



State of Nevada  
 Department of Health and Human Services  
**Aging and Disability Services Division (ADSD)**

Award Number: 16-000-57-NX-19  
 Date: 01/28/2019  
 New or Revised: New  
 Funding FY: 2019  
 Award Type: Categorical

## NOTICE OF SUBAWARD

<b>ADSD Program Name:</b> Planning, Advocacy and Community Services (PAC) Unit Grants Management	<b>Subrecipient Name and Address:</b> Washoe County Human Services Agency 1001 E 9th Street; Reno, NV 89512
<b>Address:</b> 3416 Goni Road, #D-132 Carson City, NV 89706	<b>Program Name and Address:</b> Senior Services Division 1155 E. 9th Street; Reno, NV 89512
<b>Funded Service:</b> NSIP <b>Budget Period:</b> 10/01/2018 - 09/30/2019	<b>Subrecipient's:</b> <div style="text-align: right;"> <b>EIN:</b> 88-6000138  <b>Vendor #:</b> T40283400  <b>Dun &amp; Bradstreet:</b> 073786998         </div>

**Purpose of Award:** FY19 Nutrition Services Incentives Program (NSIP) Funding

**Region(s) to be served:**  Statewide  Specific county or counties: Washoe

<b>Approved Budget Categories:</b>		<b>AWARD COMPUTATION:</b>	
1. Personnel	<b>\$0.00</b>	Total Obligated by This Action:	\$220,990.00
2. Travel/Training	<b>\$0.00</b>	Cumulative Prior Awards this Budget Period:	\$0.00
3. Operating	<b>\$220,990.00</b>	Total Federal Funds Awarded to Date:	\$220,990.00
4. Equipment	<b>\$0.00</b>	Total State Funds Awarded to Date:	\$0.00
5. Contractual/Consultant	<b>\$0.00</b>	<b>Total Funds Awarded:</b>	<b>\$220,990.00</b>
6. Other	<b>\$0.00</b>	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>TOTAL DIRECT COSTS</b>	<b>\$220,990.00</b>	Amount Required This Action:	\$0.00
7. INDIRECT COSTS	<b>\$0.00</b>	Amount Required Prior Awards:	\$0.00
8. MATCH	<b>\$0.00</b>	Total Match Amount Required:	\$0.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$220,990.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Source(s) of Funds and %:	Award:	Supplement:	Deobligation:	Total Awarded:	CFDA / Federal Award Agency & Award #:
NSIP	100.0%	\$220,990.00		<b>\$220,990.00</b>	93.053 / ACL 1901NVOANS

**Terms and Conditions:**  
 Special Conditions:  
 1. NSIP funds must be used to purchase domestically produced foods for Title III-C nutrition projects - Older Americans Act, 311(d)(4).

In accepting these funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, ADSD Requirements and Procedures for Grant Programs (RPGPs), and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
- Subrecipient must comply with all applicable Federal and State regulations.
- Subrecipient must comply with the scope of services, outreach, budget and assurances defined in its approved grant application.
- Financial, programmatic reports and/or data entry are due according to ADSD's Subrecipient Reporting Schedule, unless specific exceptions are provided in writing by the award administrator, or funds may be withheld. The Reporting Schedule is available online at: <http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/Reporting/ReportingSchedule.pdf>
- Subrecipient agrees to a limited scope audit to settle any financial disagreements or disputes. Audit costs are to be paid by the Subrecipient.

**Incorporated Documents:**

**Included with the Notice of Subaward:**

- Section A: Confidentiality Addendum (signature required)
- Section F: Financial Report and Request for Funds

**Download the following documents online for review/signature:** <http://adsd.nv.gov/Programs/Grant/SubawardIncorporatedDocs/>

- Section B: Assurances
- Section C: Budget and Financial Reporting Requirements
- Section D: Current/Former State Employee Disclaimer (signature required)
- Section E: Audit Information Request (signature required)

**Subaward Acceptance:**

Subrecipient Authorized Official - Name and Title:	Signature:	Date:
ADSD Authorized Official - Name and Title:	Signature:	Date:
Jeffrey S. Duncan, PAC Social Services Chief II for Dena Schmidt, Administrator		01/31/2019

Award Number: 16-000-57-NX-19

STATE OF NEVADA  
**AGING AND DISABILITY SERVICES DIVISION**  
NOTICE OF SUBAWARD

**SECTION A**

**Confidentiality Addendum**

BETWEEN

**Nevada Aging and Disability Services Division**

Hereinafter referred to as "Division"

and

**Washoe County**

**Subaward Grant Number: 16-000-57-NX-19**

Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Subrecipient.

