

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: ADSD 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:				
☐ Scope of Work		⊠ Term	☐ Budget	
Reason for Amendment: Extension of Subaward Period				
Required Changes: Current Language:	Subaward Period:			
	10/01/2023 – 12/3 1/2024			
Amended Language:	<u>Subaward Period</u> : 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:	Signature	Date
Ryan Gustafson, Director		1/14/25
-OR- Authorized Signer (Print Name and Title):	Ryan Gustafson	
Jeffrey S. Duncan, Agency Manager For Dena Schmidt, ADSD Administrator	ALSD_	12/31/2024