

2021 INITIAL REPORT

AMERICAN RESCUE PLAN ACT

STATE AND LOCAL FISCAL RECOVERY FUNDS PROGRAM

Prepared with support and assistance by Management Partners and the National Forum for Black Public Administrators.





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EXECUTIVE SUMMARY

This report serves as the first Recovery Plan Performance Report (Recovery Report) as required by the United States Department of Treasury (Treasury) under the provisions of the Coronavirus State Fiscal Recovery Fund, and the Coronavirus Local Fiscal Recovery Fund established under the American Rescue Plan Act (ARPA). This report provides the information requested in the State and Local Fiscal Recovery Funds (Fiscal Recovery Funds) Compliance and Reporting Guidance from Treasury.

Clark County will be receiving \$440 million in Fiscal Recovery Funds to mitigate the impacts of COVID-19 pandemic, including social, medical, and economic impacts.

Since the declaration of the public health emergency, approximately 13% of Clark County's population have contracted COVID-19, of which 1.7% have died. In addition to the health impacts, the economic impact from COVID-19 has also had a devastating effect on the Clark County economy. The economic impact has been the worst experienced in any metropolitan area of the United States, due to the high reliance on the leisure and hospitality industry that employs roughly 30% of the County's workforce. With the total shutdown of tourism and entertainment, including the Las Vegas Strip, the regional unemployment rate reached 33.5%, the highest in the nation.

The Fiscal Recovery Funds are also intended to support investments in programs and initiatives that create equitable outcomes within communities that have historically experienced disparate negative economic, health, and social impacts and have suffered the most from the COVID-19 pandemic. Fiscal Recovery Funds are available for a broad range of uses related to COVID-19 recovery efforts. Possible uses include:

- Affordable housing;
- Rental assistance:
- Aid to small businesses and non-profit organizations;
- Vaccine programs;
- Enhancements to public health systems;
- Investments in water, sewer, and broadband infrastructure; and
- Other areas of need, such as job retraining.

Important provisions of the law allow for an even broader range of uses in low-income communities that have been especially hard hit by COVID-19. Those eligible uses include investments to address homelessness and other housing issues, investments in education to address disparities, and several areas designed to help with childcare and children's welfare. Funding is one-time and must be allocated by the end of calendar year 2024 and fully spent or returned by the end of calendar year 2026.

This Recovery Report reflects Clark County's initial strategy for using the Fiscal Recovery Funds. This strategy is still evolving since the legislation was signed into law in March 2021, and the initial implementation regulations were not released until the end of June 2021.

The \$440 million Fiscal Recovery Fund allocation presents Clark County with the opportunity to build capacity to meet the needs of populations disproportionately impacted by the pandemic and to strengthen its programs and services in a way that

improves the quality of life for all community members. In order to understand the needs of the community, Clark County implemented a robust community engagement process. The community engagement process included participation from members of the disproportionately impacted communities, community stakeholders, and elected officials. Management Partners, a management consulting firm, in partnership with the National Forum for Black Public Administrators (NFBPA), was retained to assist the County in this effort.

In the first interviews with County elected and executive officials, it became apparent that Clark County leaders view this funding as an opportunity to drive generational changes to the civic infrastructure of the County. It is an opportunity is a means to address many of the needs that low-income communities have suffered from for decades. The County leadership's perspective is consistent with the federal intent.

The community engagement process involved engaging both stakeholders, who are providers of services, and the general public in setting priorities for using the Fiscal Recovery Funds. This process included four (4) public workshops and numerous neighborhood meetings held by the Clark County Board of County Commissioners (County Commission). Clark County distributed thousands of electronic surveys to individuals and organizations, soliciting their input regarding what they considered the greatest needs and barriers to recovery in the communities they serve or where they live. With over 3,500 responses received, the survey shed insight into the depth of the negative economic impacts experienced by Clark County residents. The issues of most concern cited by survey respondents were employment, housing, public health, behavioral health, education, economic development, and job training.

In addition, the County initiated and administered a pre-application process for non-profit providers and governmental agencies to garner information on services, programs, and initiatives. These pre-applications identified the priorities and magnitude of the cost to address community needs.

The estimated cost of the 514 pre-application proposals received totaled \$2.6 billion. The top priorities were:

- 1. Affordable housing, including services to the homeless and transitional housing.
- 2. A wide variety of mental and behavioral health needs, as well as access to health care for all.
- 3. Job opportunities, support for small businesses, and training, including financial literacy.
- 4. Services for children including early education, quality childcare, and a supportive environment.

Based on public comments, the community survey, and the pre-application process, the initial Recovery Plan recommends that the Fiscal Recovery Funds be allocated in the broad categories and amounts shown in Figure 1.

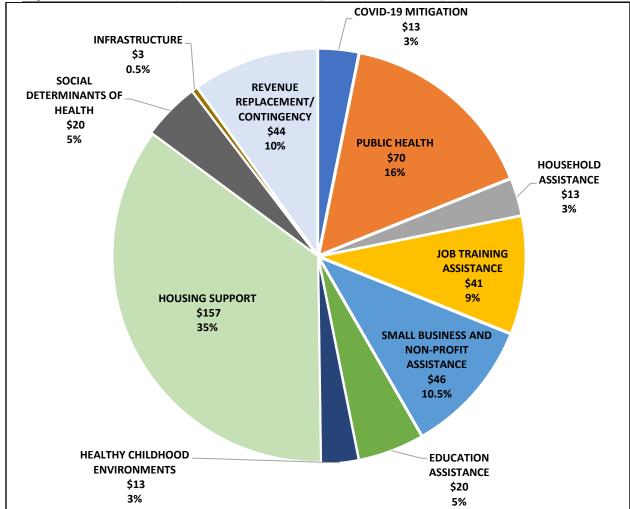


Figure 1. Clark County Recommended Funding Allocation by Category and Amount (in millions)

As the Clark County community recovers from the devasting effects of the pandemic, the community needs are expected to change from what they are today, which may require adjustments to the County's recovery plan in the future. Given the robust community engagement process undertaken, Clark County is confident that this initial funding allocation will support an equitable and strong recovery from the COVID-19 pandemic and economic downturn and will ensure program outcomes are achieved in an effective and efficient manner.

INTRODUCTION

This report aims to provide the public and Treasury information on the projects that Clark County is interested in undertaking with program funding and how Clark County is planning to ensure program outcomes are achieved in an effective, efficient, and equitable manner. Clark County is required to submit a Recovery Plan Performance Report due to its population exceeding 250,000.

The report aims to accomplish three (3) main contributions. First, it provides a generalized overview of Clark County as it relates to the structure of Clark County, its population, and the impact of COVID-19 on its residents and economy. Second, it provides an overview of Clark County's steps to identify the recommended program funding allocations and priorities for funding distribution. It includes an overview of the community engagement strategies conducted to ascertain evidence supporting the report's recommendations. Finally, it provides evidence of the needs in the various expenditure categories with recommendations for how the funding can produce outcomes to reduce or eliminate the demonstrated needs.

This report also provides a general overview of Clark County's approach to equity in terms of funding programs and projects. **The funding offers Clark County a unique opportunity to weave themes of equity throughout its programs and decision-making.** In addition, this report discusses the expenditures to date by Clark County.

OVERVIEW OF CLARK COUNTY

Clark County, Nevada is home to the world-famous Las Vegas Strip, McCarran International Airport (the nation's seventh busiest), University Medical Center (Nevada's only level one trauma center), Mt. Charleston (the highest peak in the Mojave Desert), Lake Mead (the largest man-made lake in the United States), and the Red Rock Canyon National Conservation Area.

Clark County is a singular community among American counties: a large metropolitan area whose sheer size transforms an otherwise rural state into the third most urbanized State in the United States, based on United States Census Bureau (Census Bureau) data. It is a fast-growing economy dominated by the related tourism and gaming industries, with a population whose explosive growth has raced far ahead of the social service and non-profit infrastructures designed to support residents and businesses. In good economic times, the County's attributes can mask many inequities that characterize the region. However, crises such as the Great Recession or the COVID-19 pandemic expose the County's systemic weaknesses and vulnerabilities.

Clark County has been defined by explosive population growth, unlike any other metropolitan area in the United States, over the last 70 years. In 1950, Clark County and the greater Las Vegas area were not recognized as a metropolitan area. It had a population of approximately 48,000. By 2020, Clark County had a population of 2.3 million, an increase of 4,552%. Clark County grew at nearly three (3) times the rate of any other metropolitan area during this period. The two (2) other fastest growing urban areas in the country during this period were Orlando, Florida, and Phoenix, Arizona, which grew by approximately 1,600%.

Growth at this rate, particularly in an overwhelmingly rural environment, is unprecedented. This growth has put incredible stress on the Clark County local government, both with respect to overall structure and service delivery. The whole range of "civic infrastructure," which has struggled to catch up for decades, continues to be inadequate for a metropolitan region of Clark County's size and complexity. The impact of the underdevelopment of civic infrastructure is reflected in Nevada's chronically low rankings in various

state-to-state comparisons. Nevada currently ranks last or nearly last in a myriad of social indices ranging from K-12 education, mental health, and substance abuse.

The demographic information below from the Census Bureau illustrates the characteristics of Clark County and its population. The Las Vegas Valley, which is the heart of Clark County, is one of the largest metropolitan areas by population in the United States, while the rest of the state is mostly very rural and sparsely populated. The map in Figure 2 provides the cities and unincorporated towns that make up the urbanized Las Vegas Valley.

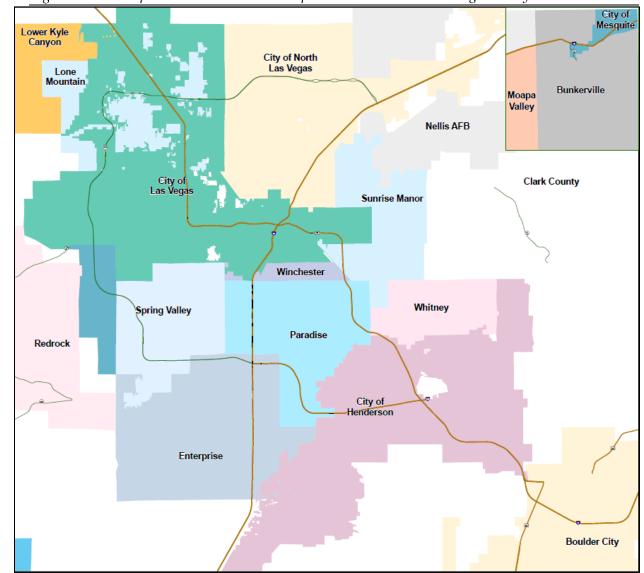


Figure 2. Incorporated Cities and Unincorporated Towns in the Las Vegas Valley

Source: Clark County Geographic Systems Management Office

The unincorporated portion of the Las Vegas Valley, which encompasses the unincorporated towns of Enterprise, Paradise (location of the famous Las Vegas Strip), Spring Valley, Summerlin South, Sunrise Manor, Whitney, and Winchester), and has a population of approximately 1.1 million. If this area were a

city (as it is in every way but the official designation), unincorporated Clark County would be the 10th largest city in the U.S. The cities in Clark County (Boulder City, Henderson, Las Vegas, Mesquite, and North Las Vegas) collectively add another 1.2 million in population, making Clark County the 11th largest county in the United States, with a total population of 2.3 million.

Aside from Clark County, the State of Nevada has a population of just under one million, with only one other small- to medium-sized metropolitan area, Reno and Washoe County, which has a total population of approximately 500,000. Nevada ranks 30th in population among the 50 states in the United States. Without Clark County, Nevada would be one of the smallest states and would rank 45th ahead of only North and South Dakota, Alaska, Vermont, and Wyoming.

Clark County is home to approximately 72% of Nevada's total population. The County has by a large margin the highest percentage of a total state's population of any county in the U.S. Comparable counties with this size in population relative to the state population include Honolulu County in Hawaii with 67% and Maricopa County in Arizona with 61%.

