



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

Agency Ref. #:	<b>SG 26461-1</b>
Budget Account:	3220
Category:	09
GL:	8516
Job Number:	9399124

## SUBAWARD AMENDMENT # 1

<b>Program Name:</b> Preventative Health and Health Services Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW) Laura Borntrager / LBorntrager@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District Irene Dominguez / idominguez@washoecounty.gov
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. Ninth St, Building B Reno, NV 89512
<b>Subaward Period:</b> October 1, 2023, through September 30, 2024	<b>Amendment Effective Date:</b> Upon approval by all parties.

**This amendment reflects a change to:**

Scope of Work
  Term
  Budget

**Reason for Amendment:** Shifting funds from salary savings to partners.

**Required Changes:**

**Current Language:** Total reimbursement through this subaward will not exceed \$30,319. See Section B, C and D of the original subaward.

**Amended Language:** Total reimbursement through this subaward will not exceed \$37,395. See attached Section B, C and D **revised on 07/30/2024.**

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$22,458.00	\$4,305.00	\$26,763.00
2. Travel	\$105.00	\$52.00	\$157.00
3. Operating	\$0.00	\$0.00	\$0.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$0.00	\$250.00	\$250.00
7. Other	\$5,000.00	\$1,825.00	\$6,825.00
<b>TOTAL DIRECT COSTS</b>	<b>\$27,563.00</b>	<b>\$6,432.00</b>	<b>\$33,995.00</b>
8. Indirect Costs	\$2,756.00	\$644.00	\$3,400.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$30,319.00</b>	<b>\$7,076.00</b>	<b>\$37,395.00</b>

**Incorporated Documents:**

- Section B: Description of Services, Scope of Work and Deliverables **revised on 07/30/2024**
- Section C: Budget and Financial Reporting Requirements **revised on 07/30/2024**
- Section D: Request for Reimbursement **revised on 07/30/2024**
- Exhibit A: Original Notice of Subaward and all previous amendments

**By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, 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.**

Name	Signature	Date
Chad Kingsley, District Health Office		
Vickie Ives, MA Bureau Chief, Bureau of Child, Family, and Community Wellness		
for Cody L. Phinney, MPH Administrator, DPBH		

**SECTION B**  
**Description of Services, Scope of Work and Deliverables**  
 revised on 7/30/2024

Northern Nevada Public Health, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

**Scope of Work for Northern Nevada Public Health**

Baseline Narrative: *Regular Physical activity has many benefits for health regardless of age, sex, race, ethnicity, or current fitness level. PHHS funds will be used to support active transportation (i.e., biking and walking to destinations) to increase physical activity in the following communities in Washoe County:*

1. *Walking School Bus programs can potentially increase children's daily physical activity through active travel to school.*
2. *Biking supports active transportation and potentially increases adults' daily physical activity.*
3. *Community partnerships can potentially engage, promote, and reach more residents with collaborative physical activity initiatives.*

*Expected Outcomes: The expected outcomes per each objective are:*

1. **Increase FFY23 baseline one (1) to at least three (3) Washoe County elementary schools with an implemented Walking School Bus program by the end of FFY24.**
2. **Increase FFY23 baseline zero (0) to at least two (2) new community organizations leading a **Bike** Month event by the end of FFY24.**
3. **Increase FFY23 baseline zero (0) to at least three (3) partnerships between community organizations and WCHD by the end of FFY24.**

**Goal 1: Increase and promote opportunities for adults and youth to safely access physical activity in their communities.**

**Responsible Person(s):**

<b>Objective</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin / Completion</b>	<b>Target Population</b>	<b>Evaluation Measure (indicator)</b>	<b>Evaluation Tool</b>
1.1 By June 2024, in coordination with Safe Routes to School, increase participation in the Walking School Bus (WSB) program with the addition of two (2) elementary schools not previously included in the WSB program.	1.1.1 Collaborate with Washoe County School District's Safe Routes to School and identify two schools to work with, providing ongoing TA to interested and participating schools.	1.1.1 List of meeting dates Meeting minutes  List of participating schools	1.1.1 October 1, 2023 - September 30, 2024	1.1.1 Washoe County youth	1.1.1 #Of meetings organized #of schools participating	1.1.1 Quarterly Report
	1.1.3 Identify and/or establish a community volunteer group to support the WSB during the program launch to demonstrate program success	1.1.3 List of outreach attempts	1.1.3 October 1, 2023 - September 30, 2024	1.1.3 Washoe County volunteers and parents	1.1.3 # Of outreach attempts # Of volunteers engaged	1.1.3 Quarterly Report

