



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

Agency Ref. #: **SG 26402**  
Budget Account: **3170**  
Category: **45**  
GL: **8516**  
Job Number: **93958A2X**

**NOTICE OF SUBAWARD**

|   |   |
|---|---|
| <b>Program Name:</b><br>Bureau of Behavioral Health Wellness and Prevention<br>Veronica Portillo-Bradford / vportillo@health.nv.gov | <b>Subrecipient's Name:</b><br>Washoe County Human Services Agency<br>Ida Peeks/ipeeks@washoecounty.us        |
| <b>Address:</b><br>4126 Technology Way, Suite 200<br>Carson City, NV 89706-2009   | <b>Address:</b><br>360 S. Center St.<br>Reno, NV 89502-0027   |
| <b>Subaward Period:</b><br>October 1, 2023 through September 30, 2024   | <b>Subrecipient's:</b><br>EIN: <b>88-6000138</b><br>Vendor #: <b>T40283400A</b><br>UEI #: <b>GPR1NY74XPQ5</b> |

**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

|                                    |                     |   |               |
|------------------------------------|---------------------|---|---------------|
| <b>Approved Budget Categories:</b> |                     | <b>FEDERAL AWARD COMPUTATION:</b>   |               |
| 1. Personnel                       | <b>\$95,034.00</b>  | Total Obligated by this Action:   | \$ 107,930.00 |
| 2. Travel                          | <b>\$2,684.00</b>   | Cumulative Prior Awards this Budget Period:   | \$ 0.00       |
| 3. Operating                       | <b>\$0.00</b>       | Total Federal Funds Awarded to Date:  | \$ 107,930.00 |
| 4. Equipment                       | <b>\$0.00</b>       | Match Required <input type="checkbox"/> Y <input type="checkbox"/> N                            | \$ 0.00       |
| 5. Contractual/Consultant          | <b>\$0.00</b>       | Amount Required this Action:  | \$ 0.00       |
| 6. Training                        | <b>\$400.00</b>     | Amount Required Prior Awards:   | \$ 0.00       |
| 7. Other                           | <b>\$0.00</b>       | Total Match Amount Required:  | \$ 0.00       |
| <b>TOTAL DIRECT COSTS</b>          | <b>\$98,118.00</b>  | Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |               |
| 8. Indirect Costs                  | <b>\$9,812.00</b>   | <b>Federal Budget Period:</b><br>September 1, 2021 through September 30, 2025                   |               |
| <b>TOTAL APPROVED BUDGET</b>       | <b>\$107,930.00</b> | <b>Federal Project Period:</b><br>September 1, 2021 through September 30, 2025                  |               |
|                                    |                     | <b>FOR AGENCY USE, ONLY</b>   |               |

|  |                        |                        |                             |  |   |
|--|------------------------|------------------------|-----------------------------|--|---|
| <b>Source of Funds:</b><br>Block Grants for Community Mental Health Services | <b>% Funds:</b><br>100 | <b>CFDA:</b><br>93.958 | <b>FAIN:</b><br>B09SM085370 | <b>Federal Grant #:</b><br>1B09SM085370-01 | <b>Grant Award Date by Federal Agency:</b><br>5/17/2021 |
|--|------------------------|------------------------|-----------------------------|--|---|

**Agency Approved Indirect Rate:** 1.6% **Subrecipient Approved Indirect Rate:** 10%

**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.

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| <b>Incorporated Documents:</b><br>Section A: Grant Conditions and Assurances;<br>Section B: Description of Services, Scope of Work and Deliverables;<br>Section C: Budget and Financial Reporting Requirements;<br>Section D: Request for Reimbursement; | Section E: Audit Information Request;<br>Section F: Current/Former State Employee Disclaimer;<br>Section G: DHHS Business Associate Addendum; and<br>Section H: N/A |
|--|---|

| Name   | Signature | Date     |
|--|-----------|----------|
| Ryan Gustafson<br>Interim Director of Washoe County Human Services |           | 10/25/23 |
| Shannon Bennett<br>Health Bureau Chief, DPBH                       |           |          |
| for Cody Phinney<br>Administrator, DPBH                            |           |          |