




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

Agency Ref. #: **16-000-04-2H-25**  
Unit: **3278**  
Sub Unit: **33 / 13**  
GL: **8582**  
Reporting: **N/A / STATEC25 / 9304525C**

## SUBAWARD AMENDMENT #1

<b>Program Name:</b> ADSD Grants Management Contact Name: Laurienne Riley, LRiley@adsd.nv.gov	<b>Subrecipient's Name:</b> Washoe County Contact Name: Ryan Gustafson, Director, Washoe County Human Services Agency / RGustafson@washoecounty.gov		
<b>Address:</b> 1550 East College Parkway Carson City, NV 89706	<b>Address:</b> 1001 E. 9th Street Reno, NV 89512-2845		
<b>Subaward Period:</b> 10/01/2024 – 09/30/2025	<b>Amendment Effective Date:</b> Upon approval by all parties.		
<b>This amendment reflects a change to:</b> <input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Supplement			
<b>Reason for Amendment:</b> <u>Supplement</u>			
<b>Required Changes:</b> <b>Current Language:</b> Total reimbursement through this subaward will not exceed \$841,084.63. See Sections B, C, and H of the original subaward. <b>Amended Language:</b> Total reimbursement through this subaward will not exceed \$1,401,084.63. See attached Sections C and H revised on 04/22/2025.			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$0.00	\$0.00	\$0.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$32,803.00	(\$1.00)	\$32,802.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$808,281.63	\$560,001.00	\$1,368,282.63
6. Other	\$0.00	\$0.00	\$0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$841,084.63</b>	<b>\$560,000.00</b>	<b>\$1,401,084.63</b>
7. Indirect Costs	\$0.00	\$0.00	\$0.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$841,084.63</b>	<b>\$560,000.00</b>	<b>\$1,401,084.63</b>
<b>Incorporated Documents:</b> Notice of Subaward - State Funding Sheet Notice of Subaward - Federal Funding Sheet Section C: Budget and Financial Reporting Requirements Section H: Matching Funds Agreement			

**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, Washoe County Human Services -OR- Authorized Signer (Print Name and Title): _____	Signature 	Date 5/16/2025
Jeffrey S. Duncan, Agency Manager For Dena Schmidt, ADSD Administrator		04/22/2025

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

**NOTICE OF SUBAWARD - STATE FUNDING SHEET**

<b>State Award Computation</b>				
Total Obligated by this Action:	\$		0.00	
Cumulative Prior Awards this Budget Period:	\$		617,676.00	
Total State Funds Awarded to Date:	\$		<b>617,676.00</b>	
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:	\$		0.00	
Amount Required Prior Awards:	\$		92,651.00	
Total Match Amount Required:	\$		<b>92,651.00</b>	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>State Budget Period:</b> 07/01/2024 – 06/30/2025				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b> State Nutrition C2, 3278.33	<b>% Funds:</b> 44%	<b>CFDA:</b> N/A	<b>FAIN:</b> N/A	<b>FEDERAL GRANT #:</b> N/A
<b>Federal Grant Award Date by Federal Agency:</b>		N/A		

<b>State Award Computation</b>				
Total Obligated by this Action:	\$		31,112.00	
Cumulative Prior Awards this Budget Period:	\$		12,412.00	
Total State Funds Awarded to Date:	\$		<b>43,524.00</b>	
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:	\$		4,667.00	
Amount Required Prior Awards:	\$		1,862.00	
Total Match Amount Required:	\$		<b>6,529.00</b>	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>State Budget Period:</b> 07/01/2024 – 06/30/2025				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b> State Match, III-C2 FFY25 - 3278.13 / STATE25C	<b>% Funds:</b> 3%	<b>CFDA:</b> N/A	<b>FAIN:</b> N/A	<b>FEDERAL GRANT #:</b> N/A
<b>Federal Grant Award Date by Federal Agency:</b>		N/A		