WHEREAS, Subrecipient may have access, view or be provided information, in conjunction with goods or services provided by Subrecipient to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Subrecipient agree as follows:

I. **DEFINITIONS**

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other protected information in any form or media.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. **TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. **LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT**

Subrecipient shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

V. **USE OR DISCLOSURE OF INFORMATION**

Subrecipient may use information as stipulated in the primary agreement if necessary for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Division. Subrecipient may disclose information if:

**STATE OF NEVADA**  
**AGING AND DISABILITY SERVICES DIVISION**  
**NOTICE OF SUBAWARD**

1. The disclosure is required by law; or
2. The disclosure is allowed by the agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the Division.

**VI. OBLIGATIONS OF SUBRECIPIENT**

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.
2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

**IN WITNESS WHEREOF**, Subrecipient and the Division have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

**SUBRECIPIENT'S ORGANIZATION**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**DIVISION**

  
\_\_\_\_\_  
Signature Date 01/31/2019

Jeffrey S. Duncan, Social Services Chief II  
Jeffrey S. Duncan for Dena Schmidt

Administrator,  
Aging and Disability Services Division  
Title

**STATE OF NEVADA**  
**AGING AND DISABILITY SERVICES DIVISION**  
**NOTICE OF SUBAWARD**

**SECTION B**

**Assurances**

As a condition of receiving sub-awarded funds from the State of Nevada, Aging and Disability Services Division (ADSD), the Subrecipient agrees to the following conditions:

1. Grant funds may not be used for purposes other than the awarded purpose. In the event Subrecipient expenditures do not comply with this condition, that portion not in compliance must be refunded to ADSD. This subaward cannot be transferred to another entity without the written approval of ADSD.
2. The Subrecipient understands that it must demonstrate outreach to seek additional funding from other resources to ensure that the services funded by this subaward can be sustained after the funding cycle concludes.
3. The Subrecipient must maintain and utilize Internet access (i.e., web browsing, e-mail) for reporting and communication purposes with ADSD.
4. On-site evaluations and verification of client satisfaction, through in-home client visits, telephone surveys, service ride-along trips, or other means, will be conducted by ADSD staff according to the Subrecipient's risk assessment category for the purpose of determining the progress and outcomes of the funded service, client satisfaction and compliance with grant conditions.
5. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by ADSD, may result in denial of reimbursement.
6. Approval of subaward budget by ADSD constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Reference the Requirements and Procedures for Grant Programs (RPGPs) for instructions on shifting/transferring funds from one category to another. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
7. Recipients of subawards are required to maintain subaward accounting records, identifiable by subaward grant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received the ADSD fiscal auditor. Records may be destroyed by the Subrecipient five (5) calendar years after the final financial and programmatic reports have been submitted to ADSD.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subawards.

Subaward accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subaward. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subaward activity.

8. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subaward. ADSD reserves the right to disqualify any Subrecipient on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
9. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
10. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations.

STATE OF NEVADA  
**AGING AND DISABILITY SERVICES DIVISION**  
NOTICE OF SUBAWARD

11. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the Subrecipient agrees to enter into a Business Associate Agreement with ADSD as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed, then a Confidentiality Agreement will be entered into.
12. To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Division with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.
13. To comply with the requirements of the Drug-Free Workplace Act of 1988, as implemented at 45 C.F.R. 82, as amended.
14. Subrecipient certifies, by signing this notice of subaward, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every Subrecipient receiving any payment in whole or in part from federal funds.
15. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subaward will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. Any federal, state, county or local agency, legislature, commission, council, or board;
  - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
16. Division subawards are subject to inspection and audit by representative of ADSD, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
17. Any audit of Subrecipient's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subaward funds. It is the policy of ADSD, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***State of Nevada, Aging and Disability Services Division***  
***Attn: Grants Management***  
***1860 E. Sahara Avenue***  
***Las Vegas, NV 89104***  
***Or [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov)***

