



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

State of Nevada

Department of Health and Human Services

Division of Public & Behavioral Health

(hereinafter referred to as the Division)

HD #: **16357**

Budget Account: **3219**

Category: **18**

GL: **8516**

Job Number: _____

NOTICE OF SUBGRANT AWARD

Program Name: HIV/AIDS and Surveillance Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology		Subgrantee Name: Washoe County Health District (WCHD)																									
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: P.O. Box 11130 Reno, NV 89520																									
Subgrant Period: January 1, 2018 through December 31, 2018		Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998																									
Purpose of Award: To conduct HIV/AIDS Surveillance activities in Washoe County, Nevada.																											
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>																											
Approved Budget Categories: <table border="0"><tr><td>1. Personnel</td><td>\$</td><td><u>65,660</u></td></tr><tr><td>2. Travel</td><td>\$</td><td><u>203</u></td></tr><tr><td>3. Equipment</td><td>\$</td><td>_____</td></tr><tr><td>4. Contractual</td><td>\$</td><td>_____</td></tr><tr><td>5. Supplies</td><td>\$</td><td>_____</td></tr><tr><td>6. Other</td><td>\$</td><td>_____</td></tr><tr><td>7. Indirect/Admin</td><td>\$</td><td><u>6,586</u></td></tr><tr><td>Total Cost:</td><td>\$</td><td><u>72,449</u></td></tr></table>		1. Personnel	\$	<u>65,660</u>	2. Travel	\$	<u>203</u>	3. Equipment	\$	_____	4. Contractual	\$	_____	5. Supplies	\$	_____	6. Other	\$	_____	7. Indirect/Admin	\$	<u>6,586</u>	Total Cost:	\$	<u>72,449</u>	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$72,449.00 during the subgrant period.	
1. Personnel	\$	<u>65,660</u>																									
2. Travel	\$	<u>203</u>																									
3. Equipment	\$	_____																									
4. Contractual	\$	_____																									
5. Supplies	\$	_____																									
6. Other	\$	_____																									
7. Indirect/Admin	\$	<u>6,586</u>																									
Total Cost:	\$	<u>72,449</u>																									
Source of Funds: 1. Centers for Disease Control and Prevention		% Funds: 100%	CFDA: 93.940	FAIN: U62PS924579-01	Federal Grant #: 1 NU62PS924579-01																						
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.																											
Incorporated Documents: Section A: 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; and Section F: DPBH Business Associate Addendum																											
Kevin Dick, District Health Officer Washoe County Health District		Signature			Date																						
Julia Peek, MHA, CPM Deputy Administrator, Community Services																											
for Amy Roukie, MBA Administrator, Division of Public & Behavioral Health																											