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

**NOTICE OF SUBAWARD - FEDERAL FUNDING SHEET**

<b>Federal Award Computation</b>				
Total Obligated by this Action:	\$		528,888.00	
Cumulative Prior Awards this Budget Period:	\$		210,996.63	
Total Federal Funds Awarded to Date:	\$		<b>739,884.63</b>	
Match Required <input type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:	\$		79,333.00	
Amount Required Prior Awards:	\$		31,650.00	
Total Match Amount Required:	\$		<b>110,983.00</b>	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> 10/01/2024 - 09/30/2026				
<b>Federal Project Period:</b> 10/01/2024 - 09/30/2026				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b> Administration for Community Living (ACL); Older Americans Act, Title III-C2 - 3278.13 / 9304525C	<b>% Funds:</b> 53%	<b>CFDA:</b> 93.045	<b>FAIN:</b> N/A	<b>FEDERAL GRANT #:</b> 2501NVOAHD-00
<b>Federal Grant Award Date by Federal Agency:</b>	TBD			

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

**SECTION C - AMENDED**

**Budget and Financial Reporting Requirements**

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 Nevada State Department of Health and Human Services through Grant Number 16-000-04-2H-25 from the Aging and Disability Services Division (ADSD). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor ADSD.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 16-000-04-2H-25 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget:

<b>Applicant Name:</b>	Washoe County Human Services Agency	<b>Type of Service:</b>	Nutrition Services for Older Adults
<b>Type of Subaward (Fixed-Fee or Categorical), if known:</b>		Fixed Fee	

Operating		Total: \$32,802.00
Include specific facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.		
Enter Description(s) Below:		Amount:
Fuel (average \$3,500/ month * approximatley 12 months) * 29.529%		\$12,402.00
Software (average \$1700/ month * approximatley 12 months)		\$20,400.00
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Contractual		Total: \$1,368,282.63
Explain the need and/or purpose for the contractual or consultant service. Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Only include costs for which there is a <u>written agreement or contract</u> . Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. Expand rows as needed.		
Enter Name of Contractor, Subrecipient here: Trio		\$1,356,193.80
Method of Selection: Competitive Bid		
Period of Performance: 10/01/2024 - 09/30/2025		
Scope of Work: Vendor will manage food purchases, meal preparation, and staffing for the senior nutrition program as well as coordinate with volunteer staff as available.		
Sole Source Justification: NA		
Method of Accountability: Monthly reporting and on-site monitoring and review. Program Coordinator will supervise the contractor's work.		
Other Justification: (Other information that will help justify the use of this contractor.)		
Cost Calculation: Per contract resulting from RFP/Competitive Bid. Grant reimbursement \$3.90 * 347,742 meals = \$1,356,193.80		
Enter Name of Contractor, Subrecipient here: Sierra Senior Services		\$12,088.83
Method of Selection: Sole Source		
Period of Performance: 10/01/2024 - 09/30/2025		
Scope of Work: Vendor will manage food purchases, meal preparation, and staffing for the senior nutrition program as well as coordinate with volunteer staff as available.		
Sole Source Justification: Incline Village is a secluded region in Washoe County. The only vendor that we have been able to source for this service delivery is Sierra Senior Services.		
Method of Accountability: Monthly reporting and on-site monitoring and review. Program Coordinator will supervise the contractor's work.		
Other Justification: (Other information that will help justify the use of this contractor.)		
Cost Calculation: Per contract and meal reimbursement rates. \$3.90 x 3099.70 meals = \$12,088.83		

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

<b>TOTAL DIRECT PROJECT COSTS</b>	<b>\$1,401,084.63</b>
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<b>Administrative Expenses or Federal Indirect Cost Rate (FICR)</b>		<b>Total: \$0.00</b>
Administrative expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed below, depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Indirect/administrative expenses do not apply to fixed-fee subawards or portions of subawards. Indirect expenses must be applied using the agency's Federal Indirect Cost Rate (FICR) or Modified Total Direct Costs (MTDC) which excludes capital expenditures and items such as pass-through funds, major subcontract(s) etc. over the first \$25,000 in that category, as applicable. Reference the Grant Instructions and Requirements GIR-20-12.		
Choose ONE type of rate according to funding source and provide calculation or explanations:		<b>RATE:</b>
1. Independent Living Grant (ILG)/FHN State Funds: 8%		
2. Federal/Other State Funding: 10% de minimis (Modified Total Direct Costs - MTDC)		
3. Federal Indirect Cost Rate (FICR): Identify approved FICR & attach letter to application. In cell below, describe how the total indirect amount was calculated based on letter guidance and exceptions. Expand row as needed.		
FICR Calculation:		
Other Explanations:		

<b>TOTAL BUDGET REQUEST</b>	<b>\$1,401,084.63</b>
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**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION  
NOTICE OF SUBAWARD**

