



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

Agency Ref. #: HD 17566  
 Budget Account: 3220  
 Category: 27  
 GL: 8516  
 Job Number: GFUNDT20

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Tobacco Control Program Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subaward Period:</b> February 1, 2020 through June 30, 2021.	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073-786-998</u>

**Purpose of Award:** To support education, trainings, outreach, and messaging to decrease youth tobacco and e-cigarette/vaping use in Washoe County.

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

<b>Approved Budget Categories:</b>	
1. Personnel	<b>\$166,183.00</b>
2. Travel	<b>\$4,189.00</b>
3. Operating	<b>\$7,194.00</b>
4. Equipment	<b>\$0.00</b>
5. Contractual/Consultant	<b>\$115,450.00</b>
6. Training	<b>\$1,445.00</b>
7. Other	<b>\$55,262.00</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$349,723.00</b>
8. Indirect Costs	<b>\$52,459.00</b>
<b>TOTAL APPROVED BUDGET</b>	<b>\$402,182.00</b>

<b>FEDERAL AWARD COMPUTATION:</b>	
Total Obligated by this Action:	\$ 0.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 0.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

FOR AGENCY USE, ONLY

<b>Source of Funds:</b> State General Funds	<b>% Funds:</b> 100%	<b>CFDA:</b> N/A	<b>FAIN:</b> N/A	<b>Federal Grant #:</b> N/A	<b>Grant Award Date by Federal Agency:</b> N/A
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**Agency Approved Indirect Rate:** 7.9% **Subrecipient Approved Indirect Rate:** 15%

**Terms and Conditions:**  
 In accepting these grant funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- 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.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

<b>Incorporated Documents:</b> 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 Section H: Staff Certification
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Name	Signature	Date
Kevin Dick District Health Officer, WCHD		2/27/2020
Candice McDaniel, MS Bureau Chief, CFCW		3/2/20
for Lisa Sherych Administrator, DPBH		3-6-2020