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	and encourage parent participation in the program					
1.2 By May 2024, engage two (2) new community organizations/partners to participate in and lead an event for Bike Month.	<b>1.2.1</b> Identify and meet with organizations to discuss participation in <b>Bike Month</b>	1.2.1 List of organizations contacted.  List of meeting dates	1.2.1 January 1, 2024 - May 31, 2024	1.2.1 Washoe County organizations	<b>1.2.1</b> # Of organizations contacted  # Of meetings organized	1.2.1 Quarterly Report
	1.2.2 Organize quarterly meetings with existing partner agencies to increase community awareness and participation in Bike Month	1.2.2 List of meeting dates	1.2.2 October 1, 2023 - September 30, 2024	1.2.2 Washoe County residents	1.2.2 # Of meetings organized	1.2.2 Quarterly Report
	1.2.3 Engage a minimum of three (3) businesses to participate in the Commuter Challenge	1.2.3 List of businesses and level of participation	1.2.3 March 1, 2024 - June 30, 2024	1.2.3 Washoe County businesses	1.2.3 # Of businesses <b>reached/quarter.</b>  # Of businesses participating/quarter	1.2.3 Quarterly Report
1.3 <b>By September 2024, promote physical activity opportunities to at least three (3) high-needs population groups, connecting them to free and/or low-cost opportunities in the community.</b>	1.3.1 Collaborate with three local organizations and coordinate opportunities for individuals to receive programming that supports healthier behaviors	1.3.1 List of outreach efforts to organizations  List of meeting dates	1.3.1 October 1, 2023 - September 30, 2024	1.3.1 Washoe County organizations	1.3.1 # Of organizations reached # Of meetings organized	1.2.3 Quarterly Report
	<b>1.3.2</b> Provide physical activity messaging (posters, flyers, etc.) to at least three high-traffic locations and/or community events	<b>1.3.2</b> List of locations/community events  The type of populations reached	<b>1.3.2</b> October 1, 2023 - September 30, 2024	<b>1.3.2</b> Washoe County residents	<b>1.3.2</b> # Of events/locations messages were shared  # Of special populations reached	<b>1.3.2</b> Quarterly Report

Quarterly Progress Report Technical Assistance Due Dates:

Quarterly Report 01: January 16, 2024

Quarterly Report 02: April 15, 2024

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

Quarterly Report 03: July 15, 2024  
Quarterly Report 04: October 15, 2024

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION C  
Budget and Financial Reporting Requirements  
revised on 07/30/2024**

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 Division of Public and Behavioral Health through Grant Number 1 NB01OT000007-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 1 NB01OT000007-01 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

**Applicant Name: Northern Nevada Public Health**

**BUDGET NARRATIVE - FFY24**

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$26,763</b>
-			

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Brittnee Aldea, Intermittent Hourly Health Educator I &amp; PC 8377</u>	\$64,916.80	1.750%	36.500%	12	100.00%	\$24,109

Job Description: This is a 13.5hr/wk. intermittent hourly position. This position will implement project activities related to the scope of work.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Olivia Lane, Intermittent Hourly Health Educator I &amp; PC 8377</u>	\$71,534.74	1.750%	12.500%	3.5	29.17%	\$2,654

Job Description: This is a 5hr/wk intermittent hourly position. This position will lead class instruction of Enhance Fitness.

	<b>Total Fringe Cost</b>	<b>\$460</b>		<b>Total Salary Cost:</b>	<b>\$26,303</b>
	<b>Total Budgeted FTE</b>	0.49000			

<b>Travel</b>	<b>Total:</b>	<b>\$157</b>
---------------	---------------	--------------

**In-State Travel** **\$157**

<u>Origin &amp; Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Mileage: (\$0.655 x 8 miles per r/trip)	\$5.240	30		1	\$157

**Justification:** Mileage supports staff driving to meetings and events within the Washoe County and Carson City region to support grant deliverables. Rate used is set by the federal government on an annual basis.

<b>Operating</b>	<b>Total:</b>	<b>\$0</b>
<b>Equipment</b>	<b>Total:</b>	<b>\$0</b>
<b>Contractual</b>	<b>Total:</b>	<b>\$0</b>
<b>Training</b>	<b>Total:</b>	<b>\$250</b>

Enhance Fitness Instructor \$250.00

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Justification: EnhanceFitness New instructor training is required for new candidates to teach instruction of the course.

<b>Other</b>	<b>Total:</b>	<b>\$6,825</b>
--------------	---------------	----------------

Educational materials	\$1,500
Incentives	\$2,000
Support for Bike Month and active transportation	\$1,500
Program License Fee	\$500.00
EnhanceFitness Online Data Entry System	\$200.00
Class Supplies	\$800
Printing	\$75
Incentives	\$250

Justification: Items include those necessary to complete scope of work activities

Educational materials: Materials to reiterate messaging, may include brochures, booklets, workbooks, handouts, etc.

Incentives: Incentives supporting community participation in activities including but not limited to physical activity reinforcement items (pedometer, frisbees, water bottles, jump ropes, etc.) gift cards \$5-\$25, stress balls, pencils, etc.

Support for Bike Month and active transportation: May include promotional expenses such as printing of posters, paid social media posts, radio announcements, items to promote safe commuting (reflectors, light bands, etc.)

Justification: Items include those necessary to complete implementation of Enhance Fitness (EF) The Enhanced Fitness Program aims to improve health outcomes among participants by offering structured physical activities tailored to various fitness levels. This program will facilitate increased engagement and community involvement, encouraging a more active lifestyle.

