



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

Grant Number: 16-000-02-LB-19  
Subaward Date: 07/01/2018  
New or Revised: New  
Award FY: 2019  
Grant Type: Fixed Fee / Categorical

## NOTICE OF SUBAWARD

<b>ADSD Program Name:</b> Planning, Advocacy and Community Services (PAC) Unit Grants Management	<b>Subrecipient Name and Address:</b> Washoe County 1001 E. 9th Street Reno, NV 89512
<b>Address:</b> 3416 Goni Road, #D-132 Carson City, NV 89706	<b>Program Name and Address:</b> Washoe County Senior Services 1155 E. 9th Street Reno, NV 89512
<b>Funded Service:</b> Homemaker <b>Subaward Grant Period:</b> 7/1/2018 - 6/30/2019	<b>Subrecipient's:</b> <div style="text-align: right;"> <b>EIN:</b> 88-6000138  <b>Vendor #:</b> T40283400C  <b>Dun &amp; Bradstreet:</b> 073786998         </div>

**Purpose of Award:** Funding for Fiscal Year 2019 Social Service Program

**Region(s) to be served:** ☐ Statewide ☒ Specific county or counties: Washoe County

<b>Approved Budget Categories:</b>		<b>AWARD COMPUTATION:</b>	
1. Personnel	\$21,600	Total Obligated by This Action:	\$129,600
2. Travel/Training	\$0	Cumulative Prior Awards this Budget Period:	\$0
3. Operating	\$0	Total Federal Funds Awarded to Date:	\$21,600
4. Equipment	\$0	Total State Funds Awarded to Date:	\$108,000
5. Contractual/Consultant	\$108,000	<b>Total Funds Awarded:</b>	<b>\$129,600</b>
6. Other	\$0	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
<b>TOTAL DIRECT COSTS</b>	<b>\$129,600</b>	Amount Required This Action:	\$20,012
7. INDIRECT COSTS	\$0	Amount Required Prior Awards:	\$0
8. MATCH	\$20,012	Total Match Amount Required:	\$20,012
<b>TOTAL APPROVED BUDGET</b>	<b>\$129,600</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Source(s) of Funds and %:	Award:	Supplement:	Deobligation:	Total Awarded:	CFDA / Federal Award Agency & Grant #:
Independent Living 83.3%	\$108,000			<b>\$108,000</b>	N/A, State Funds
OAA Title III-B 16.7%	\$21,600			<b>\$21,600</b>	93.044 / ACL 18AANVT3SS

**Terms and Conditions:**

Special Grant Conditions:

- Grant Funds are earned at a fixed fee rate of \$15.00 for each hour of homemaker services provided for the fixed fee budget only.

In accepting these grant funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, ADSD Requirements and Procedures for Grant Programs (RPGPs), and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
- Subrecipient must comply with all applicable Federal and State regulations.
- Subrecipient must comply with the scope of services, outreach, budget and assurances defined in its approved grant application.
- Financial, programmatic reports and/or data entry are due according to ADSD's Grantee Reporting Schedule, unless specific exceptions are provided in writing by the grant administrator, or grant funds may be withheld. The Reporting Schedule is available online at:  
<http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/Reporting/ReportingSchedule.pdf>
- Subrecipient agrees to a limited scope audit to settle any financial disagreements or disputes. Audit costs are to be paid by Grantee.

8. Subrecipients are required to:

- (a) Support meaningful involvement of clients in the planning, implementation, and evaluation of the funded program; (b) Demonstrate ability to deliver culturally competent and accessible services to the community the subrecipient services; (c) Demonstrate accountability for collaboration; (d) Adhere to ADSD's General Service Specifications and the Service-Specific Service Specifications for the funded service; and (e) Submit accurate, up-to-date information on this funded service to Nevada 2-1-1 for inclusion in its resource directory at [www.Nevada211.org](http://www.Nevada211.org).

**Incorporated Documents:**

**Included with the Notice of Subaward:**

Section A: Confidentiality Addendum (signature required)

**Download the following documents online for review/signature:** <http://adsd.nv.gov/Programs/Grant/SubawardIncorporatedDocs/>

Section B: Assurances


Section C: Budget and Financial Reporting Requirements

Section D: Current/Former State Employee Disclaimer (signature required)

Section E: Audit Information Request (signature required)

Section F: Financial Report and Request for Funds

**Subaward Acceptance:**

<b>Subrecipient Authorized Official - Name and Title:</b>	<b>Signature:</b>	<b>Date:</b>
<b>ADSD Authorized Official - Name and Title:</b>	<b>Signature:</b>	<b>Date:</b>
Jeffrey S. Duncan, PAC Social Services Chief II for Dena Schmidt, Administrator		07/06/2018

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