



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

Agency Ref. #: **HD 16910**
Budget Account: 3224
Category: 25
GL: 8516
Job Number: GFUND

NOTICE OF SUBAWARD

Program Name: Family Planning Services Grant Division of Public and Behavioral Health	Subrecipient's Name: Washoe County Health District																				
Address: 4150 Technology Way, Suite 300 Carson City, NV 89706-2009	Address: 1001 E. 9 th Street, Bldg. B , PO Box 11130 Reno, NV 89512-2845																				
Subaward Period: Upon approval through June 30, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998																				
Purpose of Award: Provide family planning services to help people with difficulties obtaining such services.																					
Region(s) to be served: ☐ Statewide ☒ Specific county or counties: <u>Washoe County</u>																					
Approved Budget Categories: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$62,744.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>6. Training</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>7. Other</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>TOTAL DIRECT COSTS</td><td style="text-align: right;">\$62,744.00</td></tr> <tr><td>8. Indirect Costs</td><td style="text-align: right;">\$9,286.00</td></tr> <tr><td>TOTAL APPROVED BUDGET</td><td style="text-align: right;">\$72,030.00</td></tr> </table>	1. Personnel	\$0.00	2. Travel	\$0.00	3. Operating	\$62,744.00	4. Equipment	\$0.00	5. Contractual/Consultant	\$0.00	6. Training	\$0.00	7. Other	\$0.00	TOTAL DIRECT COSTS	\$62,744.00	8. Indirect Costs	\$9,286.00	TOTAL APPROVED BUDGET	\$72,030.00	AWARD COMPUTATION: 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 ☐ Y ☒ N Amount Required this Action: \$ 0.00 Amount Required Prior Awards: \$ 0.00 Total Match Amount Required: \$ 0.00 Research and Development (R&D) ☐ Y ☒ N Budget Period: N/A Project Period: N/A FOR AGENCY USE ONLY
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Source of Funds: State of Nevada General Fund	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">% Funds:</td> <td style="width: 25%;">CFDA:</td> <td style="width: 25%;">FAIN:</td> <td style="width: 25%;">Federal Grant #:</td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> </table>	% Funds:	CFDA:	FAIN:	Federal Grant #:	N/A	N/A	N/A	N/A												
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N/A	N/A	N/A	N/A																		
Federal Grant Award Date by Federal Agency: N/A																					
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.																					
Incorporated Documents: 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; and Section G: DPBH Business Associate Addendum																					