Program License Fee: First year fee to become an EF Affiliate, "Active Transportation Program," including initiatives such as Walking School Bus programs, Biking support, and Community Partnerships, aimed at increasing physical activity in Washoe County.

Online Data Entry System: EF's web-based participant management software application.

Class Supplies: Supplies include cuff weights for each participant, one 5 and 8-pound hand weight for fitness checks, storage cart to transport weights, etc.

Printing: Copies of data collection forms, posters, etc.

Incentives: Incentives to support participation, may include water bottles, tote bags, exercise bands, etc. The incentives will recognize both individual contributions and community partnerships, ensuring broad participation.

<b>TOTAL DIRECT CHARGES</b>		<b>\$33,995</b>
-----------------------------	--	-----------------

<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>10.000%</b>	<b>\$3,400</b>
<b>Indirect Methodology:</b> de minimis			

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$37,395</b>
---------------------	---------------	-----------------

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**A.** PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<b>FUNDING SOURCES</b>	<b>GMU</b>	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
<b>ENTER TOTAL REQUEST</b>	\$37,395								\$37,395

**EXPENSE CATEGORY**

Personnel	\$26,763								\$26,763
Travel	\$157								\$157
Operating	\$0								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$250								\$250
Other Expenses	\$6,825								\$6,825
Indirect	\$3,400								\$3,400

<b>TOTAL EXPENSE</b>	\$37,395	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37,395
----------------------	----------	-----	-----	-----	-----	-----	-----	-----	----------

<b>These boxes should equal 0</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
-----------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----

Total Indirect Cost	\$2,756
---------------------	---------

Total Agency Budget	\$37,395
Percent of Subrecipient Budget	100%

**B. Explain any items noted as pending:**

**C. Program Income Calculation:**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

- 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.**
- Equipment purchased with these funds belongs to the federal 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.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 15 days from the end of the subaward period which is **September 30, 2024**;
- Total reimbursement through this subaward will not exceed \$37,395;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Invoices may not be approved for payment until the program coordinator receives the appropriately timed progress reports;
- The Department reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the Department is not obligated to issue continuation funding; and
- 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 15 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 30-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 30-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- To provide technical assistance as needed and upon request;
- To provide prior approval of reports/documents to be developed per the Scope of Work;
- To forward necessary reports to stakeholders;
- 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:**

- A site visit may be conducted during the subaward period.
- 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 basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> 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.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**CDPHP and Nevada Wellness Attribution Requirements:**

Subrecipients are required to include two key attributions to any publication, promotional item, or media paid for through this subaward: 1) Funding attribution and 2) Nevada Wellness Logo.

**Funding Attribution**



**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

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 Division of Public and Behavioral Health through Grant Number 1 NB01OT000007-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 1 NB01OT000007-01 from the Centers for Disease Control and Prevention.

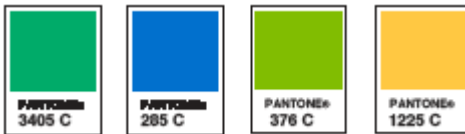
**Nevada Wellness Logo**

Use of this logo may not be for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion Section within the Nevada Division of Public and Behavioral Health. User groups may not use the Nevada Wellness logo to profit and must comply with usage guidelines. Nevada Wellness is a registered trademark of the CDPHP Section within the Nevada Division of Public and Behavioral Health. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at [cdphp@health.nv.gov](mailto:cdphp@health.nv.gov).

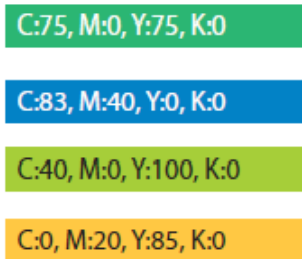
**Usage Guidelines**

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words "Nevada Wellness" below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in the colors listed below or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.

○ **PMS Colors:**



○ **CMYK Colors:**



**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**NOTICE OF SUBAWARD**  
**SECTION D**  
**Request for Reimbursement**  
**revised on 07/30/2024**

Agency Ref #: **SG 26461-1**  
 Budget Account: 3220  
 GL: 8516  
 Draw #: \_\_\_\_\_

<b>Program Name:</b> Preventative Health and Health Services Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	<b>Subrecipient's Name:</b> Washoe County Health District Irene Dominguez / idominguez@washoecounty.gov
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. Ninth St, Building B Reno, NV 89512
<b>Subaward Period:</b> October 1, 2023, through September 30, 2024	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(must be accompanied by expenditure report/back-up)

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$26,763.00	\$0.00	\$0.00	\$0.00	\$26,763.00	0.0%
2. Travel	\$157.00	\$0.00	\$0.00	\$0.00	\$157.00	0.0%
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0.0%
7. Other	\$6,825.00	\$0.00	\$0.00	\$0.00	\$6,825.00	0.0%
8. Indirect	\$3,400.00	\$0.00	\$0.00	\$0.00	\$3,400.00	0.0%
<b>Total</b>	<b>\$37,395.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$37,395.00</b>	<b>0.0%</b>

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR DIVISION USE ONLY**

Is program contact required?  Yes  No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_