Nevada
Oregon

Outside of Clark County
Population:

1 Million

Newshore

Pershing
Lander

Churchill
Store Sharpon Cry
Service Cry
Pershing
Lyon
Moreral
Paramona
Promote
Promote
Churchill
Store Sharpon Cry
Service Cry
Population: 23 Million
Lincoln

CALIFORNIA

ARIZONA

Outside of Clark County
Population: 23 Million
Lincoln

ARIZONA

Outside of Clark County
Population: 23 Million
Lincoln

ARIZONA

Outside of Clark County
Population: 23 Million
Lincoln

ARIZONA

Outside of Clark County
Population: 23 Million
Lincoln

ARIZONA

Outside of Clark County
Population: 23 Million
Lincoln

ARIZONA

Outside of Clark County
Population: 23 Million
Lincoln

California

Outside of Clark County
Population: 23 Million
Lincoln

ARIZONA

Outside of Clark County
Population: 25 Million
Lincoln

Outside of Clark County
Popula

Figure 3. Counties in Nevada

Source: Maps.com

Paradoxically, given the sparse population of most of the state, Nevada is the third most urbanized state in the U.S., with a 94% urbanized population, behind only New Jersey and California. This is due to Clark County's vast population relative to the entire state population. Accentuating this anomaly, Nevada is one of the least densely populated states, ranking 42 out of the 50 states with a density of approximately 26 people per square mile. Without Clark County's population density of approximately 264 people per square mile, the State's overall density would fall to about 13 people per mile, one of the lowest in the U.S. The average population density in the U.S. is 153.6 persons per square mile.

Tourism is the largest industry in Clark County, attracting 46 million visitors annually (pre-pandemic) from across the nation and worldwide. The region benefits from roughly 150,000 hotel rooms, more convention and meeting space than any other market in the country, and approximately 295,000 hospitality industry employees. Clark County attracts 6.6 million convention and meeting travelers each year (pre-pandemic).

IMPACT OF COVID-19 ON CLARK COUNTY

Since the declaration of the public health emergency, approximately 13% of Clark County's population (300,000 people) have contracted COVID-19, and 1.7% of that number (5,000 people) have died. Consequently, the economic impact from COVID-19 has had a devastating effect on Clark County. The economic impact has been the worst experienced in any metropolitan area of the United States due to the high reliance on the leisure and hospitality industry that directly employs roughly 30% of the County's workforce. With the total shutdown of tourism and entertainment, including the Las Vegas Strip, the regional unemployment rate reached 33.5%, the highest in the nation.

The occupancy rate in Las Vegas hotel rooms plunged from 88% in November 2019 to 47% a year later, while passengers through the McCarran International Airport, a County department, fell by 59% over the same period. Despite reopening and the loosening of COVID-19 restrictions, the County's unemployment rate is still higher than levels across the United States.

The health impacts and the economic effects of the pandemic have been disproportionately felt by Clark County's lower-income service workers and people of color. Hispanic, Black, and Asian-American/Pacific Islander residents have contracted COVID-19 at higher rates than the White population, with the Hispanic population being most severely impacted. As officials have struggled to respond, long-standing inequities in the availability of affordable housing, health care, mental and behavioral health services, and educational opportunities have been revealed and exacerbated.

In preparing the Recovery Report for the County, the negative impacts of the COVID-19 pandemic on the County were reviewed, and social safety net gaps and resource shortages in many areas were observed. Clark County's inequities, and the barriers to recovery from the public health crisis, include:

- A lack of economic diversification;
- Food insecurity;
- Insufficient supply of affordable housing;
- The fragmented state of Clark County's non-profit sector;

- Lack of mental/behavioral health resources;
- Relatively low rate of overall educational attainment; and
- High rates of poverty and the related negative effects on neighborhoods across the County.

Detailed evidence of the impediments to recovery is provided later in this report.

OVERVIEW OF THE PLANNED USE OF THE FUNDS

The Fiscal Recovery Funds present Clark County with the opportunity to build community capacity to meet the needs of populations disproportionately impacted by the pandemic and to strengthen its programs and services in a way that improves the quality of life for community members. Clark County began a robust community engagement process to determine the use of Fiscal Recovery Funds. This included several interviews with community leaders and stakeholders, community surveys, and a grant pre-application process. The community engagement process was initiated in alignment with federal guidance.

COMMUNITY ENGAGEMENT

The community engagement strategy included in-person and virtual interviews and public meetings along with opportunities for community members to provide written comments. Specifically, the community engagement strategy included interviews with community leaders, four (4) community workshops, eight (8) in-person and virtual neighborhood meetings, a grant pre-application process, written public input and two (2) surveys. A summary of each is provided below.

Clark County Commissioner Interviews

The County Commission members were interviewed to ascertain their views on the priorities for spending the Fiscal Recovery Funds.

The County Commission overwhelmingly agreed on the need to address immediate and short-term needs such as:

- Food insecurity;
- Homelessness compounded by the impending end of the moratorium on evictions;
- Substance abuse:
- Behavioral and mental health: and
- Affordable childcare.

There was consensus that the County's Fiscal Recovery Funds present a tremendous opportunity to make significant course corrections and invest in programs to significantly improve the lives of individuals in communities disproportionately impacted by COVID-19. Individuals in communities disproportionately impacted include workers in industries hardest hit by the pandemic (e.g., leisure and hospitality industries) and those living in Qualified Census Tracts (QCTs) or who live in similar economic conditions. QCTs are defined as areas where at least 50% of the households have incomes below 60% of the Area Median Gross Income or a poverty rate of at least 25%. Programs and service investments for generational change included:

- Affordable and safe housing;
- Education (early childhood, tutoring, and vocational education);
- Job programs for youth and adults;
- Job training and job retraining;
- Entrepreneurship support;
- Family preservation;
- Youth intervention;
- Mental and behavioral health services:

- Access to basic needs (clothing, food, health, recreation)
- Reliable public transportation;
- Access to affordable broadband for education and business uses; and
- Building infrastructure and capacity in the non-profit sector.

Clark County Commission Public Workshops

To promote capacity building to meet the needs of underserved populations, County leaders invited stakeholders and partner agencies to attend one of four (4) scheduled public workshops. The workshops were held both during the day and in the evening to enable as many community members, partner agencies, and other stakeholders to participate as possible.

The workshops covered an array of community needs and were held at Clark County's Commission Meeting Chamber on the dates listed below.

- July 13 Needs of households that were disproportionately and negatively impacted by the public health emergency;
- July 14 Housing and shelter needs;
- July 15 Needs of small businesses and job training; and
- July 20 Public health and infrastructure.

Commissioner Neighborhood Meetings

Overlapping the workshops, Clark County Commissioners held community input sessions in a variety of neighborhoods. The dates, times, and locations of those neighborhood meetings are listed below.

- July 14 *East Las Vegas Library* held from 5:30 to 7:00 pm;
- July 14 *Virtual Town Hall* held from 6:00 to 7:00 pm;
- July 15 *Henderson Town Center/Senior Center* held from 6:00 to 7:30 pm;
- July 19 *Paradise Recreation Center* held from 6:00 to 7:30 pm;
- July 20 Sandy Valley Community Center held from 10:00 to 11:00 am;
- July 26 *Winchester Dondero Theater* held from 5:30 to 7:00 pm;
- July 27 Desert Breeze Community Center held from 9:00 to 10:00 am; and
- August 10 *Pearson Community Center* held from 5:30 to 8:00 pm.

Below is a photo (Figure 4) of the community meeting at the Pearson Community Center in the Historic Westside Neighborhood in Las Vegas held on August 10, 2021.

Figure 4. August 10, 2021 Neighborhood Meeting at Pearson Community Center





The number of attendees that participated in these meetings spanned from 20 to 100 community members. Participants at each session reflected the racial, ethnic, and socioeconomic diversity of locations where the meetings were held. Attendees shared stories and concerns regarding:

- Rapid increases in rent following the expiration of the eviction moratorium;
- Lack of available affordable and transitional housing;
- Insufficient behavioral health services;
- Lack of resources to theaters and galleries; and
- Inaccessibility to immigration resources

Community Written Comments

In addition to the structured public input collected for this plan, Clark County invited community members to share their interests and needs in writing. Clark County collected 592 comment cards during July and August 2021. Of these, 578 of the written comments endorsed expanding community navigation services and providing financial assistance to families and individuals in need. The remaining written input included requests to increase affordable and transitional housing, enhance broadband, improve transit, offer cooling centers, and provide small business and job training assistance.

Community Survey

In collaboration with Clark County leadership, Management Partners developed and administered a community survey in multiple languages to understand the impacts of the pandemic in Clark County and residents' priorities for Fiscal Recovery funding.

The survey was publicized on the County website, social media, shared by Clark County Commissioners, and provided in paper form at County offices and in-person neighborhood meetings. A total of 3,532 responses were received, of which 3,103 were received in English, 413 in Spanish, and 16 in Tagalog. Respondents were asked a series of demographic questions to help County leaders and staff understand the disparate impacts of the pandemic on different communities. The largest respondent age group were those aged 35 to 49, representing 40.4% of respondents.

Respondents were asked to consider 16 areas of potential need in the community and rank their top five (5) areas of concern in priority order. The results are shown in Figure 5 below:

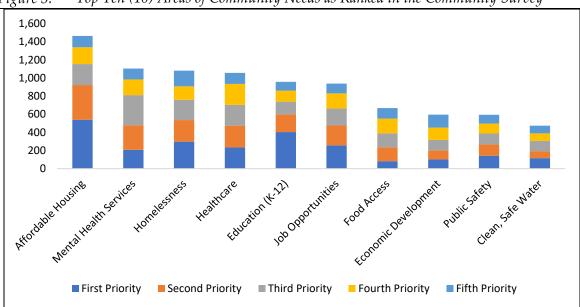


Figure 5. Top Ten (10) Areas of Community Needs as Ranked in the Community Survey

Overall, the highest-ranking needs included affordable housing, mental health services, homelessness, health care, and education.

The community survey also provided insight into the depth of the negative economic impacts experienced by Clark County residents. Of the respondents, 36% indicated they had either lost a job or experienced reduced employment due to the COVID-19 pandemic.

In addition to the community survey, Clark County completed a survey of non-profit organizations. The response rate was low, but the responses that were received supported the community survey results. All non-profit organizations that responded to the survey indicated that they had experienced a greater demand for services. Clark County and Management Partners believe that the non-profit organizations used the preapplication process to fully express their perspectives on community needs.

Appendix 2 provides the complete summary of the survey results.

Pre-Application Process and Summary

In July 2021, Clark County initiated and administered a pre-application process to ascertain the breadth and depth of stakeholder interest and their understanding of the community recovery needs. Clark County stakeholders and community members were invited to submit pre-applications for Fiscal Recovery Funds. The County advertised the call for pre-applications, posted the information on its website and social media, emailed the pre-application to current partner agencies, and made verbal announcements at Clark County meetings throughout July and August 2021.

At the time of this report, the County received a total of 514 pre-applications. The submissions aligned with the following community needs:

- 142 pre-applications related to public health;
- 107 pre-applications related to negative economic impacts;
- 192 pre-applications related to services to disproportionately affected communities;
- 64 pre-applications for water and sewer infrastructure and broadband;
- Two (2) pre-applications for premium pay; and
- Seven (7) pre-applications for revenue loss.

The proposals have an aggregate estimated cost of approximately \$2.6 billion and are evenly represented between non-profit organizations and government entities. A summary of the requests and potential uses collected to date are provided in Table 1 by expenditure category.

Table 1. Pre-Application Requests as of August 20, 2021

Request Expenditure Category	Number of Pre-Applications	Amount (in millions)
Public Health	142	\$692.0
Negative Economic Impacts	107	\$348.8
Services to Disproportionately Impacted Communities	192	\$816.9
Premium Pay	2	\$18.6
Sewer, Water, and Broadband Infrastructure	64	\$598.7
Revenue Replacement	7	\$39.0
Administrative and Contingency		\$44.0
TOTAL	514	\$2,558.0

County staff believes that the pre-application process could be the first time such a comprehensive portrait of needs in the County has been compiled. Many of the projects and programs are creative and innovative, and most align with County priorities. Pre-applications include projects that address the immediate community response to and recovery from the COVID-19 pandemic. The majority of requests represent investments in the community to address the systemic disparities in the health and socioeconomic infrastructure.

