

State of Nevada

Department of Health and Human Services

Division of Public & Behavioral Health

(hereinafter referred to as the Department)

Agency Ref. #: HD 17513 Budget Account: 3219

Category: _____15

GL: 8516 9313620D

Job Number: P1

NOTICE OF SUBAWARD

Office of Public Health Investigations and Epidemiology				Subrecipient's Name: Washoe County Health District Kevin Dick kdick@washoecounty.us				
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009				Address: 1001 E. Ninth Street Reno, NV 89512				
Subaward Period: February 1, 2020, through August 31, 2020			Subrecipient's: EIN: 88-6000138					
Purpose of Award: Overdose Data to Action education and outreach. Support and coordination of GoodGrid case management and data collection. RX Aware Campaign.								
Region(s) to be served: ☐ Statewide ☑ Specific county or counties: Washoe County								
Approved Budget Categories:			FEDERAL AWARD COMPUTATION:					
1. Personnel	\$75,639.00		Total Obligated by this Action: Cumulative Prior Awards this Budget Period:			\$ \$	142,124.00 0.00	
2. Travel	\$5,147.00 			Total Federal Funds Awarded to Date:			142,124.00	
3. Operating	\$7,068.00		Match Required □ Y ☒ N Amount Required this Action:			\$	0.00	
4. Equipment		△	Amount Required Prior Awards:			\$ \$	0.00	
5. Contractual/Consultant	# # # # # # # # # # # # # # # # # # #		Total Match Amount Required: Research and Development (R&D) □ Y ⋈ N			۳	0.00	
6. Training								
7. Other		E	Federal Budget Period: September 1, 2019, through August 31, 2020 Federal Project Period:					
TOTAL DIRECT COSTS \$129,204.00		204.00 E						
8. Indirect Costs	\$12,920.00 Se		September 1, 2019, through August 31, 2020					
TOTAL APPROVED BUDGET	\$142,124.00 FO			FOR AGENCY USE, ONLY				
Source of Funds: % Funds:		<u>6 Funds</u> : C	FDA:	FAIN:	Federal Grant #:		ward Date by	
		100% 9	3.136	NU17CE925001	NU17CE925001	Federal Agency: 11/13/2019		
Agency Approved Indirect Rate: 7.9%			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.								
Incorporated Documents: Section A: Section A: Grant Conditions and Assurances; Section F: Audit Information Request; Section B: Description of Services, Scope of Work and Deliverables; Section G: DHHS Business Associate Addendum; and Section D: Request for Reimbursement;								
Name			Signature				Date	
Kevin Dick, District Health Officer								
Washoe County Health District Melissa Peek-Bullock						_		

Bureau Chief/Deputy for Lisa Sherych Administrator, DPBH