

State of Nevada Department of Health and Human Services **Division of Child & Family Services**

Subaward #:	16575-17-056
Budget Account:	3145
Category:	20
GL:	
Job Number:	1657517

NOTICE OF SUBAWARD

Program Name:		Subrecipient's Name:			
VOCA Victim Assistance	Washoe County Sheriff's Office				
Address	Contact: Laura Daniels				
Address: 4126 Technology Way, 3 rd Floor	Address: 911 Parr Blvd				
Carson City, NV 89706-2009	Reno, NV 89512				
Project Period:	Subrecipient's:				
July 1, 2018 through June 30, 2019	EIN: 88-6000138				
Budget Period:	Vendor #: T40283400R				
July 1, 2018 through June 30, 2019	Dun & Bradstreet: 609738455				
Purpose of Award: Provide Direct Services to Victims of Crime					
Region(s) to be served: Statewide Specific county or counties: Washoe					
Approved Budget Categories	Award Computation				
1. Personnel \$0		Total Obligated by This Action: \$4,620			
2.Travel/Training\$1,8003.Operating\$320	Cumulative Prior Awards this Budget Period:\$0.00Total Federal Funds Awarded to Date:\$0.00				
4. Equipment \$0	TULATIEL		warueu to Date.	ψ0.00	
5. Contractual/Consultant \$0	Match Required Yes				
6. Other \$2,500	Amount Required this Action: \$1,155				
TOTAL DIRECT COSTS \$4,620	Amount Required Prior Awards:				
7. Indirect Costs \$0.00				\$1,155	
TOTAL COSTS 4,620	Research and Development (R&D) No				
8. Match \$1,155					
Source of Funds:		CFDA:	FAIN:	Federal Grant #:	
VOCA – VICTIM ASSISTANCE		16.575	2017-VA-GX-0085	2017-VA-GX-0085	
Federal Grant Award Date by Federal Agency:	9-28-17				
Terms and Conditions:			5-20-17		
In accepting these grant funds, it is understood that:					
1. This award is subject to the availability of appropriate funds.					
 Expenditures must comply with appropriate state statutory guideline Requirements, and the State Administrative Manual. 	es and/or fee	deral regulations	s, the DCFS Grant Instru	uctions and	
3. Expenditures must be consistent with the narrative, goals and object	tives, and b	udget as appro	ved and documented.		
 Quarterly progress reports are due by the 15th 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 submitte writing by the grant administrator. 	d by the 15	of each month	i, uniess specific except	ions are provided in	
6. The recipient of these funds agrees to stipulations listed in the incom	porated doo	cuments.			
7. Match must be provided equal to 20% of the total award and descri					
Incorporated Documents: Subrecipient Agreement			al Status Reports and Re ormation Request;	equests for Funds	
Section A: Assurances;			Former State Employee	Disclaimer:	
Section B: Description of Services, Scope of Work and Deliverables;	Sect	on G: Confider	ntiality Addendum; and	,	
Section C: Budget and Financial Reporting Requirements; Section H: Program Specific Assurance					
Authorized Official Name		Signature		Date	
Michael Guerra					
Grants & Project Analyst II					
for Ross E. Armstrong					
Administrator,					
Division of Child & Family Services					