



State of Nevada
Department of Health and Human Services
Grants Management Unit
(hereinafter referred to as the Department)

Agency Ref. #: **DO 1088**
Budget Account: **3155**
Category: **29**
GL: **8516**
Sub Account: **03**

NOTICE OF SUBAWARD

Program Name: Account for Family Planning Grants Management Unit Julia Peek / jpeek@health.nv.gov	Subrecipient's Name: Washoe County Health District Lisa Lottritz / llottritz@washoecounty.us
Address: 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	Address: 1001 E 9 th Street, Bldg. B, P.O. Box 11130 Reno, NV 89512-2845
Subaward Period: November 1, 2019 through June 30, 2021	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: Provide family planning services to people with difficulties obtaining such services.

Region(s) to be served: ☐ Statewide ☒ Specific county or counties: Washoe County

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$312,999.00	Total Obligated by this Action:	\$ 0.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$121,300.00	Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment	\$0.00	Match Required ☐ Y ☒ N	
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 0.00
6. Training	\$0.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$0.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$434,299.00	Research and Development (R&D) ☐ Y ☒ N	
8. Indirect Costs	\$60,802.00	Federal Budget Period: N/A	
TOTAL APPROVED BUDGET	\$495,101.00	Federal Project Period: N/A	
		FOR AGENCY USE, ONLY	

Source of Funds: State General Fund	% Funds: N/A	CFDA: N/A	FAIN: N/A	Federal Grant #: N/A	Federal Grant Award Date by Federal Agency: N/A
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Agency Approved Indirect Rate: N/A

Subrecipient Approved Indirect Rate: 14%

Terms and Conditions:

In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
4. Subrecipient must comply with all applicable Federal regulations
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:

Section A: Grant Conditions and Assurances;
Section B: Description of Services, Scope of Work and Deliverables;
Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;

Section E: Audit Information Request;
Section F: Current/Former State Employee Disclaimer;
Section G: DHHS Business Associate Addendum; and

[Signature]
11/27/19

Kevin Dick, District Health Officer Washoe County Health District	<i>[Signature]</i>	Date 12/12/19
Connie Lucido, Chief Grants Management Unit Department of Health and Human Services	<i>[Signature]</i>	12/16/19
Julia Peek, Deputy Administrator Community Health Services Division of Public and Behavioral Health	<i>[Signature]</i>	12/13/19