Funding Allocation by Category and Amount

County leaders determined that the needs expressed in the pre-application process and the community input provided through the survey should inform a "macro" allocation of funds to broad categories. Moreover, the macro allocation should serve as a basis to prioritize the funding across the many programs and projects submitted. In finalizing the prioritized needs, the County also de-emphasized projects with alternative funding sources available and those that did not directly benefit impacted households. The results of the macro sorting process prioritized the following community needs:

- 1. Affordable and transitional housing, including services to homeless;
- 2. A wide variety of behavioral/mental health needs, as well as expanded access to health care;
- 3. Job opportunities, support for small business, training, and financial literacy; and
- 4. Services for children including early education, quality childcare and a supportive environment.

Table 2 provides an overview of the macro sorting process and the recommended funding amounts.

Table 2. Summary of Funding Allocation by Category and Amount

Expenditure Category		Programming	Expenditure Category Allocation (in millions)	
Category			0/0	\$
			3%	\$13
1.1 1.2		Vaccination		
		Testing		
	1.3	Contact Tracing		
COVID-19	1.4	Prevention in Congregate Settings (Nursing Homes, Homeless Shelters, Jails)		
Mitigation	1.5	Personal Protective Equipment		
	1.8	Other Expenses (Communications, Marketing Campaigns, Enforcement, Public Health Surveillance, Isolation/Quarantine)		
	1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff		
			16%	\$70
	1.6	Medical Expenses (Enhancement of Health Care Facilities)		
	1.7	Capital Investments in Public Facilities to Respond to Pandemic Operational Needs		
	1.10	Mental Health Treatment Services		
	1.11	Substance Abuse Treatment Services		
	1.12	Other (Health Data Systems, Crisis Intervention)		
			3%	\$13
	2.1	Food Programs		
Household	2.2	Rent, Mortgage, and Utility Assistance		
Assistance ¹	2.3	Cash Subsidies		
	2.4	Internet Access Programs		
	2.5	Eviction Prevention		
Job Training			9%	\$41
Assistance	2.7	Sector Job-Training, Subsidized Employment, Employment Support Incentives or Services		
			10.5%	\$46
Small Business/ Economic Assistance/	2.9	Small Business Economic Assistance (Grants, In-Kind Assistance, Counseling Programs)		
Aid To Non-Profit Organizations	2.10	Aid to Non-Profit Organizations (Administration, Operations)		
	2.13	Entrepreneurship Support		
Education			5%	\$20
Assistance	3.1	Early Learning (Pre-K)		

¹ There is additional State and Federal funding available for household assistance programs.



Expenditure Category	- Programming		Expenditur Allocation (%	
	3.3	Academic Services (Counseling, Tutoring)	/0	Ψ
	3.4	Social, Emotional, and Mental Health Services		
	3.5	Other (After School Programs, Financial Literacy)		
			3%	\$13
Healthy	3.6	Child Care (New or Expanded High Quality Child Care, Subsidy Assistance)		
Childhood	3.7	Home Visiting		
Environments	3.8	Services to Foster Youth or Families Involved in Child Welfare System		
	3.9.	Other		
			35%	\$157
Hansing Commant	3.10	Affordable Housing (Retain and Expand Capacity)		·
Housing Support	3.11	Homeless Services (Emergency Shelter, Transitional Housing)		
	3.12	Other Housing Assistance (Supportive Services)		
			5%	\$20
Casial	3.13	Other (Immigration Assistance)		
	3.14	Community Health Workers or Benefits Navigators		
Health	3.16	Community Violence Interventions (Victim Assistance, Juvenile Justice Services)		
			0.5%	\$3
	5.1	Clean Water: Centralized Wastewater Treatment		
5.2		Clean Water: Centralized Wastewater Collection and Conveyance		
	5.3	Clean Water: Decentralized Wastewater		
	5.4	Clean Water: Combined Sewer Overflows		
	5.5	Clean Water: Other Sewer Infrastructure		
	5.6	Clean Water: Stormwater		
	5.7	Clean Water: Energy Conservation		
Infrastructure ²	5.8	Clean Water: Water Conservation		
iiii asti uctui e	5.9	Clean Water: Non-Point Source		
	5.10	Drinking Water: Treatment		
	5.11	Drinking Water: Transmission & Distribution		
	5.12	Drinking Water: Transmission & Distribution: Lead Remediation		
	5.13	Drinking Water: Source		
	5.14	Drinking Water: Storage		
	5.15	Drinking Water: Other Water Infrastructure		
	5.16	Broadband: "Last Mile" Projects		
	5.17	Broadband: Other Projects		
Revenue			10%	\$44
Replacement/	6.1	Provision of Government Services		
Contingency	7.1	Administrative Expenses		
TOTAL			100%	\$440

² There is additional State and Federal funding available for water, sewer, and broadband infrastructure projects.



Macro Funding Allocation by Category and Amount (in millions) Figure 6. COVID-19 MITIGATION \$13 **INFRASTRUCUTRE** 3% \$3 0.5% **SOCIAL** REVENUE **DETERMINANTS OF** REPLACEMENT/ HEALTH CONTINGENCY \$20 \$44 5% **PUBLIC HEALTH** 10% \$70 HOUSEHOLD 16% ASSISTANCE \$13 3% JOB TRAINING **ASSISTANCE** \$41 **HOUSING SUPPORT** \$157 35% **SMALL BUSINESS AND NON-PROFIT ASSISTANCE** \$46 10.5% **HEALTHY CHILDHOOD**. **EDUCATION**

Figure 6 gives a graphic representation of the macro allocations.

Projects will be evaluated using the criteria below with the intention of at least 25% of total funding allocated to programs that benefit low-income households and impoverished neighborhoods. The evaluation criteria include the following:

ASSISTANCE

\$20

5%

- 1. Provides assistance in QCTs and to disproportionately impacted communities,
- 2. Aligns with the State of Nevada's top four (4) recovery strategies as presented in the Every Nevadan Recovery Framework;
- 3. Aligns with County priorities;

ENVIRONMENTS

\$13

3%

- 4. Aligns with regional needs assessments;
- 5. Provides measurable and proven outcomes;
- 6. Leverages delivery of a County service to expand capacity;
- 7. Uses service providers with a demonstrated commitment to inclusionary and diversity practices
- 8. Fiscal sustainability;
- 9. Benefits low-income and/or impoverished neighborhoods; and
- 10. Leverages a non-County funding source.

EVIDENCE OF COMMUNITY NEEDS, RECOMMENDED USE OF FUNDS, AND KEY OUTCOMES

The following sections provide context for the Clark County environment in each of the Expenditure Categories contained in the Compliance and Reporting Guidance for the Fiscal Recovery Funds from Treasury. It provides details on the projects and programs being considered for funding. As this report has already stated, Clark County faces unique challenges in that it grew into an urbanized metropolitan area faster than any other metro area in the United States.

The following sections describe the challenges facing Clark County and how the Fiscal Recovery Funds could be used to transform this community into a better place, especially for those who have historically been underserved and impoverished.

The federal government has established seven (7) categories of Fiscal Recovery Funds to facilitate the administration, tracking, and reporting of results. The categories identified by the County as potential uses of Fiscal Recovery Funds are outlined in the following pages.

PUBLIC HEALTH

The Southern Nevada Health District (District) serves as the local public health authority, encompassing the unincorporated County areas and Boulder City, Henderson, Las Vegas, North Las Vegas, and Mesquite. The District has maintained records and data points that have been used in determining the appropriate mitigation measures throughout the pandemic.

Clark County has experienced significant health impacts to its population and health care infrastructure from the COVID-19 pandemic that began in March 2020 and continues as of August 2021. Although Nevada and Clark County implemented strict mitigation measures to combat the pandemic, its population has been hard hit by the virus. In Clark County, COVID-19 cases and deaths per 100,000 exceed the nation by 13.2% and 16.9%, respectively³.

Demographic Impacts

COVID-19 has had disproportionate impacts in Clark County based on race and/or ethnicity, with Hispanic, Black, and Asian-American/Pacific Islander residents experiencing higher levels of COVID-19 cases than White residents. The Hispanic population has been the most severely impacted, with a rate per 100,000 approximately 42% higher than the next highest group.

Tables 3 and 4 summarize the demographic breakdowns of COVID-19 cases by age, sex, and racial and ethnic background.

Table 3. Demographic Breakdown of COVID-19 Cases as of July 6, 2021 by Age and Sex

Category	Demographic	Number of Cases	Percent	Rate per 100,000
	Age 4 or less	5,427	2.07%	3,638.3
	Age 5 to 17	25,388	9.67%	6,244.1
	Age 18 to 24	32,823	12.50%	15,142.0
Age	Age 25 to 49	120,361	45.90%	14,975.0
8	Age 50 to 64	50,585	19.30%	11,946.0
	Age 65+	27,804	10.60%	8,730.8
	Unknown	93	0.04%	-
	Female	134,272	51.20%	11,572.0
Birth Sex	Male	125,963	48.00%	10,879.0
	Unknown	2,246	0.86%	-

Source: Southern Nevada Health District

³ Hannah Ritchie, Edouard Mathieu, Lucas Rodes-Guirao, Cameron Appel, Charlie Giattino, Esteban Ortiz-Ospina, Joe Hasell, Bobbie Macdonald, Diane Beltekian, and Max Roser (2020)- "Coronavirus Pandemic (COVID-19)". *Published online at OurWorldInData.org.* Retrieved from: 'https://ourworldindata.org/coronavirus' [Online Resource].

Table 4. Demographic Breakdown of COVID-19 Cases as of July 6, 2021 by Race/Ethnicity

Category	Demographic	Number of Cases	Percent	Rate per 100,000
	Hispanic	85,082	32.4%	11,150.0
	White	66,234	25.2%	6,577.8
	Black	20,654	7.87%	7,863.1
Race/Ethnicity	Asian or Pacific Islander	19,877	7.57%	7,356.1
	American Indian, Eskimo, or Aleut	396	0.15%	2,586.3
	Other	18,409	7.01%	-
	Unknown	51,829	19.70%	-
Source: Southern Neva	da Health District			

Source: Southern Nevada Health District

disproportionate number of cases are within the Hispanic population.

Of those who have contracted the virus, 93.7% recovered. However, a total of 5,005 people (1.7% of those affected) died from the virus. Table 5 summarizes the total number of cases and the outcomes for Clark County since the pandemic began in March 2020.

Table 5. Clark County COVID-19 Cases, Hospitalizations, Deaths, and Recovered (August 17, 2021)

Variable	Total	Percent	Rate per 100,000
COVID-19 Cases	295,104	100%	12,730.02
Hospitalized	18,926	6.4%	816.42
Deceased	5,005	1.7%	215.90
Recovered ⁴	276,422	93.7%	11,924.13
MIS-C Case ^{5,6}	75	-	-

Source: Southern Nevada Health District

⁶ Rates are suppressed for MIS-C cases due to low counts.



⁴ Recovered Criteria: A case must be alive, not currently hospitalized (or at least seven (7) days past the hospital discharge date), have completed quarantine or isolation, and/or be 14 days past event onset date.

⁵ MIS-C is COVID-19 Associated Multisystem Inflammatory Syndrome in Children.

In Clark County, of the 5,005 deaths reported from COVID-19, a substantial majority (70.4%) were 65

and older. Of those who died, 61.6% were male and 38.3% were female, as shown in Table 6 below.

Black and Asian/Pacific populations are experiencing higher rates of death.

