



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

Subaward #: **93669-16-002**
Budget Account: 3145
Category: 12
GL:
Job Number: 9366916

NOTICE OF SUBAWARD

Program Name: Child Abuse and Neglect	Subrecipient Name: Washoe County Department of Social Services Contact: Amber Howell		
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2023	Address: 350 S Center Street Reno, NV 89502		
Performance Period: March 1, 2018 through September 30, 2018	Subrecipients: EIN: 88-6000138 Vendor #: T40283400A Dun & Bradstreet: 073786998		
Purpose of Award: Mediation Enhancement			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: N NV			
Approved Budget Categories: 1. Personnel \$ _____ 2. Travel \$ _____ 3. Supplies \$ 2,000 4. Equipment \$ _____ 5. Contractual/Consultant \$ _____ 6. Training \$ _____ 7. Other \$ _____ 8. Indirect \$ _____ Total Cost: \$ 2,000		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 subaward</i> . Total reimbursement will not exceed \$2,000 during the subaward period.	
Source of Funds: 1. CAPTA 42 U.S.C.5101	% Funds: 100	CFDA: 93.669	FAIN: 1601NVCA01 Federal Grant #: 1601NVCA01
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; Section F: Current/Former State Employee Disclaimer; and Section G: Business Associate Addendum			
Authorized Subgrantee Official Title	Signature		Date
Michael Guerra Grants and Projects Analyst I			
for Kelly Wooldridge Administrator, Division of Child & Family Services			