



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

Grant Number: 16-000-05-LX-19
Subaward Date: 07/01/2018
New or Revised: New
Award FY: 2019
Grant Type: Fixed Fee

NOTICE OF SUBAWARD

ADSD Program Name: Planning, Advocacy and Community Services (PAC) Unit Grants Management	Subrecipient Name and Address: Washoe County 1001 E. 9th Street Reno, NV 89512
Address: 3416 Goni Road, #D-132 Carson City, NV 89706	Program Name and Address: Washoe County Senior Services 1155 E. 9th Street Reno, NV 89512
Funded Service: Adult Day Care Subaward Grant Period: 7/1/2018 - 6/30/2019	Subrecipient's: <div style="text-align: right;"> EIN: 88-60000138 Vendor #: T40283400C Dun & Bradstreet: 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

Approved Budget Categories:		AWARD COMPUTATION:	
1. Personnel	\$66,070	Total Obligated by This Action:	\$66,070
2. Travel/Training	\$0	Cumulative Prior Awards this Budget Period:	\$0
3. Operating	\$0	Total Federal Funds Awarded to Date:	\$0
4. Equipment	\$0	Total State Funds Awarded to Date:	\$66,070
5. Contractual/Consultant	\$0	Total Funds Awarded:	\$66,070
6. Other	\$0	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TOTAL DIRECT COSTS	\$66,070	Amount Required This Action:	\$9,911
7. INDIRECT COSTS	\$0	Amount Required Prior Awards:	\$0
8. MATCH	\$9,911	Total Match Amount Required:	\$9,911
TOTAL APPROVED BUDGET	\$66,070	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 100.0%	\$66,070			\$66,070	N/A, State Funds

Terms and Conditions:

Special Grant Conditions:

- Grant funds are earned at a fixed fee rate of \$42.00 for six hours or more of continuous service and/or \$7.00 per hour for less than six hours.

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/adsdnvgov/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.

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/Formal State Employee Disclaimer (signature required)

Section E: Audit Information Request (signature required)

Section F: Financial Report and Request for Funds

Subaward Acceptance:

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

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