Table 6. General Characteristics of COVID-19 Deaths

Category	Demographic	Number of Deaths	Percent	Death Rate per 100,000
	Age 5 to 17	5	0.1%	-
	Age 18 to 24	11	0.2%	-
Age	Age 25 to 49	411	8.1%	51.14
	Age 50 to 64	1,077	21.2%	224.33
	Age 65+	3,585	70.4%	1,125.70
	Female	1,947	38.3 %	167.80
Birth Sex	Male	3,134	61.6%	270.66
	Unknown	9	0.2%	-
	Hispanic	1,343	26.4%	176.00
	White	2,322	45.6%	230.60
	Black	629	12.4%	239.46
Race/Ethnicity	Asian or Pacific Islander	692	13.6%	256.10
	American Indian, Eskimo, or Aleut	14	0.3%	91.44
	Other	57	1.1%	-
	Unknown	33	0.6%	-

Source: Southern Nevada Health District

Health Risk Factors

The United States Centers for Disease Control and Prevention (CDC) has widely reported that age, diabetes, heart disease, and lung diseases are among the most significant risk factors for severe COVID-19 complications and related illnesses. Clark County has been especially vulnerable to the health effects of COVID-19 due to the State's high rates of cardiovascular disease and diabetes before the onset of the pandemic, both of which are far more prevalent among people of color. Nevada has the nation's 7th highest death rate from cardiovascular disease and the 19th highest death rate from diabetes.⁷

According to the Southern Nevada Health District's 2019 Community Health Needs Assessment, health care access remains a critical challenge for the region. Specifically, the high cost of care, the lack of health care coverage, and the lack of available medical providers have contributed to challenges with health care in Clark County. The Community Health Needs Assessment revealed that almost 22% of adults were uninsured, and 36% did not have a personal health care provider

⁷ Stats of the State of Nevada, CDC.

in 2019. Clark County (and Nevada as a whole) lacks medical professionals when compared with other areas in the United States.

Clark County has a disproportionate number of uninsured adults and adults without a personal health care provider compared to the State of Nevada and the rest of the United States. With 18% fewer medical providers (per 100,000) than the national average, Clark County residents have limited access to health care.

Table 7. Health Care Indicators for Clark County, the State of Nevada, and the United States⁸

	Percent of Adult Population Uninsured (%) (2019)	Percent of Population without a Personal Health Care Provider (%) (2019)	Number of Medical Professionals per 100,000 Population (2016)
Clark County	21.55%	36.20%	237
Nevada	19.42%	33.75%	246
United States	14.73%	22.45%	288

Source: Southern Nevada Health District via SRI International, December 2020

Vaccinations

Even with widely distributed news reports of COVID-19 cases and related deaths, many Nevada residents have not yet been vaccinated. Vaccine hesitancy seems to be more prevalent among the Black population, with only 31% of Black residents vaccinated. It is estimated that 42% of Hispanics are vaccinated in a population that has experienced the highest infection rates in the State. The Asian-American population has the highest vaccination rates to date (55%). Table 8 summarizes case and vaccination rates in Nevada by race or ethnicity.

Table 8. Nevada COVID-19 Case and Vaccination Rates by Race or Ethnicity as of August 16, 2021

Category	White	Black	Hispanic or Latino	Asian
Percent of Population	48%	9%	29%	8%
Percent of Total Cases	33%	8%	47%	8%
Percent Vaccinated	41%	31%	42%	55%

Source: Kaiser Family Foundation (KFF) analysis of CDC, COVID-19 Response. COVID-19 Case Surveillance Restricted Data Access, Summary, and Limitations, August 16, 2021. Total State Population Distribution by Race/Ethnicity based on KFF analysis of 2019 American Community Survey.

Appendix 1 contains maps that provide the number of cases by city and zip code as of July 6, 2021. The cities of Las Vegas and North Las Vegas have experienced the highest numbers of cases. A breakdown by zip code identifies those areas with the highest numbers of reported cases. Many of these areas have significant populations of Black individuals and households in poverty.

⁸ Note: Data availability varies by year. The latest year of availability for each indicator is indicated in parenthesis.

The number of current COVID-19 cases has declined from November 2020 to January 2021, when cases were at their highest levels. Figure 7 illustrates the timing of identified cases in Clark County since March 2020. An increase in cases has been reported in July 2021.

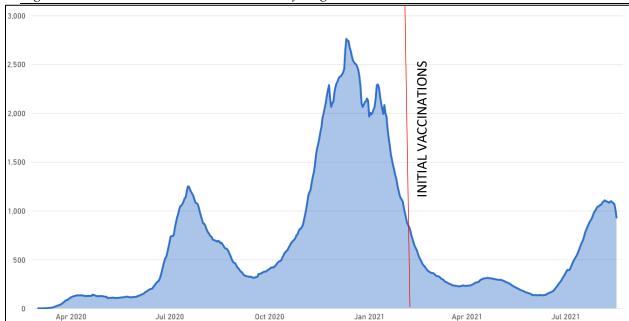


Figure 7. COVID-19 Cases in Nevada as of August 19, 2021

Source: Nevada Health Response

The Southern Nevada Health District has distributed three (3) approved vaccines and through multiple community partner locations throughout the County to combat the virus. As of August 19, 2021, 60.53% of eligible Nevada residents had at least one vaccine dose. Table 9 summarizes the total number of vaccine doses initiated and completed in Clark County as of August 18, 2021.

Table 9. Total Number of Vaccine Doses Initiated and Completed as of August 18, 2021 (Cumulative)

Manufacturer	Initiated	Completed
Johnson & Johnson	103,751	103,751
Moderna	381,609	324,366
Pfizer-BioNTech	831,854	621,490

Source: Southern Nevada Health District

The largest number of residents received vaccinations in March, April, and May of 2020. Since that time, residents receiving vaccinations has decreased each month. Figure 8 illustrates the timing of vaccinations administered in Clark County as of August 19, 2021.

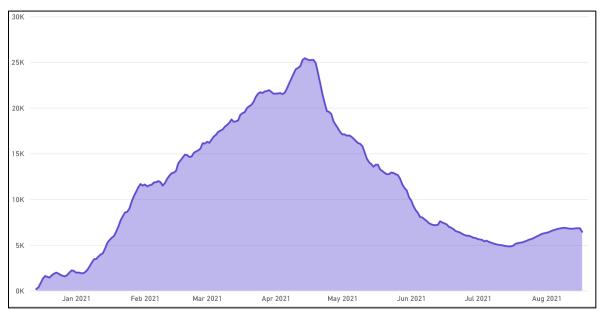


Figure 8. COVID-19 Vaccinations in Nevada as of August 19, 2021

Source: Nevada Health Response

Behavioral / Mental Health

Based on the data provided by Mental Health America, the 2020 rankings of the State of Mental Health in America reflect the poor condition of Nevada compared with other states and Washington D.C. In 2020, Nevada ranked:

- 49th in access to care;
- 47th in adult mental health;
- 45th in prevalence of mental health;
- 51st in youth mental health; and
- 51st in overall health.

Youth mental health ranked 51st in the nation in 2019 and 2020. Risky behaviors, such as planning or seriously attempting suicide and purposely hurting oneself, were prevalent in middle and high school youth before the onset of the pandemic.

Clark County's youth were already facing many mental health challenges that have been exacerbated by the additional risk factors brought on by the pandemic⁹:

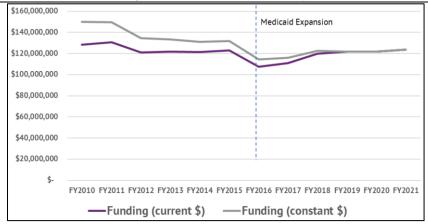
⁹ Source: State of Nevada Department of Health and Human Services

- Enforced isolation and quarantine;
- Separation from important adults and caregivers;
- Changes in routines, including circadian rhythm;
- Pandemic-related hardship in the family; and
- Educational stressors.

Greater attention to and funding for mental health issues is desperately needed. Suggested improvements include focusing on basic systems that keep people safe and secure, increasing capacity of school-based behavioral health care, early intervention, crisis services for individuals and families, and building resilience in families and communities.

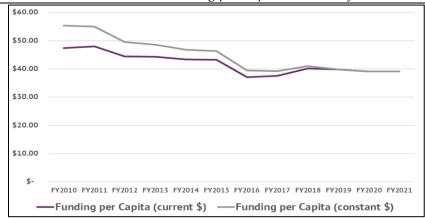
Although Nevada's mental health system has ranked at or near the worst in the nation, the State's general fund expenditures for mental health has decreased both in real and constant dollars from 2010 levels. In 2010, the state allocated \$150M to mental health in the state general fund budget. In 2021, that decreased to \$123.5M, or 18% in constant dollars (adjusted for inflation). On a per capita basis, that equates to a decrease of 29%. Figures 9 and 10 illustrate this decrease in mental health funding in current and constant dollars.

Figure 9. Mental Health Funding in Nevada's General Fund from FY 2010 to FY 2021



Source: Guinn Center

Figure 10. Behavioral / Mental Health Funding per Capita in Nevada from FY2010 to FY2021



Source: Guinn Center

At the same time, State funding has been flattened or reduced, the need for mental health services has increased due to COVID-19. In its 2020 State of Mental Health in America Report, Mental Health America ranked Nevada worst in the nation for mental health care services. The rankings were based on a variety of measures, including substance abuse and mental illness numbers.

Figure 11 further demonstrates Nevada's low ranking in mental health agency expenditures per capita compared to the rest of the nation. Nevada ranks 38th in State Mental Health Agency Expenditure Per Capita.

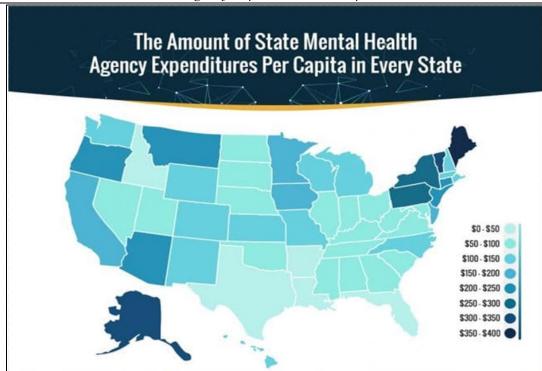


Figure 11. State Mental Health Agency Expenditures Per Capita

Source: American Addition Centers National Rehabs Directory

Figure 12 illustrates the increase in opioid deaths for Nevada residents that coincided with the pandemic. In 2020, opioid-related deaths increased by 29% over 2019 and were the highest in number since 2010.

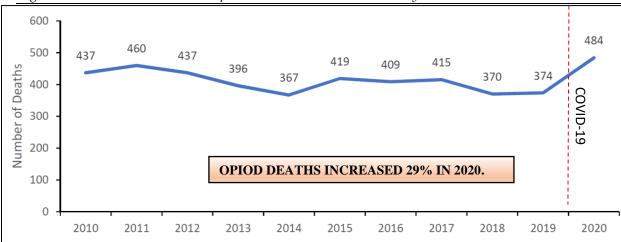


Figure 12. Nevada Residents' Opioid Related Overdose Deaths by Year

Source: Department of Health and Human Services Office of Analytics

Figure 13 illustrates the number of patients who received treatment for substance abuse. Even before COVID-19, the number of individuals treated for substance abuse increased by 96%, almost double, between 2018 and 2019.

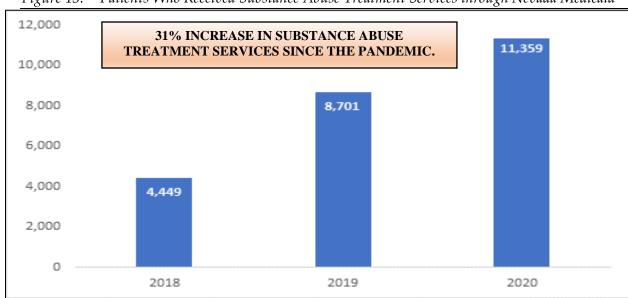


Figure 13. Patients Who Received Substance Abuse Treatment Services through Nevada Medicaid

Source: State of Nevada Health and Human Services Department

Plan for Use of Funds

The County has received requests totaling \$692 million for public health services. Through the prioritization process, \$83 million has been allocated towards public health programs. Public health programming includes COVID-19 mitigation initiatives such as expanding testing and vaccination efforts, vaccination education and incentives, and prevention measures in congregate settings. Public health programs also include initiatives to increase access to public health, behavioral/mental health, and substance abuse services through the expansion of existing programs and the development of new programs that will emphasize community outreach through the delivery of services and expansion of health care providers.

In keeping with federal and County priorities, many projects and programs suggested in the public health area focus on serving disproportionately impacted neighborhoods and areas with chronic poverty and low-income.

Key Outcome Goals

- 1. Decrease the County's COVID-19 positivity rate by increasing testing, vaccination administration, and mitigation measures.
- 2. Improve health risk factors in populations demonstrating high percentages of cardiovascular disease and diabetes through community outreach, education, and access to health care and nutrition resources.
- 3. Expand access to health care, mental and behavioral health, and substance abuse services through community outreach, mobile and virtual delivery of services, and provider expansion.
- 4. Better develop the community's ability to deliver public health and behavioral health services with targeted capital improvements, particularly those that would support programing to reduce the incidence of mental health and substance abuse disorders.

