the most recent annual independent audit.
9. Subgrantees that are institutions of higher education, hospitals or other non-profit organizations shall comply with the audit requirements of OMB 2 C.F.R 200.
10. Required documentation for the performance of internal audits must be provided to the Clark County OEMHS within 30 days of request. Grant closeout is contingent upon OEMHS audit and resolution of any discrepancies.
11. The subgrantee agency is required to submit quarterly financial and project activity reports to Clark County OEMHS. Due dates for those reports are as follows:

- | | | |
|-------------------|---|---|
| January 15 | - | (for reporting period October 1 to December 31) |
| April 15 | - | (for reporting period January 1 to March 30) |
| July 15 | - | (for reporting period April 1 to June 30) |
| October 15 | - | (for reporting period July 1 to September 30) |

The reports should be completed in accordance with the following format and standards:

12. **Project Activity Report** – A narrative status report describing program accomplishments with respect to meeting stated objectives and completing the projects approved in the allocation of funding. The subgrantee activities should be reported for the quarter and for the cumulative period from the grant award date. Report can be done in a memo format.
13. **Quarterly Financial Reports** – Complete and submit a Quarterly Financial Report form for all expenditures funded by the grant. Include copies of invoices.
14. **Project Change Request** – Grant expenditures are authorized only for purchases and activities approved by the SERC under the grant application process. Any change in the project, needs to be submitted to Clark County OEMHS for submission to SERC for approval.
15. **Equipment Inventory Form** – A completed Equipment Inventory Form is required with the final grant report.
17. Funds granted are to be expended for the purpose set forth in the grant award and in accordance with all applicable laws, regulations, policies, and procedures of the State of Nevada and the applicable federal granting agency.
18. No expenditures will be eligible for compensation if occurring after the term of the AGREEMENT.
19. Any publication, invention, patent, photograph, negative, book, drawing, record, document, or other material prepared by the subgrantee in the performance of its obligations under this grant shall be the exclusive property of the State of Nevada and all such material shall be returned to the state upon completion or termination of this grant.
20. If this grant funds any form of written or visual material that identifies employees of SERC or Clark County Emergency Management & Homeland Security (OEMHS), prior approval must be obtained from the DEM and Clark County OEMHS before publishing or finalization.
21. The applicant assures the fiscal accountability of the funds received from the SERC will be managed and accounted for by the jurisdiction chief comptroller and internal control and authority to ensure compliance with County OEMHS documentation, record keeping, accounting, and reporting guidelines will reside with that individual.
22. The subgrantee shall neither assign, transfer nor delegate any rights, obligations, or duties under this AGREEMENT without prior approval of the Clark County OEMHS.
23. To the extent permitted by law the subgrantee will indemnify, save, and hold the state, county, and its agents and employees harmless from all claims, causes of action or liability arising from the performance of this agreement by subgrantee or its agents or employees.
24. The applicant and its contractors will comply with the nondiscrimination requirements of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; and the American Disabilities Act of 1992.
25. The applicant will abide by audit requirements as specified in OMB 2 CFR 200, as applicable.

Travel Claim Directions

General Information	<p>To be eligible for Travel per diem, the Traveler must travel at least 50 miles from their home or duty station, or duty area before they are considered to be in Travel Status and eligible for per diem. The attached travel claim will give you pop up information as you click on the cell specifying the data that should be entered. Please find below more comprehensive directions. Please refer to the DPS Travel Policy located on the DPS Home page of the Inet, or as attached to this spreadsheet on a separate tab. Please also refer to SAM, Travel 0200, (link below). Please be sure to attach all receipts, travel authorizations, and GSA page of per diem rates for your destination, (link below).</p>
References/ Links	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="background-color: #e6f2ff; padding: 2px 5px; text-align: center;">DPS Travel Policy</div> <div style="text-align: center;">SAM 0200</div> <div style="text-align: center;">GSA</div> <div style="text-align: center;">Mileage Rates (in DOA Policy Directives)</div> </div>
Name:	Please PRINT or type your first and last name as it appears on your NEATS time sheet.
NEATS I.D.# / Title:	Please enter your NEATS ID number, NOT your social security number. Also include your title, abbreviations are acceptable.
Department & Division	Please enter department, (usually DPS), and your division's name, (abbreviations are acceptable).
Official Station	Please enter the city, or name of your duty station.
Charge to B/A	Please enter the budget account number to charge. This should be a 4 digit number that corresponds to the division where you are employed, unless you have special approval for out of budget travel from the Budget Office, or a contractor.
<input type="checkbox"/> I do not have a travel advance	Please check off IF you have NOT received a travel advance.
<input type="checkbox"/> I do have a travel advance	Please check off IF you HAVE received a travel advance. You will be expected to enter the amount of the travel advance at the bottom of the claim. This will reduce the amount owed to you.
Signature of Traveler/ Date	An original signature is required by SAM 0220.0, and the Department requires a date for the day of signature. Please date the document on the day of signature. Original signature attests to the accuracy of the claim. Please use ink of any color other than black.

