



State of Nevada
 Department of Health and Human Services
**Aging and Disability Services
 Division**

Agency Ref. #: 16-000-57-NX-25
 Unit: 3278
 Sub Unit: 17
 GL: 8584
 Reporting: 9305325

SUBAWARD AMENDMENT #1

Program Name: ADSD Grants Management Contact Name: Laurienne Riley, LRiley@adsd.nv.gov	Subrecipient's Name: Washoe County Contact Name: Ryan Gustafson, Director, Washoe County Human Services Agency / RGustafson@washoecounty.gov																																								
Address: 1550 East College Parkway Carson City, NV 89706	Address: 1001 E. 9th Street Reno, NV 89512-2845																																								
Subaward Period: 10/01/2024 - 09/30/2025	Amendment Effective Date: Upon approval by all parties.																																								
This amendment reflects a change to: <input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget																																									
Reason for Amendment: Supplemental FY25 NSIP Funding																																									
Required Changes: <table style="width: 100%;"> <tr> <td style="width: 20%;">Current Language:</td> <td>Total reimbursement through this subaward will not exceed \$90,881.00. See Section C of the original subaward.</td> </tr> <tr> <td>Amended Language:</td> <td>Total reimbursement through this subaward will not exceed \$199,789.00. See attached Section C revised on 05/29/2025</td> </tr> </table>		Current Language:	Total reimbursement through this subaward will not exceed \$90,881.00. See Section C of the original subaward.	Amended Language:	Total reimbursement through this subaward will not exceed \$199,789.00. See attached Section C revised on 05/29/2025																																				
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Incorporated Documents: Notice of Subaward - Federal Funding Sheet Section C: Budget and Financial Reporting Requirements																																									

By signing this Amendment, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Authorized Subrecipient Official's Name, Title: Ryan Gustafson, Director, Washoe County Human Services Agency -OR- Authorized Signer (Print Name and Title): _____	Signature	Date
Jeffrey S. Duncan, Agency Manager For Dena Schmidt, ADSD Administrator		06/04/2025

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

NOTICE OF SUBAWARD - FEDERAL FUNDING SHEET

Federal Award Computation				
Total Obligated by this Action:	\$			108,908.00
Cumulative Prior Awards this Budget Period:	\$			90,881.00
Total Federal Funds Awarded to Date:	\$			199,789.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Total Match Amount Required:	\$			0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Federal Budget Period: 10/01/2024 - 09/30/2026				
Federal Project Period: 10/01/2024 - 09/30/2026				
FOR AGENCY USE ONLY				
Source of Funds: Administration for Community Living (ACL); Older Americans Act, Nutrition Services Incentive Program (NSIP)	% Funds: 100%	CFDA: 93.053	FAIN: N/A	FEDERAL GRANT #: 2501NVOANS-02
Federal Grant Award Date by Federal Agency:			5/15/2025	

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

SECTION C - AMENDED

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 16-000-57-NX-25 from the Aging and Disability Services Division (ADSD). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor ADSD.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 16-000-57-NX-25 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget:

Subrecipient Name: Washoe County	Subaward & Service Type: NSIP; Categorical
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PROPOSED BUDGET NARRATIVE
Nutrition Services Incentive Program (NSIP)

Operating	Total: \$199,789.00
Domestically produced food such as milk, fruit, vegetables, or protein products that are used in an Older Americans Act, Title III-C meal.	\$199,789.00
Administrative Expenses or Federal Indirect Cost Rate (FICR)	Total: N/A
TOTAL BUDGET REQUEST	\$199,789.00

PROPOSED BUDGET SUMMARY
Nutrition Services Incentive Program (NSIP)

<u>A. FUNDING SOURCES</u>	ADSD Funds	MATCH	N/A	N/A	N/A	TOTAL
PENDING OR SECURED	Pending	N/A	N/A	N/A	N/A	
ENTER TOTAL FUNDING	\$199,789.00	\$0.00	\$0.00	\$0.00	\$0.00	\$199,789.00

EXPENSE CATEGORY

Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Operating	\$199,789.00	\$0.00	\$0.00	\$0.00	\$0.00	\$199,789.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL EXPENSE	\$199,789.00	\$0.00	\$0.00	\$0.00	\$0.00	\$199,789.00
Total Indirect Cost	N/A	Total Agency Budget				\$199,789.00
Indirect % of Budget	N/A	ADSD Percent of Agency Budget				100%

- Department of Health and Human Services policy allows no more than 10% flexibility of the total, not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**

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- Equipment purchased with these funds belongs to the federal or state program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$199,789.00:
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items Aging and Disability Services Division must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. Administration for Community Living (ACL).
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- Aging and Disability Services Division will conduct programmatic and financial monitoring of the project on an annual basis or as determined necessary based on a risk assessment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.