NEGATIVE ECONOMIC IMPACTS

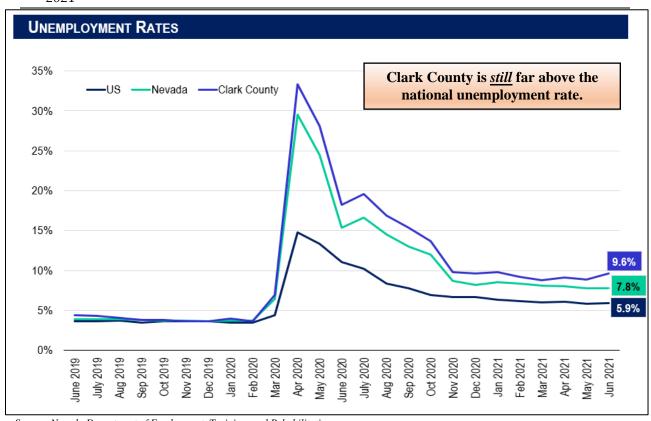
The COVID-19 pandemic has had a substantial impact on Clark County's economy. The leisure and hospitality sector suffered the most considerable losses in employment due to capacity limitations and business closures which prevented much of Clark County's workforce from working. The total shutdown of the regional tourism and entertainment industry and subsequent capacity limitations resulted in furloughs or layoffs to a substantial portion of the workforce.

According to the Brookings Institute, Las Vegas has the second-largest tourism industry in the nation, producing \$19 billion per year. (The largest is Orlando at \$26 billion per year.) The hospitality and leisure sectors of the economy directly employed roughly 30% of Las Vegas workers in 2019. In November 2019, 88% of Las Vegas's hotel or motel rooms were occupied; in November 2020, that figure dropped to 47%. In November 2020, 59% fewer passengers passed through Las Vegas' McCarran International Airport than a year earlier.

The pandemic has had a significant impact on Clark County's labor market, more than in other metropolitan areas in the United States. The unemployment rate in March 2020 reached 33.5% due to business shutdowns.

Figure 14 below compares the unemployment rates from June 2019 to June 2021 for Clark County, the State of Nevada, and the United States.

Figure 14. Unemployment Rates for Clark County, Nevada, and the United States: June 2019-June 2021



Source: Nevada Department of Employment, Training, and Rehabilitation

Clark County's labor market is overwhelmingly concentrated in low-wage, low-skill, and service sector

occupations. This may be the result of lower education levels of the workforce compared with peer areas. In 2019, area employment statistics report 59% of workers employed in the top ten (10) occupational categories in Clark County had an annual median wage of \$36,000 or less. Table 10 shows there has been little change in the number of employees within each job sector since 2010.

\$36,000 is the average median wage for the top 6 occupations.

Table 10. Top Ten (10) Occupations in Clark County, by Number of Employees

Occupational Category	2019 Employment	2019 Employment Share	Change in Employment Share 2010 to 2019	2019 Annual Median Wage
Food Preparation and Serving	151,120	14.8%	-1.2%	\$24,980
Office and Administrative Support	138,720	13.6%	-3.5%	\$35,680
Sales	109,480	10.7%	-0.5%	\$27,550
Transportation and Moving	88,500	8.7%	+1.6%	\$30,410
Personal Care and Service	58,100	5.7%	-0.8%	\$21,480
Building and Grounds Maintenance	57,370	5.6%	-1.0%	\$34,000
Construction and Extraction	53,250	5.2%	-0.3%	\$47,320
Management	50,120	4.9%	+0.4%	\$95,960
Health Care and Technical	47,270	4.6%	+0.5%	\$83,090
Business and Financial Operations Source: Burgay of Labor Statistic	38,960	3.8%	+0.7%	\$62,120

Source: Bureau of Labor Statistics, Occupation and Employment Statistics via SRI International, December 2020

Table 11 ranks the lower education levels of the County's labor force compared with other areas. As of 2018, only 26% of Clark County workers had bachelor's degrees or higher, by far the lowest among peer regions.

Table 11. Labor Force Educational Attainment by Metropolitan Statistical Area (MSA) in 2018

Metropolitan Statistical Area	Less than High School	High School Graduate	Some College or Associate Degree	Bachelor's Degree or Higher
Austin-Round Rock, TX	8%	17%	27%	47%
Denver-Aurora-Lakewood, CO	7%	18%	28%	47%
Portland-Vancouver-Hillsboro, OR-WA	7%	17%	33%	43%
Colorado Springs, CO	5%	18%	36%	41%
Urban Honolulu, HI	5%	23%	33%	38%
Sacramento-Roseville-Arden-Arcade, CA	8%	19%	35%	38%
Salt Lake City, UT	8%	22%	34%	36%
Orlando-Kissimmee-Sanford, FL	7%	23%	34%	36%
Albuquerque, NM	9%	22%	34%	35%
Phoenix-Mesa-Scottsdale, AZ	10%	21%	34%	35%
Reno, NV	11%	23%	34%	32%
Las Vegas-Henderson-Paradise, NV	13%	27%	34%	26%

Source: American Community Survey, 5-Year Estimates, via SRI International, December 2020

Figure 15 illustrates the growth trends of Clark County's major employment sectors from January 2010 through September 2020. Although other sectors grew during that time (business, professional, education, and health services), leisure and hospitality remains by far the largest sector in the area prior to the pandemic. Employment in this sector contracted 24.2% between February and September 2020 as businesses shut down and visitor travel halted.

Some sectors, such as financial activities and business and professional services, were able to continue operating during the pandemic through remote work. As a result, they were less affected by the pandemic. Unfortunately, the leisure and hospitality sectors, upon which Clark County is dependent, had fewer remote working alternatives.

This evidence supports Clark County's need for a wide variety of job re-training programs, economic diversification, as well as household assistance.

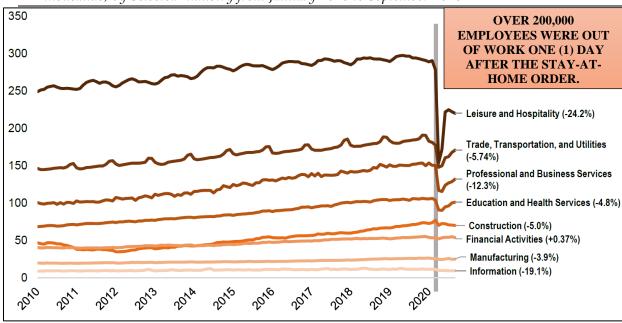


Figure 15. Las Vegas-Henderson-Paradise MSA Non-Seasonally Adjusted Employment (in thousands) by Selected Industry from January 2010 to September 2020¹⁰

Source: Quarterly Census of Employment and Wages, U.S. Bureau of Labor Statistics. Via SRI International, December 2020

¹⁰ Note: The data in parentheses represent the change in employment from February 2020 to September 2020, capturing the impact of the COVID-19 pandemic. The grey line indicates the beginning of stay-at-home orders caused by the COVID-19 pandemic in March 2020.



Figure 16 illustrates the unemployment rates from October 2019 through December 2020 by race and ethnicity, and the unemployment rates compared to the White population during the same time period. Unemployment has affected people of color to a greater extent than the White population.

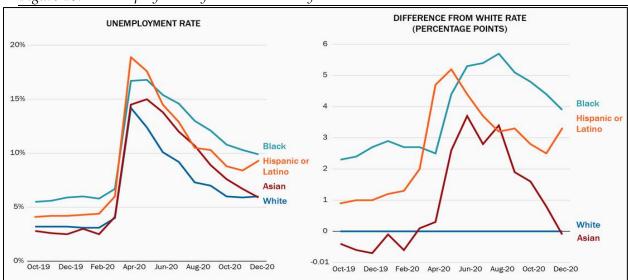


Figure 16. Unemployment by Race or Ethnicity¹¹

Source: US Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey," December 2020. Via Brookings Institution.

¹¹ Note: Unemployment rate based on seasonally adjusted employment status of the civilian noninstitutional population.

Figure 17 provides the high percentage of Hispanic or Latino workers working in leisure and hospitality in Clark County (Las Vegas) compared with other metropolitan areas. **Hispanic or Latino workers in Clark County experienced much higher unemployment rates than other metropolitan areas with high tourism employment.**

PERCENT HISPANIC: 2% 20% 11 Change in unemployment, November 2019-20 (percentage points) 9 Las Vegas 8 7 6 Orlando 5 San Francisco 4 US metro area average 3 Washington, DC 2 Seattle 1 0 0% 10% 12% 14% 16% 18% 20% Percent of nonfarm workers employed in leisure and hospitality

Figure 17. Hospitality, Unemployment, and the Hispanic or Latino Population by Metropolitan Area

Source: US Bureau of Labor Statistics, "Over-the-Year Change in Unemployment Rates for Metropolitan Areas," November 2020; American Community Survey 2019 one-year (1-year) estimates; State of Nevada Department of Employment, Training and Rehabilitation, "Current Payroll Employment Estimates," 2019. Via Brookings Institution.

Clark County's economic dependence on the hospitality and leisure industry made it more susceptible to the negative economic impacts of the pandemic than other major metropolitan areas. The industry provides hundreds of thousands of service jobs; however, they are typically lower-paying jobs that are not conducive to remote working options. As a result of the initial business closures, succeeding capacity limitations, and slow recovery, this workforce struggles to meet their household's basic needs. These households, a large proportion of which are people of color, have required and will continue to require economic support throughout the recovery period.

Plan for Use of Funds

The County received requests totaling \$349 million for economic recovery programs. Through the prioritization process, \$100 million has been allocated towards programs aimed at recovery from the negative economic impacts of the pandemic. This funding will be used for programs and projects designed to provide assistance to households, such as rent, mortgage, utility, and eviction prevention services. Programs will also include investments in small business assistance and job training programs.

Key Outcome Goals

- 1. Reduce evictions and improve housing stability by providing rental assistance, utility assistance, legal aid assistance, and jurisdictional coordination with courts to keep people housed.
- 2. Increase cash flow and financial resiliency of regional small businesses.
- 3. Reduce the regional unemployment rate through job training opportunities, particularly those aimed at fostering economic diversification and providing jobs to individuals and households in or near poverty.

SERVICES TO DISPROPORTIONATELY IMPACTED COMMUNITIES

Targeted assistance is needed in the hardest-hit communities based on the defined areas of QCTs. QCTs are defined as areas where at least 50% of the households have incomes below 60% of the Area Median Gross Income or a poverty rate of at least 25%.

There are approximately 100 QCTs in the Las Vegas Valley as well as in Laughlin and Overton. QCTs are present in all Clark County Commission Districts in the Las Vegas Valley, but largely in Districts B, D, E, and G. Districts A and B contain QCTs in outlying areas. Figure 18 provides the location of QCTs in Clark County.

Figure 19 provides the overlap of QCTs (in bright green) over Commissioner districts and zip codes.

