





State of Nevada
 Department of Health and Human Services
Aging and Disability Services Division

Agency Ref. #: **16-000-71-FRFX-24**
 Budget Account: 3278
 Category: 62
 GL: 8580
21027A21
 Job Number: (Func 2303)

SUBAWARD AMENDMENT # 2

Program Name: ASDS Grants Management Contact Name: Jeanette Garcia, Jeanette@adsd.nv.gov	Subrecipient's Name: Washoe County Contact Name: Ryan Gustafson, Director, Washoe County Human Services Agency / RGustafson@washoecounty.org						
Address: 1550 East College Parkway Carson City, NV 89706	Address: 1001 E 9 th Street Reno, NV 89512-2545						
Subaward Period: 10/01/2023 – 06/30/2025	Amendment Effective Date: Upon approval by all parties.						
This amendment reflects a change to: <input type="checkbox"/> Scope of Work <input checked="" type="checkbox"/> Term <input type="checkbox"/> Budget							
Reason for Amendment: <u>Extension of Subaward Period</u>							
Required Changes: <table style="width: 100%;"> <tr> <td style="width: 25%;">Current Language:</td> <td style="width: 50%;">Subaward Period: 10/01/2023 – 12/31/2024</td> <td style="width: 25%;"></td> </tr> <tr> <td>Amended Language:</td> <td>Subaward Period: 10/01/2023 – 06/30/2025</td> <td></td> </tr> </table>		Current Language:	Subaward Period: 10/01/2023 – 12/31/2024		Amended Language:	Subaward Period: 10/01/2023 – 06/30/2025	
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Amended Language:	Subaward Period: 10/01/2023 – 06/30/2025						
Incorporated Documents: N/A							

By signing this Amendment, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Authorized Subrecipient Official's Name, Title: Ryan Gustafson, Director -OR- Authorized Signer (Print Name and Title): <hr/>	Signature  	Date 1/14/25 12/31/2024
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