Agency Approval:

An original signature is required by SAM 0220.0, and the Department requires a date for the day of signature. Please date the document on the day of signature. The approving signature should be the employee's supervisor, and in their absence the next ranking official. Original signature attests to the accuracy of the claim. Please use ink of any color other than black.

Traveler is:

Please check off one of three blanks: State Officer or Employee? Board or Commission Member? Independent Contractor whose contract provides for travel?

Travel Claim Detail Below:

Date

Enter each date of travel. Should there be more than one misc. expenses with receipts for each day than please enter each expense on a separate line by date of expense following the dates of travel. Please fill in date, explanation of expense and the code, and cost under Miscellaneous expenses and leave the rest of the line blank. The daily total should calculate for you, unless you are entering by hand. In that case fill in the daily total as well.

Destination and Purpose of Each Trip

Enter the destination and purpose of trip at least on the first day and last day of travel IF there is only one destination, other than returning home. If there are multiple destinations enter destination and purpose on each line.

Travel Time Started

On first day of travel or if single or partial day of travel enter: the actual start time of travel, regardless of normal shift. Travel time begins from home or duty station whichever is closer to the ultimate destination, or airport. Please note am or pm, or use military time. Either method is acceptable as long as it is consistent throughout the travel claim. **On last day of multiple day travel :** leave start time blank, as you are still in travel status. **On days in between first and last day of travel leave start time blank, as you are still in travel status.**

Travel Time Ended

On last day of multiple days of travel or single or partial day of travel enter: actual time you arrive home or your duty station which ever is closer to your ultimate destination or airport. Please note am or pm, or use military time. Either method is acceptable as long as it is consistent throughout the travel claim. **On first day of multiple days of travel leave end time blank, as you are still in travel status. On days in between first and last day of travel leave end time blank, as you are still in travel status.**

Hours in Travel Status

Calculate the number of hours in travel status for each day. On single or partial day of travel calculate the total hours from start of trip to end of trip. **On the first day of multiple days travel:** calculate the number of hours from the listed start time to midnight, enter total in box. **On middle days of multiple days travel:** enter 24 in the box. **On last day of multiple days of travel calculate:** hours starting at midnight to end of travel, enter total in the box. There should never be more than 24 hours. **Please enter total hours in hours and fractions of hours, i.e.: one hour and 30 minutes would be represented as 1.5 hours, not 1.30.**

% of M&IE per diem

If using the travel claim form in Excel, there is no need to enter information, as it will calculate the % for you. If you are not using Excel then refer to the box located at the bottom right corner of the claim. Enter the corresponding % as it relates to the total number of hours in travel status for that day. **Please do not use white out to erase existing 0%, instead strike through or write over if you are calculating by hand.**

GSA/ CONUS Per diem \$ Amount

Enter the GSA/CONUS rate for the M&IE per diem for the entire day for your ultimate destination. If multiple day trip the rate should be for the same location as the GSA Hotel rate. Please see website www.gsa.gov for the current GSA/CONUS rates or view an example on next tab-"GSA NV 08 Per diem, highlighted in yellow.

Exclusions from M&IE per diem

If during your trip any meal was provided to the traveler such as lunch included in your registration, it needs to be deducted from your per diem. Please refer to sample tab "M&IE breakdown". Using the matrix choose the corresponding meal expense to the total M&IE daily expense noted in the previous cell on your travel claim. Example: You stayed in Carson City and have a M&IE rate of \$64. Your lunch for one day was included in your registration. Referring to the M&IE breakdown chart your lunch value is \$18. You would enter the deduction in the "Exclusions" column as -18. **(Please enter number as a negative as it is a deduction from your per diem.)** Continental breakfasts are NOT considered meals, therefore if provided need NOT be deducted from you M&IE. If there are no exclusions, please leave blank.

DPS per diem NET \$ Amt.

IF using the travel claim form in Excel, there is no need to enter information, as it will calculate the total for you. If not, and you are calculating by hand add the GSA CONUS per diem rate and the rate if any in the Exclusion box, then multiple by the % of per diem that is eligible based on the hours in travel status for that day. Enter the total in this box.