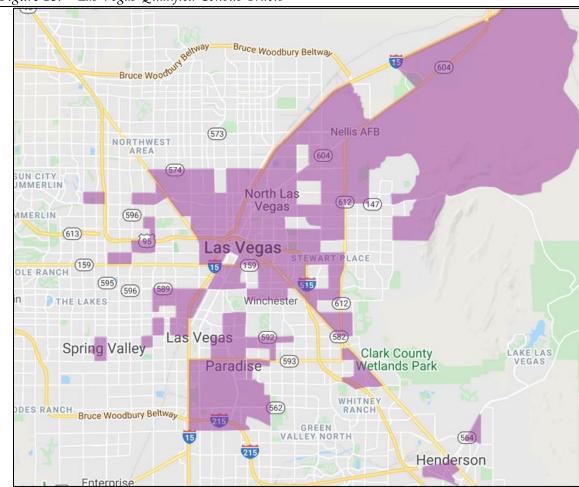


Figure 18. Las Vegas Qualified Census Tracts

Source: Census Bureau

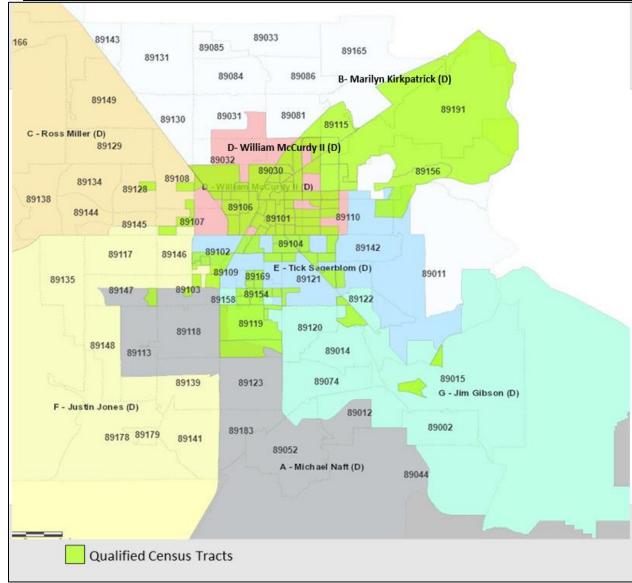


Figure 19. Clark County Commission Districts, Zip Codes, and Qualified Census Tracts

Source: Census Bureau

Most of these zip code areas can be clearly defined as a QCT by poverty, median income, or both. The average rate of COVID-19 in Clark County QCTs is 14% above the County average.

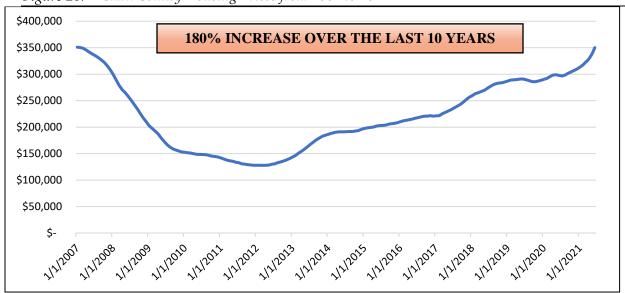
Clark County has at least 336,000 people living in disproportionately impacted zip codes. In addition,

- In 6 of 10 areas, Black or Hispanic/Latino residents are the majority;
- People living in the majority of these zip codes rent their housing and are subject to a high degree of rent burden; and
- Only one (1) area has broadband access in more than 80% of households.

Housing

In Clark County, housing prices increased rapidly over the past ten (10) years since the Great Recession.

Figure 20. Clark County Housing Prices from 2007 to 2021



Source: Zillow Home Values Index

Clark County ranks seventh among the 12 listed metropolitan areas in housing affordability. Table 12 ranks housing affordability by selected metropolitan areas. This is a measurement of "whether or not a typical family earns enough income to qualify for a mortgage loan on a typical home at the national and regional levels based on the most recent price and income data," according to the National Association of Realtors. Even before COVID-19, housing was unattainable for many County residents.

Table 12. Housing Affordability Index¹² by Selected Metropolitan Area in 2018

Metropolitan Area	2018	Percent Change 2017 to 2018 (%)	Rank
Albuquerque, NM	162.4	-9.3	1
Austin-Round Rock, TX	152.6	-9.2	2
Phoenix-Mesa-Scottsdale, AZ	141.2	-12.1	3
Salt Lake City, UT	129.3	-10.4	4
Colorado Springs, CO	128.1	-13.3	5
Orlando-Kissimmee-Sanford, FL	124.1	-12.4	6
Las Vegas-Henderson-Paradise, NV	120.0	-14.6	7
Sacramento—Roseville—Arden-Arcade, CA	116.2	-10.5	8
Portland-Vancouver-Hillsboro, OR-WA	114.0	-7.3	9
Denver-Aurora-Lakewood, CO	109.2	-11.1	10
Reno, NV	101.6	-13.5	11
Urban Honolulu, HI	61.9	-9.4	12

Source: National Association of Realtors (NAR). Via SRI International, December 2020.

Approximately 46% of the County's residents are renters. In 2021, the median monthly rent in Clark County for a three-bedroom home was over \$1,600. Of course, rental prices vary based on the size, type, and location of the rental. Nevada is among the eight (8) states with the least available affordable housing for lowest-income renters. Affordable housing is generally defined as housing that costs no more than 30 percent of a person's gross income. According to the National Low-Income Housing Coalition (NLIHC), there is a shortage of 80,453 rental homes affordable and available for very low to extremely low-income renters in Southern Nevada. Additionally, NLIHC reports that Nevada has only 18 affordable units for every 100 people earning 30 percent or less of area median income, 50% less than the national average of 36 affordable and available units for every 100 renters.

¹²The Housing Affordability Index (HAI) has a value of 100 when the median-income family has sufficient income to purchase a median-priced existing home. A higher index number indicates that more households can afford to purchase a home.

Figure 21 compares the median monthly earnings for workers in the most vulnerable industries (food service, retail sales, accommodations, and gaming) to the median rent in Nevada.

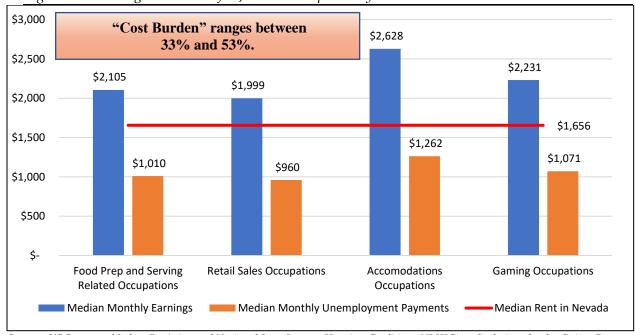


Figure 21. Changes in Income for Jobs Most Impacted by COVID-19 Shutdowns in Nevada

Source: US Bureau of Labor Statistics and National Low-Income Housing Coalition (NLIHC); calculations by the Guinn Center.

According to the U.S. Department of Housing and Urban Development, housing is considered a "Cost Burden" if a family pays more than 30% of its income for housing. By this criterion, housing is a cost burden for many Clark County residents. With reduced income (or no income) and the high cost of housing experienced by Clark County residents, those who are behind in their rent or struggling to pay their rent could ultimately face eviction.

Many County residents have found themselves without income during the ongoing health crisis. Unemployment payments may assist those who have suffered job losses, but those payments are insufficient in many cases to meet their rent or mortgage obligations.

Homelessness

According to the 2020 Annual Homeless Assessment Report prepared by the Housing and Urban Development Department (HUD), Nevada has one of the worst levels of homelessness in the United States. As shown in Figure 22 below Nevada has the 5th highest homeless population per 10,000 trailing only California, Oregon, Alaska, and Hawaii.

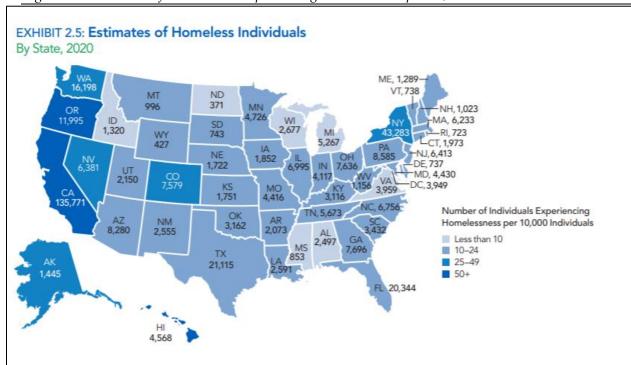


Figure 22. Number of Individuals Experiencing Homelessness per 10,000 individuals

Source: The 2020 Annual Homeless Assessment Report (AHAR) to Congress, United States Department of Housing and Urban Development

According to this same HUD report, Nevada ranked 2nd (to California) in the percentage of homeless individuals that lived in an unsheltered environment. Finally, and perhaps most alarming, Nevada ranked highest in both 2018 and 2019 in the percentage of unaccompanied youth under 18 that were homeless and living in an unsheltered environment. Further, there is evidence that homelessness tends to be associated with police calls involving both crime and mental illness. This is further illustrated in Appendix 3.

Food Insecurity

Food insecurity was expected to increase due to COVID-19, according to Feeding America. Nationwide it was expected that 15.6% of the population (and 23.1% of children), or 50.4 million people, will be food insecure in 2020.

Nevada ranks 5th highest in the percentage of projected food insecurity at 19.2%, a 50% increase from 2018, as shown in Table 13 below. With Clark County's population representing between 70% and 75% of the State's population, it is reasonable to expect high levels of food insecurity in the County.

Table 13. States with the Ten (10) Highest Rates of Projected Food Insecurity in 2020 versus 2018

		2020 Projections		2018	
Ranking	State	Food Insecurity Rate	Number of People in Food Insecure Households	Ranking	Food Insecurity Rate
1	Mississippi	22.6%	675,300	1	18.7%
2	Arkansas	20.5%	617,010	2	17.3%
3	Alabama	20.3%	993,240	3	17.0%
4	Louisiana	20.1%	938,280	4	16.1%
5	Nevada	19.2%	583,340	20	12.8%
6	Michigan	19.1%	1,906,860	13	13.6%
7	New Mexico	18.7%	392,420	5	15.1%
8	Oklahoma	18.6%	731,970	5	15.1%
9	Texas	18.6%	5,346,640	7	15.0%
10	Kentucky	18.1%	809,820	8	14.8%
10	Ohio	18.1%	2,116,540	11	13.9%

Source: Feeding America, The Impact of the Coronavirus on Food Insecurity in 2020.

Table 14 summarizes the states with the highest rates of projected child food insecurity in 2020. Nevada has the highest rate of child food insecurity in the nation at 32.3%, equal to Louisiana. This is a significant increase from 2018 (which was already high) and demonstrates a great level of need for additional resources.

Table 14. States with the Highest Rates of Projected Child Food Insecurity in 2020 versus 2018

	2020 Projections			20	18
Ranking	State	Food Insecurity Rate	Number of People in Food Insecure Households	Ranking	Food Insecurity Rate
1	Nevada	32.3%	222,350	9	19.5%
1	Louisiana	32.3%	354,580	1	24.6%
3	New Mexico	30.8%	147,940	2	23.8%
4	Mississippi	30.5%	215,290	5	23.0%
5	Alabama	29.6%	321,980	3	23.1%
6	Hawaii	29.4%	89,050	19	18.4%
7	Arkansas	29.1%	204,840	3	23.1%
8	Texas	28.7%	2,124,960	7	21.6%
9	Oklahoma	28.5%	272,530	6	21.8%
10	West Virginia	28.3%	102,680	8	20.3%

Source: Feeding America, The Impact of the Coronavirus on Food Insecurity in 2020.

Plan for Use of Funds

The County received requests totaling \$817 million for programs assisting communities disproportionately impacted by COVID-19, almost double the amount of Fiscal Recovery Funds allocated to Clark County. Through the prioritization process, \$190 million has been allocated towards programs aimed at recovery for those individuals, households and communities which have been disproportionately impacted. This funding will go to programs and projects designed to increase permanent affordable housing for those most in need, for food assistance, to provide early childhood education and welfare assistance, fund emergency housing shelter and transitional housing for homeless individuals and provide community violence intervention.

Key Outcome Goals

- 1. Increase the availability of quality affordable housing, particularly for households in COVID-19 high-risk groups such as seniors, disabled, and homeless through emergency repair, acquisition, rehabilitation, and new construction.
- 2. Expand access to housing and supportive services for homeless who are defined as high risk for poor outcomes from COVID-19 through street outreach, post-hospitalization housing, non-congregate shelter, medical supports, rapid rehousing, transitional housing, and a variety of supportive services.
- Increase access to nutritious food for COVID-19 economically impacted households through food bank programs and food delivery for homebound households and linkages to mainstream benefit programs.

- 4. Increase access to therapeutic services for children with developmental delays or disabilities by referring families to Nevada Early Intervention Services.
- 5. Reduce the number of children with mental health and behavioral needs housed in shelter settings by providing therapeutic residential programming.
- 6. Reduce the number of children entering the foster care system by providing in-home support prior to removal from the home.
- 7. Increase access to mental and behavioral health services for children in foster care through provision of clinical care coordination and comprehensive mental health services.
- 8. Increase the number of youth and young adults exiting the child welfare and juvenile justice systems with secure housing options.