<b>Applicant Name:</b>	Washoe County Human Services Agency	<b>Type of Service:</b>	Nutrition Services for Older Adults
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**ADSD Subaward Application  
PROPOSED BUDGET SUMMARY**

Enter Info in Orange Cells

<b>A. FUNDING SOURCES</b>	<b>ADSD Funds</b>	<b>MATCH</b>	<b>Senior Services Nutrition Program Budget</b>	<b>[Enter name of Other Funding, if applicable]</b>	<b>[Enter name of Other Funding, if applicable]</b>	<b>[Enter name of Other Funding, if applicable]</b>	<b>[Enter name of Other Funding, if applicable]</b>	<b>TOTAL</b>
PENDING OR SECURED	Pending	Secured	Secured					
<b>ENTER TOTAL FUNDING</b>	\$1,401,084.63	\$210,163.00	\$1,070,341.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,681,588.63

**EXPENSE CATEGORY**

Personnel	\$0.00	\$210,163.00	\$673,382.00					\$883,545.00
Travel	\$0.00							\$0.00
Operating	\$32,802.00		\$386,959.00					\$419,761.00
Equipment	\$0.00		\$10,000.00					\$10,000.00
Contractual/Consultant	\$1,368,282.63							\$1,368,282.63
Other Expenses	\$0.00							\$0.00
Indirect	\$0.00							\$0.00
<b>TOTAL EXPENSE</b>	<b>\$1,401,084.63</b>	<b>\$210,163.00</b>	<b>\$1,070,341.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,681,588.63</b>
<b>These boxes should equal zero</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Total Indirect Cost	\$0.00						Total Program Budget	\$2,681,588.63
Indirect % of Budget	0.00%						ADSD Percent of Program Budget	52%

**B. Comments regarding budget summary, if applicable.**

**C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.**

All match is secured. Match will be provided from the salary and fringe of support staff and operating costs associated with providing Home Delivered Meals. These positions manage the process for home delivered meals, intake, case management and applications, as well as information referrals.

**D. List potential amounts and sources of program income (required); and describe if the project plans to have a sliding fee scale or voluntary contributions.**

Washoe County Human Services Agency offers every nutrition program participant the opportunity to make a voluntary confidential donation to support the program. The suggested donation for participants 60 and over is \$2.00. Participants under the age of 60 are charged \$4.00.



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

- Department of Health and Human Services policy allows no more than 10% flexibility of the total, not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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 subaward period.

- Total reimbursement through this subaward will not exceed \$1,401,084.63;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- Identify specific items Aging and Disability Services Division must provide or accomplish to ensure successful completion of this project, such as:
  - Providing technical assistance, upon request from the Subrecipient;
  - Providing prior approval of reports or documents to be developed;
  - Forwarding a report to another party, i.e. Administration for Community Living (ACL).
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

**Both parties agree:**

- Aging and Disability Services Division will conduct programmatic and financial monitoring of the project on an annual basis or as determined necessary based on a risk assessment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, 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 the Department 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 the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**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.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.

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

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

**SECTION H - AMENDED**

**Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County (referred to as "Subrecipient").

<b>Program Name</b>	ADSD Grants Management	<b>Subrecipient Name</b>	Washoe County
<b>Federal Grant Number</b>	2501NVOAHD-00	<b>Subaward Number</b>	16-000-04-2H-25
<b>Federal Amount</b>	\$739,884.63	<b>Contact Name</b>	Ryan Gustafson, Director, Washoe County Human Services Agency
<b>State Amount</b>	\$661,200.00	<b>Address</b>	1001 E. 9th Street Reno, NV 89512-2845
<b>Non-Federal (Match) Amount</b>	\$210,163.00		
<b>Total Award</b>	\$1,401,084.63		
<b>Performance Period</b>	10/01/2024 – 09/30/2025		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

**FINANCIAL SUMMARY FOR MATCHING FUNDS**

<b>Total Amount Awarded</b>	<b>\$1,401,084.63</b>
<b>Required Match Percentage</b>	<b>15%</b>
<b>Total Required Match</b>	<b>\$210,163.00</b>

Approved Budget Category		Budgeted Match
1	Personnel	\$210,163.00
2	Travel	\$0.00
3	Operating	\$0.00
4	Contract/Consultant	\$0.00
5	Other	\$0.00
6	Indirect Costs	\$0.00
<b>Total</b>		<b>\$210,163.00</b>

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