This copy of the final audit must be sent to ADSD within nine (9) months of the close of the Subrecipient's fiscal year. **To acknowledge this requirement and document auditing information, Section D (Audit Information Request) of this Notice of Subaward must be completed by all subrecipients.**

THIS SPACE INTENTIONALLY LEFT BLANK

STATE OF NEVADA  
**AGING AND DISABILITY SERVICES DIVISION**  
NOTICE OF SUBAWARD

**SECTION C**

**Budget and Financial Reporting Requirements**

Subrecipient agrees to adhere to the approved budget, as outlined on the Notice of Subaward and within the approved grant application, or most current, approved revision or modification. Reference the ADSD Requirements and Procedures for Grant Programs (RPGPs) for instruction on shifting/transferring funds from one category to another. RPGPs are online at <http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf>.

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the State of Nevada, Aging and Disability Services Division (ADSD), through Grant Number [reference Subaward for grant number] from [reference Subaward for federal funding agency, as applicable]. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of ADSD [nor (enter federal agency, if applicable)]." An approved ADSD logo must be applied to the outside of all vehicles purchased with ADSD grant funds.

Any activities performed under this subaward shall acknowledge the funding was provided through ADSD by Grant Number [reference Subaward for grant number] [from (enter federal agency, if applicable)].

Equipment purchased with these funds belongs to the federal or state program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the performance period.

- Payments will be issued as monthly or quarterly reimbursements, unless approved justification for advance payments is on file with ADSD, specific to the Subaward grant period and funded service.
- The Notice of Subaward designates a ceiling of participation by ADSD.
- Requests for Reimbursement and Reconciliation of Advance Payments will be accompanied by supporting documentation, including a line item description of expenses incurred. Additional expenditure detail or back-up documentation will be provided upon request from ADSD.
- Request funding for reimbursements within 30 days of the CLOSE OF THE SUBAWARD PERIOD unless otherwise directed by ADSD.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to ADSD within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to ADSD at that time, or if not already requested, shall be deducted from the final award.

**ADSD agrees:**

- To provide technical assistance, upon request from the Subrecipient.
- ADSD reserves the right to hold advance payments or reimbursements under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by ADSD.

**STATE OF NEVADA**  
**AGING AND DISABILITY SERVICES DIVISION**  
**NOTICE OF SUBAWARD**

**Both parties agree:**

ADSD subaward monitoring will be conducted according to the risk category of the award and subrecipient.

The Subrecipient will, in the performance of the funded service specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out and sign Section F, which is specific to this subaward, and will be in effect for the term of this subaward.

All reports of expenditures and requests for reimbursement processed by ADSD are SUBJECT TO AUDIT.

This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason ADSD, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired. The Subrecipient also understands that significant and unjustified lack of progress in achieving its goals and/or major noncompliance with grant conditions, may result in action ranging from the withholding of funds, to a termination of the grant award prior to the end of the grant period. In addition, a finding of misappropriation or misuse of the funds could result in an action for re-claiming of funds already paid.

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> of the month.
- Requests for Advance Payments, with reconciliation of previous advance payments received in the grant period, must be received by the 15<sup>th</sup> calendar day preceding the month requested. To request Advanced Payments, grantees must have submitted a request to ADSD, provided justification and received written approval from ADSD. Approved justification must be on file for each grant in which the Subrecipient will request Advance Payments.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward. Expenditures must be reasonable, allowable and allocable as outlined in the RPGPs.

THIS SPACE INTENTIONALLY LEFT BLANK

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**AGING AND DISABILITY SERVICES DIVISION**  
NOTICE OF SUBAWARD  
Section D

**Notification of Utilization of Current or Former State Employee**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subgrant?

- YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.
- N/A  Subrecipient is exempt per NRS 333.705, 9(a-e).