WATER, SEWER AND BROADBAND INFRASTRUCTURE

About 90% of Nevada's population is situated in Reno and Las Vegas. The American Society of Civil Engineers gave Nevada's infrastructure a "C" on a scale of A through F in its 2018 Infrastructure Report Card. The infrastructure components included in the rating are drinking water, stormwater, roads, bridges, wastewater, solid waste, schools, transit, energy, public parks, aviation, and dams. The report noted that "Nevada will require \$5.316 billion for water system improvements over the next twenty (20) years." The Report Card also noted that Nevada is the driest state in the U.S. and, with a growing population, will have increased water supply needs.

As related to broadband infrastructure and connectivity, the County is committed to providing equitable services and access to broadband. The County recently hired a consultant to assess the region's broadband system and develop a multi-year plan to build a system that provides equitable access to all community members. Table 15 provides the top ten (10) in need zip codes in Clark County and the percent of households with broadband access. These zip codes are all within QCTs.

Table 15. Percent of Households with Broadband in Key Qualified Census Tract Zip Codes

Zip Code	Percent Households with Broadband
89030	65.4%
89101	54.7%
89102	67.2%
89104	69.6%
89106	62.5%
89115	76.0%
89119	71.6%
89122	78.3%
89156	83.7%
89169	62.2%

Source: Census Bureau

Plan for Use of Funds

The County received requests totaling \$490 million for sewer and water infrastructure projects and \$108 million for broadband infrastructure. Although there are significant needs in this area, there are existing funding sources for sewer and water projects. The County is seeking additional funding sources for sewer, water, and broadband investments. The County plans to allocate approximately \$3 million to analyze the gaps in broadband service and fund an urgent rural water project.

Key Outcome Goals

- 1. Identify the gaps in fiber and broadband service that limit connectivity.
- 2. Complete the urgent rural water project.

REVENUE REPLACEMENT

Identification and Plan for Use of Funds

Clark County has completed the Revenue Loss calculation for the period ending December 31, 2020, totaling \$528 million. At this time, the County does not plan to use Fiscal Recovery Funds to replace revenues lost during this period; however, the condition of the County's local economy and financial condition may change. The County budgets \$969 million in public health and safety costs each year that are essential to the community. Fiscal Recovery Funds may be required to replace these revenues in the future to maintain public health and safety services.

Table 16. Clark County Revenue Loss

Agency Name	Program or Service	Brief Description	Impacted Population	Calculated or Requested Amount	Treasury Activity Type
Clark County	All County Operations	Full-service County government which experienced a counter factual revenue decrease of approximately 13% for the Fiscal Year Ended 12/31/2020	2.3 million	\$528,520,680	6.10

PROMOTING EQUITABLE OUTCOMES

Throughout the process of exploring how best to use the Fiscal Recovery Funds, Clark County prioritized those communities and households hardest hit by the pandemic that have also been historically disadvantaged. Many employees in the leisure and hospitality industry have been unemployed and unable to pay for their basic needs, including rent, utilities, and food. County leaders have also prioritized recovery efforts within the approximately 100 QCTs in the County.

Table 17 provides some of the most distressed zip codes in the County. Each includes multiple QCTs.

Table 17. Most Distressed Clark County Zip Codes

Zip Code	2019 Population	2019 Below Poverty Level	2019 Median HHD Income	COVID-19 Cases as of 7/26/2021	Rate / Per Capita	% of County Average
89101	42,592	34.2%	\$ 25,310	6256	0.147	120%
89106	26,480	31.0%	\$ 29,906	3652	0.138	113%
89030	50,417	30.7%	\$ 36,275	8691	0.172	141%
89102	39,449	30.5%	\$ 36,729	4649	0.118	97%
89169	21,822	29.7%	\$ 30,581	2585	0.118	97%
89115	63,084	28.3%	\$ 39,412	8945	0.142	116%
89119	52,378	25.1%	\$ 35,705	5844	0.112	91%
89104	39,443	24.6%	\$ 36,448	6343	0.161	132%

Source: Census Bureau and Southern Nevada Health District

Collectively, these areas have a population of approximately 330,000. Six (6) of the eight (8) most distressed areas have a majority of Black or Hispanic populations. None of these areas have broadband access to 80% of their households.

The efforts to promote equitable outcomes include short-term assistance such as eviction prevention and housing assistance. Equitable outcomes are also focused on mid-term and long-term investments to address mental and behavioral health service needs and efforts to boost the County's historically low educational attainment rates.

Over the next several months, the County plans to fund projects that will meet the community's immediate response and recovery needs. All remaining projects will be evaluated against a set of established priorities that reflect community interests and long-term community investments. The County plans to evaluate projects against criteria developed to maximize programmatic impact and align projects with County, State, and Federal objectives.

This priority matrix is shown in Table 18.

Table 18. Priority Matrix

Pass / Fail Factors

Compliance with Fiscal Recovery Funds Guidance

Compliance with County Regulations and Conflict of Interest Standards

Weighting Factors (25% Emphasis on Low-Income Communities)

- 1. Federal priority Assists QCTs and Disproportionately Impacted Communities
- 2. Alignment with State Top Four (4) Strategies in the Every Nevadan Recovery Framework
- 3. Alignment with County Priorities
- 4. Alignment with Regional Community Needs Assessments
- 5. Leverages County Services
- 6. Fiscal Sustainability
- 7. Benefits Low-Income/Impoverished Neighborhoods
- 8. Leverages Non-County Funding
- 9. Uses Service Providers with a Demonstrated Commitment to Inclusionary and Diversity Practices
- 10. Provides Measurable and Proven Outcomes for Clark County

The County has pledged that not less than 25% of its Fiscal Recovery Funds will benefit disproportionately impacted communities, low-income households, and impoverished neighborhoods.

As the County evaluates the pre-applications for Fiscal Recovery Funds, foundational to the review and consideration of administering the funds is delivering meaningful community results and promoting equitable outcomes. This includes tracking performance and reporting the key outcomes related to the programs and services.

Based on Treasury guidance, the County will track and report on the following:

- 1. Household Assistance and Housing Support:
 - a. Number of people or households receiving eviction prevention services (including legal representation).
 - b. Number of affordable housing units preserved or developed.
- 2. Negative Economic Impacts:
 - a. Number of workers enrolled in sectoral job training programs.
 - b. Number of workers completing sectoral job training programs.
 - c. Number of people participating in summer youth employment programs.
- 3. Education Assistance:
 - a. Number of students participating in evidence-based tutoring programs.
- 4. Healthy Childhood Environments:
 - a. Number of children served by childcare and early learning (pre-school/pre-K/ages 3 to 5).
 - b. Number of families served by home visiting.

In addition to these metrics, the County will establish performance indicators and outcome measures that will provide transparency, meet the needs of community members disproportionately impacted by COVID-19, and promote equitable outcomes across the County.



Clark County leaders are in the process of evaluating pre-applications for Fiscal Recovery Funds. Once funding requests have been approved, the County will use quantitative and qualitative data to promote equitable outcomes. This will include detailed reporting on strategies to overcome barriers and address geographic inequities. The County will include a more detailed accounting of its use of evidence and evaluation in future Recovery Plan updates.

TABLE OF EXPENSES BY EXPENDITURE CATEGORY

Table 19 provides a complete list of all eligible expenditure categories and the County's expenditures incurred between the award of funds and July 31, 2021, in each expense category. Since Clark County is in the initial planning phase, the Fiscal Recovery Fund expenditures to date are not significant.

Table 19. Summary of Expenses by Expenditure Category

1 avie 19.	Category	Cumulative Expenditures to Date (\$)	Amount Spent Since Last Recovery Report
1	Expenditure Category: Public Health		
1.1	Vaccination		
1.2	Testing		
1.3	Contact Tracing		
1.4	Prevention in Congregate Settings (Nursing Homes, Homeless Shelters, Jails)		
1.5	Personal Protective Equipment		
1.8	Other Expenses (Communications, Marketing Campaigns, Enforcement, Public Health Surveillance, Isolation/Quarantine)		
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff		
1.6	Medical Expenses (Enhancement of Health Care Facilities)		
1.7	Capital Investments in Public Facilities to Respond to Pandemic Operational Needs		
1.10	Mental Health Treatment Services		
1.11	Substance Abuse Treatment Services		
1.12	Other (Health Data Systems, Crisis Intervention)		
2	Expenditure Category: Negative Economic Impacts		
2.1	Food Programs		
2.2	Rent, Mortgage, and Utility Assistance		
2.3	Cash Subsidies		
2.4	Internet Access Programs		
2.5	Eviction Prevention		
2.7	Sector Job-Training, Subsidized Employment, Employment Support Incentives or Services		
2.9	Small Business Economic Assistance (Grants, In-Kind Assistance, Counseling Programs)		
2.10	Aid to Non-Profit Organizations (Administration, Operations)		
2.13	Entrepreneurship Support		

	Category	Cumulative Expenditures to Date (\$)	Amount Spent Since Last Recovery Report
3	Expenditure Category: Services to Disproportionately Impacted Communities		
3.1	Early Learning (Pre-K)		
3.3	Academic Services (Counseling, Tutoring)		
3.4	Social, Emotional, and Mental Health Services		
3.5	Other (After School Programs, Financial Literacy)		
3.6	Child Care (New or Expanded High Quality Child Care, Subsidy Assistance)		
3.7	Home Visiting		
3.8	Services to Foster Youth or Families Involved in Child Welfare System		
3.9.	Other		
3.10	Affordable Housing (Retain and Expand Capacity)		
3.11	Homeless Services (Emergency Shelter, Transitional Housing)		
3.12	Other Housing Assistance (Supportive Services)		
3.13	Other (Immigration Assistance)		
3.14	Community Health Workers or Benefits Navigators		
3.16	Community Violence Interventions (Victim Assistance, Juvenile Justice Services)		
5	Expenditure Category: Infrastructure		
5.1	Clean Water: Centralized Wastewater Treatment		
5.2	Clean Water: Centralized Wastewater Collection and Conveyance		
5.3	Clean Water: Decentralized Wastewater		
5.4	Clean Water: Combined Sewer Overflows		
5.5	Clean Water: Other Sewer Infrastructure		
5.6	Clean Water: Stormwater		
5.7	Clean Water: Energy Conservation		
5.8	Clean Water: Water Conservation		
5.9	Clean Water: Non-Point Source		
5.10	Drinking Water: Treatment		
5.11	Drinking Water: Transmission & Distribution		
5.12	Drinking Water: Transmission & Distribution: Lead Remediation		
5.13	Drinking Water: Source		
5.14	Drinking Water: Storage		
5.15	Drinking Water: Other Water Infrastructure		
5.16	Broadband: "Last Mile" Projects		
5.17	Broadband: Other Projects		
6/7	Expenditure Categories: Revenue Replacement and Administrative and Other		
6.1	Provision of Government Services		
7.1	Administrative Expenses	\$98,900	\$98,900
TOTAL		\$98,900	\$98,900

PROJECT INVENTORY

Clark County is in the process of evaluating programs and projects and pre-applications for Fiscal Recovery Funds. No specific projects have been identified for funding yet. Once funding requests have been approved, the County will build a project inventory that will include the funding amount, expenditure category, project overview, and use of evidence for each project selected for funding. The County will include these detailed project inventories in future Recovery Report updates.

PERFORMANCE REPORT

Clark County is in the process of evaluating projects and pre-applications for Fiscal Recovery Funds. Once funding requests have been approved, the County will develop key performance indicators for each projector group of projects with substantially similar goals and the same outcome measures. Key performance indicators will include both output and outcome measures, with data disaggregated by race, ethnicity, gender, income, and other relevant factors wherever possible. The County will include key performance indicators for its identified projects in future Recovery Report updates.

