

State of Nevada

Department of Health and Human Services

Division of Child & Family Services (hereinafter referred to as the Department)

Agency Ref. #: 21027-20-011 Budget Account: 3145 Category: 48 GL: _____ Job Number: <u>21027A21</u>

NOTICE OF SUBAWARD

	INU	HCE OF	300	AVVAND			
Program Name: VOCA Victim Assistance DCFS Grants Management Unit DCFSGrants@dcfs.nv.gov				Subrecipient's Name: Washoe County Sheriff's (Heather Dreiling <u>HDreiling</u>	Office @washoecounty.gov		
Address:				Address:			
4126 Technology Way, 3 rd Floor				911 Parr Blvd			
Carson City, NV 89706-2009				Reno, NV 89512-1000			
Subaward Period:				Subrecipient's:			
July 1, 2022 through July 31, 2023			-	EIN:	88-6000138		
				Vendor #:	T40283400R	-	
				Dun & Bradstreet:	609738455		
Purpose of Award: Provide services and education	ate patrol, fro	ont desk, vo	olunteer s	staff, and the public on ser	vices offered to victims.		
Region(s) to be served: ☐ Statewide ☒ Sp	ecific county	or counties	s: Washo				
region(s) to be served.	como ocumy	or counties	5. VVQ5110				
			1 ====		ATION		
Approved Budget Categories:				ERAL AWARD COMPUT	ATION:	\$ \$	7,365.00
1. Personnel	\$0.00			Total Obligated by this Action: Cumulative Prior Awards this Budget Period:			0.00
2. Travel/Training	\$2,331.00		1 I -	Total Federal Funds Awarded to Date:			0.00
3. Operating		\$100.00	1	b Dequired DV MN *	Ammercad Match Waisser*		
4. Equipment			1	Match Required □ Y ⋈ N *Approved Match Waiver* Amount Required this Action:		\$ \$	0.00
· '	\$0.00		Amo	Amount Required Prior Awards:			0.00
5. Contractual/Consultant	\$0.00		- I _ · · · · · · · · · · · · · · · · · ·	Total Match Amount Required: Research and Development (R&D) □ Y ⋈ N			0.00
6. Other	* * * * * * * * * * * * * * * * * * * *		Fede	eral Budget Period:	(AD) LI AN		
TOTAL DIRECT COSTS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ber 1, 2019 through Septe	ember 30, 2023		
7. Indirect Costs \$0.00			eral Project Period: ber 1, 2019 through Septe	ember 30, 2023			
TOTAL APPROVED BUDGET	TOTAL APPROVED BUDGET \$7,365.00			,			
			FOR	AGENCY USE, ONLY			
Source of Funds American Rescue Plan Act of 2021, US %			CFDA:		Federal Grant #:	Federal G	Frant Award
Treasury - Coronavirus State and Local Fiscal Recovery Funds		Funds:	<u> </u>	· · · · · · · · ·	<u></u>		y Federal
							ency:
		100%	21.027	SLFRFP2634	SLFRFP2634	3/3	/2021
Agency Approved Indirect Rate: 0.00%				Subreci	pient Approved Indirect Ra	te: N/A	
Terms and Conditions:							
In accepting these grant funds, it is understood	that:						
This award is subject to the availabilit		iate funds.					
Expenditures must comply with any s			DHHS Gr	rant Instructions and Requ	irements, and the State Adn	ninistrative Ma	anual.
Expenditures must be consistent with							
Subrecipient must comply with all app							
Quarterly progress reports are due by	the 15 th of 6	each month	following	g the end of the quarter, ur	nless specific exceptions are	provided in w	vriting by the
grant administrator.				all I al Asth 6			
Financial Status Reports and Reques specific exceptions are provided in wr				monthly by the 15" of each	n month following the month	requesting, u	niess
Incorporated Documents:	ining by the s	grant daniii	notrator.	Section E: Audit Inf	formation Request;		
Section A: Grant Conditions and Assurances;				Section F: Current/Former State Employee Disclaimer;			
Section B: Description of Services, Scope of Work and Deliverables;				Section G: DHHS Confidentiality Addendum; and			
Section C: Budget and Financial Reporting Requirements;					g Funds Agreement		
Section D: Request for Reimbursement;					of Crime Act (VOCA) Assura	nce	
•				1	of Crime Act (VOCA) Special		
					, , , ,	T	
Authorized Subrecipient Official's Name and Title				Signat	ure		Date
Jean Booth							
Grants & Project Analyst II							
For Cindy Pitlock							