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____

**Subgrantee agrees that any employees listed cannot perform work until approval has been given from the Division.**

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Washoe County  
Subrecipient Organization

Director  
Title

16-000-57-AX-19  
NOSA Award #:

STATE OF NEVADA  
**AGING AND DISABILITY SERVICES DIVISION**  
NOTICE OF SUBAWARD

**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

**State of Nevada, Aging and Disability Services Division**  
**Attn: Grants Management**  
**1860 E. Sahara Avenue**  
**Las Vegas, NV 89104**  
**Or ADSDGrants@adsd.nv.gov**

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?

YES       NO

*If NO, skip numbers 3 - 8.*

3. When does your organization's fiscal year end?  
4. What is the official name of your organization?  
5. How often is your organization audited?  
6. When was your last audit performed?  
7. What time period did your last audit cover?  
8. Which accounting firm conducted your last audit?

6/30/2018  
Washoe County  
Annually  
7/9-13/2018  
7/1/17 - 6/30/2018  
Eide Bailly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Department of Health and Human Services  
Aging and Disability Services Division (ADSD)**

For ADSD Use Only

Reviewed By: \_\_\_\_\_

Reconciliation Approved:  Yes  No  
 N/A

**Request for Funds and Financial Reporting**

Date: \_\_\_\_\_

<b>Subrecipient Name:</b> Washoe County Human Services Agency	<b>Program Name:</b> Senior Services Division
<b>Subrecipient Address:</b> 1001 E 9th Street; Reno, NV 89512	<b>Program Address:</b> 1155 E. 9th Street; Reno, NV 89512
<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400	<b>Award Number:</b> 16-000-57-NX-19 <b>Budget Period:</b> 10/01/2018 - 09/30/2019

**REQUEST FOR FUNDS and FINANCIAL REPORTING**

<b>Month(s):</b> _____	<b>Award Amount:</b> \$220,990.00
<b>Calendar Year:</b> _____	<b>Carryover - Previous FY:</b> _____
<input type="checkbox"/> ORIGINAL REQUEST <input type="checkbox"/> ADVANCE	<b>Revised Award Amount:</b> \$220,990.00
<input type="checkbox"/> REVISED REQUEST <input type="checkbox"/> REIMBURSEMENT	<b>Award - Cash on Hand:</b> _____

	A	B	C	D	E	F
Approved Budget Category	Approved Budget	Total Prior Requests	Current Request	Year to Date Total	Budget Balance	Percent Requested
1 Personnel	\$0.00	\$0.00		\$0.00	\$0.00	-
2 Travel/Training	\$0.00	\$0.00		\$0.00	\$0.00	-
3 Operating	\$220,990.00	\$0.00		\$0.00	\$220,990.00	0.00%
4 Equipment	\$0.00	\$0.00		\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00		\$0.00	\$0.00	-
6 Other	\$0.00	\$0.00		\$0.00	\$0.00	-
7 Indirect Costs/ Admin Expenses	\$0.00	\$0.00		\$0.00	\$0.00	-
<b>Total</b>	\$220,990.00	\$0.00	<b>\$0.00</b>	\$0.00	\$220,990.00	<b>0.00%</b>

**Additional Financial Reporting - All Award Types**

Budget Item	Required Amount	Total Prior Months	Current Amount	Year to Date Total	Budget Balance	Percent Provided
1 Match	\$0.00	\$0.00		\$0.00	\$0.00	-
2 Program Income	N/A	\$0.00		\$0.00	N/A	N/A

N/A

**Additional Financial Reporting - Fixed-Fee Awards Only ~ SERVICE:**

Choose Service From Menu Rate(s):	Number of Units of Service		Funding Earned		Balance to be Earned	Percent Earned
	Previous Periods	This Period	This Period	Total/All		
1	0.00		-		\$220,990.00	0.00%
2	0.00		-			

N/A

**Advance Payment Reconciliation**

Budget Categories or Specific Components (Expand rows as needed)	Month:	Total Funds to Date				
	Received	Expended	Funds Advanced	Expended	Balance	Percent Expended
			\$0.00	\$0.00	\$0.00	-
			\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the subaward; and that the amount of this request is not in excess of current needs or, cumulatively for the award term, in excess of the total approved subaward. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached are correct.

--	--	--

<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>
<b>Subrecipient Contact Name and Title for Follow-Up:</b> _____		
<b>Email Address:</b> _____	<b>Phone Number:</b> _____	

Revised 9-6-2018