State of Nevada
Department of Health and Human Services
Division of Public & Behavioral Health
(Hereinafter referred to as the Department)

Agency Ref, #: SG-2025-00670-1
Budget Account: 3170

NOTICE OF SUBAWARD

Program Name: Community Mental Health Services Office of Behavioral Health Wellness and Prevention Heather Kuhn / hkuhn@health.nv.gov	**Subrecipient's Name:** Washoe County Human Services Ida Peeks / ipeeks@washoecounty.gov
Address: 4126 Technology Way Carson City, Nevada 89706	**Address:** 350 S Center St Reno, Nevada, 89501
Subaward Period: 2024-10-01 through 2025-09-30	**Subrecipient's:** **EIN:** 88-6000138 **Vendor #:** T40283400A **UEI #:** GPR1NY74XPQ5

Purpose of Award: To fund scope of work of selected eligible SAMHSA Mental Health Block Grant activities by Washoe County Behavioral Health Policy Board regional coordinator.

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

Approved Budget Categories	
1. Personnel	$104,756.00
2. Travel	$0.00
3. Operating	$0.00
4. Equipment	$0.00
5. Contractual/Consultant	$0.00
6. Training	$0.00
7. Other	$0.00
TOTAL DIRECT COSTS	$104,756.00
8. Indirect Costs	$10,476.00
TOTAL APPROVED BUDGET	$115,232.00

Terms and Conditions:
In accepting these grant funds, it is understood that:
1. This award is subject to the availability of appropriated 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 15th 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: Descriptions 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 or Former State Employee Disclaimer
Section G: Business Associate Addendum
Section H: Matching Funds Agreement (optional: only if matching funds are required)

Name	Signature	Date
Ryan Gustafson, Director	Ryan Gustafson	9/16/25
Shannon Bennett, Bureau Chief		
for Dena Schmidt Administrator, DPBH		

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Federal Award Computation		Match	
Total Obligated by this Action:	$7,250.00	Match Required ☐ Y ☑ N	0.00%
Cumulative Prior Awards this Budget Period:	$107,982.00	Amount Required this Action:	$0.00
Total Federal Funds Awarded to Date:	$115,232.00	Amount Required Prior Awards:	$0.00
		Total Match Amount Required:	$0.00

Research and Development ☐ Y ☑ N

Federal Budget Period	Federal Project Period
10/1/2023 through 9/30/2025	10/1/2023 through 9/30/2025

FOR AGENCY USE ONLY

FEDERAL GRANT #:	Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant Award Date by Federal Agency:
1B09SM089639-01	Block Grants for Community Mental Health Services	100.00	93.958	B09SM089639-01	1/19/2024

Budget Account	Category	GL	Function	Sub-org	Job Number
3170	15	8516	0820	000	9395824