

State of Nevada Department of Health and Human Services

Office of Community Partnership and Grants

Agency Ref. #: **7108** Budget Account: 3195 Category: 33 GL: _____

Job Number:

NOTICE OF SUBAWARD

Program Name:		Subrecipient's Name:
Washoe County Department of Social Services		Washoe County Department of Social Services
Address:		Address:
P.O. Box 11130 Reno, NV 89520-0	0027	P.O. Box 11130 Reno, NV 89520-0027
Project Period:		Subrecipient's:
July 1, 2018- June 30, 2019		EIN: 86-60000138
Budget Period: July 1, 2018- June 30, 2019		Vendor #: <u>T402834000</u>
		Dun & Bradstreet: 607025772
	•	pport and normalcy for children in care.
Region(s) to be served: ☐ Statewid	e 🗵 Specific county or co	
Approved Budget Categories	<u>s</u> :	AWARD COMPUTATION:
1. Personnel	\$0.00	Total Obligated by This Action: \$ 663,807 Cumulative Prior Awards this Budget Period: \$ 0.00
2. Travel/Training	\$0.00	Total Federal Funds Awarded to Date: \$ 0.00
3. Operating	\$0.00	Matab Dequired DV MN
4. Equipment	\$0.00	Match Required □ Y ⋈ N Amount Required This Action: \$ 0.00
5. Contractual/Consultant	\$663,807.00	Amount Required Prior Awards: \$ 0.00
6. Other		Total Match Amount Required: \$ 0.00 Research and Development (R&D) □ Y ☒ N
TOTAL DIRECT COSTS	\$663,807.00	
	\$003,80 <i>1</i> .00	
7. INDIRECT COSTS		
8. MATCH		
TOTAL APPROVED BUDGET	\$663,807.00	
Source of Funds:	(F 1 050/	CFDA: FAIN: Federal Grant #: 93.667 1-886000022-A9 G-180INVSOSR
Social Services Block Grant Percentage of Funds 25% Social Services Block Grant Percentage of Funds 75%		93.667 1-886000022-A9 G-190INVSOSR
	•	
Federal Grant Award Date	by Federal Agency:	40/04/06 17 00/06/00 10
		10/01/2017-09/30/2018
Terms and Conditions:	darata ad that	
In accepting these grant funds, it is un-	uerstood that:	

- This award is subject to the availability of appropriate funds.
- 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented 3.
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th 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 submitted monthly, unless specific exceptions are provided in writing by the grant administrator.
- Subrecipients are required to:

Incorporated D	ocuments:			
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;			
Section G:	DHHS Confidentiality Addendum or Business Associate Addendum			
Section H:	Grant Instructions and Requirements			
Authorized Office	ial Name Signature	Date		
		Date		
Grant Manager	Name:	Date		
	Name:	Date		
Grant Manager	Name:	Date		
Grant Manager Julieta Mend	Name: OZA	Date		
Grant Manager Julieta Mendo	Name: oza h Smith	Date		
Grant Manager Julieta Mend OCPG Chief: Cynthia Rout	Name: Oza h Smith	Date		