



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

Subaward #: 325011-19-005
Budget Account: 3250
Category: 11
GL: _____
Job Number: _____

NOTICE OF SUBAWARD

Program Name: Fund to Assist Former Foster Youth (FAFFY)		Subrecipient's Name: Washoe County Human Services Agency Contact: Leslie M. Williams																																							
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: 350 S. Center Street Reno, NV 89502																																							
Project Period: July 1, 2018 through June 30, 2019 Budget Period: July 1, 2018 through June 30, 2019		Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400A</u> Dun & Bradstreet: <u>073786998</u>																																							
Purpose of Award: <u>Short description about the purpose of the subaward.</u>																																									
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Nye County and Rural</u>																																									
Approved Budget		Award Computation																																							
<table border="1"><thead><tr><th></th><th>Categories</th></tr></thead><tbody><tr><td>1. Personnel</td><td>\$0</td></tr><tr><td>2. Travel/Training</td><td>\$0</td></tr><tr><td>3. Operating</td><td>\$137,500</td></tr><tr><td>4. Equipment</td><td>\$0</td></tr><tr><td>5. Contractual/Consultant</td><td>\$ 47,500</td></tr><tr><td>6. Other</td><td>\$0</td></tr><tr><td>7.</td><td></td></tr><tr><td>TOTAL DIRECT COSTS</td><td>\$185,000</td></tr><tr><td>8. Indirect Costs</td><td>\$0</td></tr><tr><td>TOTAL COSTS</td><td>\$185,000</td></tr></tbody></table>			Categories	1. Personnel	\$0	2. Travel/Training	\$0	3. Operating	\$137,500	4. Equipment	\$0	5. Contractual/Consultant	\$ 47,500	6. Other	\$0	7.		TOTAL DIRECT COSTS	\$185,000	8. Indirect Costs	\$0	TOTAL COSTS	\$185,000	<table border="1"><tbody><tr><td>Total Obligated by This Action:</td><td>\$185,000</td></tr><tr><td>Cumulative Prior Awards this Budget Period:</td><td>\$0</td></tr><tr><td>Total Federal Funds Awarded to Date:</td><td>\$0</td></tr><tr><td>Match Required</td><td>No</td></tr><tr><td>Amount Required this Action:</td><td></td></tr><tr><td>Amount Required Prior Awards:</td><td></td></tr><tr><td>Total Match Amount Required:</td><td></td></tr><tr><td>Research and Development (R&D)</td><td>No</td></tr></tbody></table>		Total Obligated by This Action:	\$185,000	Cumulative Prior Awards this Budget Period:	\$0	Total Federal Funds Awarded to Date:	\$0	Match Required	No	Amount Required this Action:		Amount Required Prior Awards:		Total Match Amount Required:		Research and Development (R&D)	No
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Source of Funds: Account to Assist Persons Formerly in Foster Care		CFDA: NA	FAIN: NA																																						
Federal Grant Award Date by Federal Agency:		Federal Grant #: NA																																							
Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none">1. This award is subject to the availability of appropriate funds.2. Expenditures must comply with appropriate state statutory guidelines and/or federal regulations, the DCFS 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. 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.5. Financial Status Reports and Requests for Funds must be submitted by the 15th of each month, unless specific exceptions are provided in writing by the grant administrator.6. The recipient of these funds agrees to stipulations listed in the incorporated documents.																																									
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements;		Section D: Financial Status Reports and Requests for Funds Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; and Section G: Confidentiality Addendum																																							
Authorized Official Name	Signature		Date																																						
Jennie F. Bear Grants & Project Analyst II																																									
for Ross E. Armstrong Administrator, Division of Child & Family Services																																									