Eligible Lodging Expense

Refer to the GSA website for the appropriate Hotel/Lodging rate for your destination. If your actual lodging rate, (not including taxes) is less than or equal to the GSA/CONUS rates then you may enter your actual lodging rate plus taxes in the "Eligible Lodging Expense". Any rates higher than the listed GSA/CONUS rates must have prior approval from your agency Chief on your Travel Authorization and conditions must be met as defined by SAM 0212.1 (a. or b.) or 0214.1 (a. or b.) and not exceed the maximum allowed as described by SAM 0212.1 (a. or b.) & 0214.1 (a. or b.). The travel authorization must be attached to your travel claim for out of state travel. A memo indicating approval of higher than GSA rate including the Chief's signature will be accepted if attached to a travel claim for in-state travel. You must attach a receipt for lodging for all out of state claims. A lodging/hotel receipt is required for in-state claims over CONUS rates.

Misc. Expenses-Code

Enter "A" for ATM fees. Be sure to attach receipt. For any other misc. incidental expenses enter "I". Since you will have to explain the "I" type incidental expenses, use a separate line after your dates of travel. Note the date of the expense and under the "Destination & Purpose" column enter a description of the expense. Leave the rest of the columns blank until you reach Misc. Expenses. Fill in the "I", then fill in the "Cost". See next explanation, (Misc. Expenses-Cost).

Misc. Expenses- Cost	Enter the cost for the misc. expenses. Attach receipts to the travel claim. See above explanation for entering any "I" type of expenses, (Misc. Expenses-Code).
Transportation- code	Refer to the Transportation codes located on the left top third of your travel claim. Choose the appropriate letter and enter in this box.
Transportation- Mileage	If you drive your own vehicle enter either the mileage driven from your home or duty station (whichever is closer) to the airport if flying or to your ultimate destination. On return, enter the number of miles driven from your destination, or airport to your home or duty station whichever is closer.
Transportation- Cost	Refer to the most recent ALL AGENCY MEMORANDUM, (see mileage rates link at top of first page of directions), from the Director of the Department of Administration for the Current Mileage Reimbursement Rate for use of personal vehicle. Multiply the appropriate rate (state convenience or employee's convenience) by the number of miles entered in the previous cell. Enter the total dollar value in this box. If a state vehicle is used leave this box blank.
Total for the Day	If you are using Excel there is no need to enter a total as it will calculate the daily total for you. If you are calculating manually, add the following cells and total in this box: Add "DPS per diem Net \$ Amt." and "Eligible Lodging expense" and "Misc. Cost" and "Transportation Cost".
Total of this Claim	If you are using Excel there is no need to enter a total as it will calculate the "Total of this Claim". If you are calculating manually add the total of the column "Total for the Day".
Less Travel Advance	Enter the total of the Travel Claim advance, in the form of a negative number. Example: If the advance was \$100 you would enter "-100". This will reduce the amount owed to you.
Balance due to Traveler	If you are using Excel the "Balance due to Traveler" will automatically calculate. If calculating manually add "Total of this Claim" and "Less Travel Advance" to arrive at "Balance due to Traveler".

Sample of Nevada 2016-17 per diem Rates-www.gsa.gov										
Federal Fiscal year 2017 from 10/1/16-9/30/17										
Destination/City	Destination/County	Max Lodging (without taxes)	M&IE rate	Total of Lodging plus M & IE rate	Use yellow column to determine your daily M&IE rate for NV, please refer to website for all other states.					
Incline Village / Crystal Bay / Reno / Sparks	Washoe	102	64	166						
(October 1 - June 30)										
Incline Village / Crystal Bay / Reno / Sparks	Washoe	134	64	198						
(July 1 - August 31)										
Incline Village / Crystal Bay / Reno / Sparks	Washoe	102	64	166						
(September 1 - September 30)										
Las Vegas	Clark	102	64	166						
(October 1 - January 31)										
Las Vegas	Clark	102	64	166						
(February 1 - August 31)										
Las Vegas	Clark	102	64	166						
(September 1 - September 30)										
CONUS	All other counties not listed	91	51	142						

M&IE per diem breakdown-www.gsa.gov.mie

Link to [The M&IE rates differ by travel location.](#)
breakdown: [View the per diem rate for your primary destination to determine which M&IE rates apply.](#)

M&IE Total	\$51	\$54	\$59	\$64	\$69	\$74
Breakfast	\$11	\$12	\$13	\$15	\$16	\$17
Lunch	\$12	\$13	\$15	\$18	\$17	\$18
Dinner	\$23	\$24	\$26	\$36	\$31	\$34
Incidentals	\$5	\$5	\$5	\$5	\$5	\$5
Updated 11/2/16						