



State of Nevada  
Department of Health and Human Services  
**Division of Public & Behavioral Health**  
(hereinafter referred to as the Division)

Agency Ref. #: **HD 16910**  
Budget Account: 3224  
Category: 25  
GL: 8516  
Job Number: GFUND

## NOTICE OF SUBAWARD

<b>Program Name:</b> Family Planning Services Grant Division of Public and Behavioral Health		<b>Subrecipient's Name:</b> Washoe County Health District	
<b>Address:</b> 4150 Technology Way, Suite 300 Carson City, NV 89706-2009		<b>Address:</b> 1001 E. 9 <sup>th</sup> Street, Bldg. B , PO Box 11130 Reno, NV 89512-2845	
<b>Subaward Period:</b> Upon approval through June 30, 2019		<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998	
<b>Purpose of Award:</b> Provide family planning services to help people with difficulties obtaining such services.			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County			
<b>Approved Budget Categories:</b>		<b>AWARD COMPUTATION:</b>	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 0.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$62,744.00	Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 0.00
6. Training	\$0.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$0.00	Total Match Amount Required:	\$ 0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$62,744.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$9,286.00	<b>Budget Period:</b>	N/A
<b>TOTAL APPROVED BUDGET</b>	<b>\$72,030.00</b>	<b>Project Period:</b>	N/A
		<b>FOR AGENCY USE ONLY</b>	
<b>Source of Funds:</b> State of Nevada General Fund		<b>% Funds:</b> N/A	<b>CFDA:</b> N/A
		<b>FAIN:</b> N/A	<b>Federal Grant #:</b> N/A
<b>Federal Grant Award Date by Federal Agency:</b>		N/A	
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: 1. 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. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented 4. Subrecipient must comply with all applicable Federal regulations 5. 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. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.			
<b>Incorporated Documents:</b> Section A: Grant Conditions and 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: DPBH Business Associate Addendum			