



State of Nevada  
 Department of Health and Human Services  
**Office of Community Partnership and Grants**

Agency Ref. #: **1101**  
 Budget Account: 3195  
 Category: 67  
 GL: \_\_\_\_\_  
 Job Number: \_\_\_\_\_

### NOTICE OF SUBAWARD

<b>Program Name:</b> Differential Response	<b>Subrecipient's Name:</b> Washoe County
<b>Address:</b> P.O. Box 11130 Reno, NV 89520	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Project Period:</b> 7/1/2018 through 6/30/2019 <b>Budget Period:</b> 7/1/2018 through 6/30/2019	<b>Subrecipient's:</b> EIN: _____ Vendor #: <b>T40284300A</b> Dun & Bradstreet: <b>07-3786998</b>

**Purpose of Award:** Differential Response

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

Approved Budget Categories:	AWARD COMPUTATION:
1. Personnel <b>\$135,292.00</b>	Total Obligated by This Action: \$ 142,545.00
2. Travel/Training <b>\$0.00</b>	Cumulative Prior Awards this Budget Period: \$ 0.00
3. Operating <b>\$0.00</b>	Total Federal Funds Awarded to Date: \$ 0.00
4. Equipment <b>\$0.00</b>	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. Contractual/Consultant <b>\$7,253.00</b>	Amount Required This Action: \$ 0.00
6. Other <b>\$0.00</b>	Amount Required Prior Awards: \$ 0.00
<b>TOTAL DIRECT COSTS \$142,545.00</b>	Total Match Amount Required: \$ 0.00
7. INDIRECT COSTS	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
8. MATCH	Must be completed for federal funding sources. If multiple federal sources apply, fill out the optional Subaward Additional Funding Sheet and leave this section blank.
<b>TOTAL APPROVED BUDGET \$142,545.00</b>	

<b>Source of Funds:</b> FHN-DR	<b>CFDA:</b>	<b>FAIN:</b>	<b>Federal Grant #:</b>
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<b>Federal Grant Award Date by Federal Agency:</b>	Insert Date of Federal Award
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**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.
7. Subrecipients are required to:

**Incorporated Documents:**

Section A: 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 Confidentiality Addendum or Business Associate Addendum  
Section H: Grant Instructions and Requirements

Authorized Official Name	Signature	Date
Grant Manager Name:		
OCPG Chief: Cynthia Routh Smith		
DHHS Director: Richard Whitley		

Note: This document should not contain any red text when completed.