Appendix 1 – Clark County COVID-19 Cases by Zip Code and City in Clark County

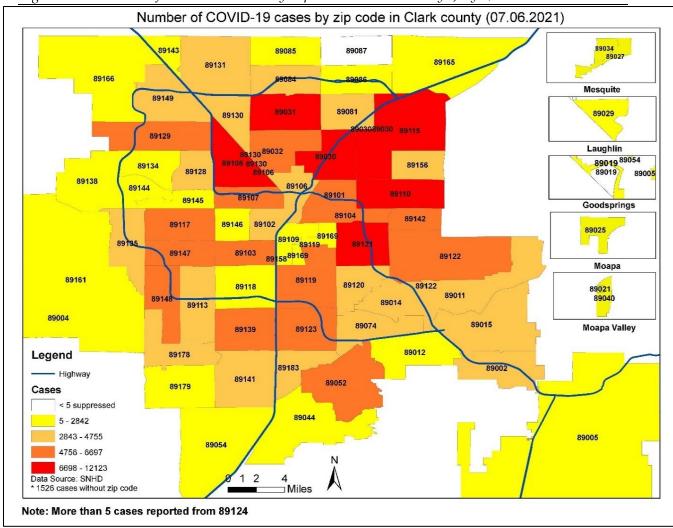


Figure 23. Number of COVID-19 Cases by Zip Code in Clark County (July 6, 2021)

Source: Southern Nevada Health District

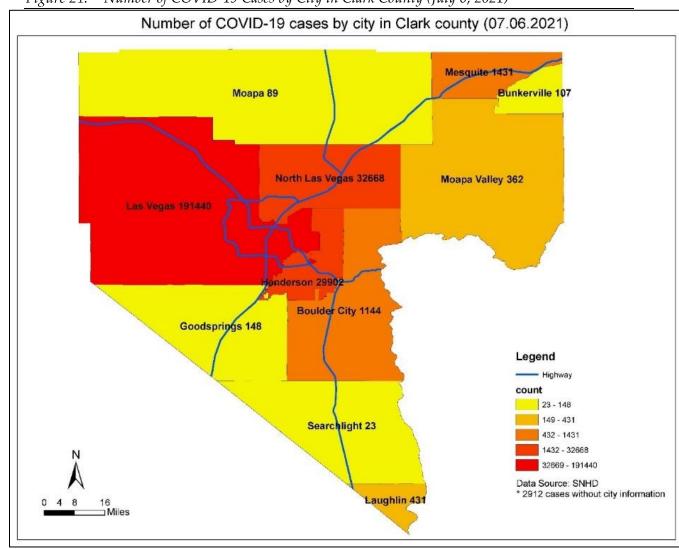


Figure 24. Number of COVID-19 Cases by City in Clark County (July 6, 2021)

Source: Southern Nevada Health District

Appendix 2 – Clark County Survey Results

COMMUNITY SURVEY RESULTS

Figure 25. Respondent Age Groups

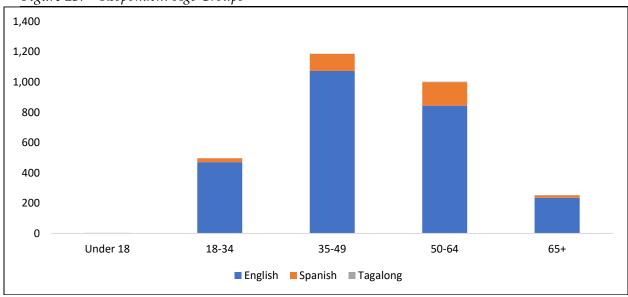


Figure 26. Number of Household Members

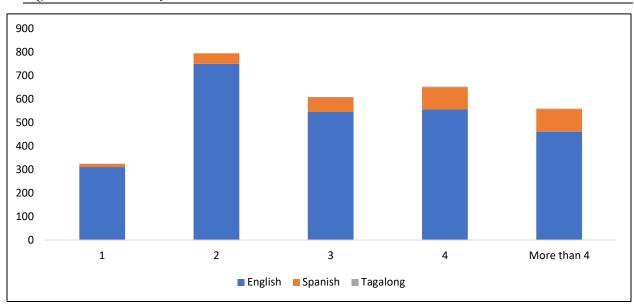


Figure 27. Number of Household Members Under 18

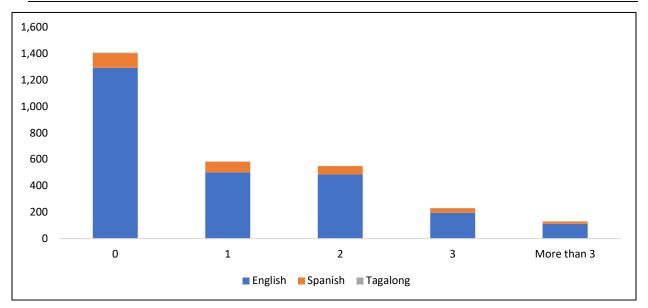
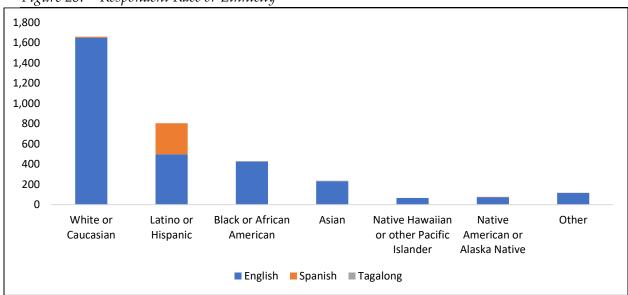


Figure 28. Respondent Race or Ethnicity



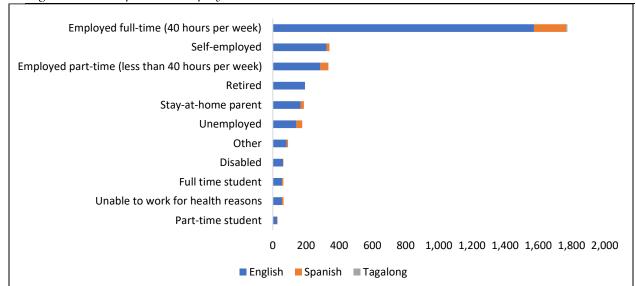
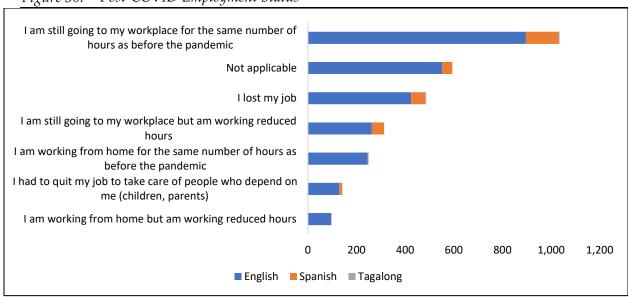


Figure 29. Respondent Employment Status Prior to COVID-19





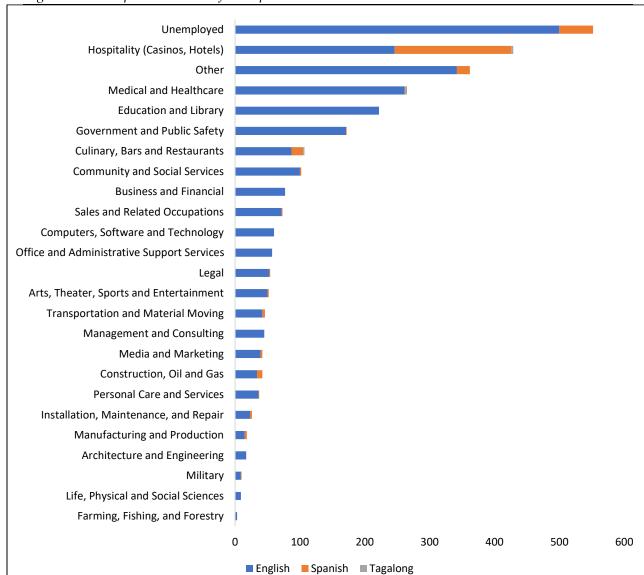


Figure 31. Respondent Areas of Occupation

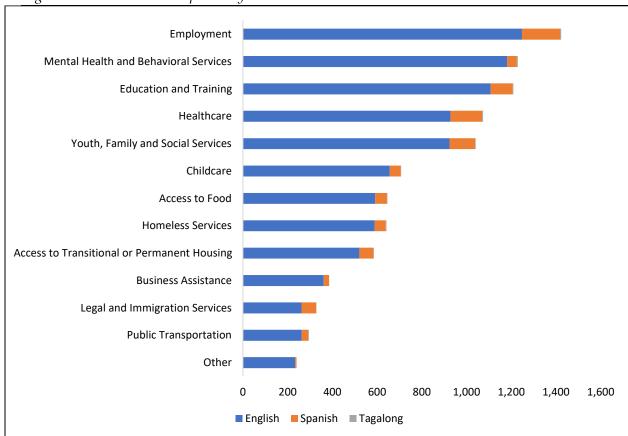


Figure 32. Areas Most Impacted by COVID-19

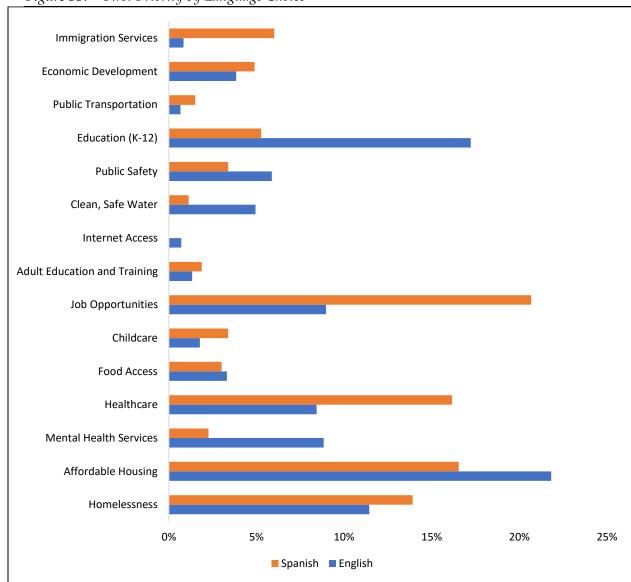


Figure 33. First Priority by Language Choice

1,600 1,400 1,200 1,000 800 600 400 200 Aftordable Househalth Services Hornelessness Her Healthcare teathrate 100 Opportunities tood access to prepare the Education 14.23) velopment Safety are Mater Childrane Public Safety Republic Sa and Haithing to Recess to Services and Haithing to the Hart Received to ■ First Priority ■ Second Priority ■ Third Priority Fourth Priority Fifth Priority

Figure 34. Combined Priorities

STAKEHOLDER SURVEY RESULTS

A second survey was created and sent to non-profit and community partners to gain more in-depth perspectives on community needs. A total of 46 responses were received. These highlighted similar themes to the community survey, including the need for investment in affordable housing and the outsized impacts of the pandemic on Clark County's most vulnerable populations. Figure 35 summarizes the types of services that respondents provide through their organizations. Over half of the respondents indicated they provide youth and family services, 48% provide homeless services, and 39% provide food services.

Figure 35. Approximately what percent growth have you seen in the size or need of the population(s) you serve as a result of the pandemic?

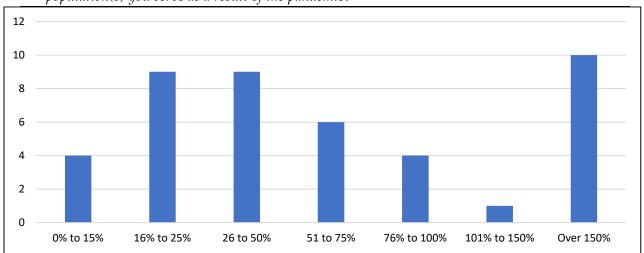
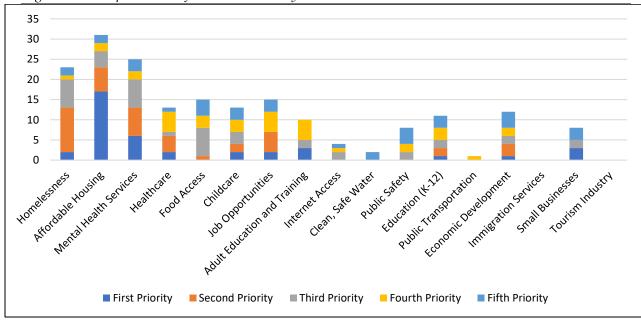


Figure 36. Top Priorities for Fiscal Recovery Funds



Appendix 3– Calls for Service Involving Homeless and Mentally Ill

