

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

**SUBRECIPIENT AGREEMENT**

This Subrecipient Agreement is entered into between the Nevada Division of Child and Family Services (referred to as "Division") and Awaken (referred to as "Subrecipient").

<b>Program Name</b>	VOCA Victim Assistance	<b>Subrecipient Name</b>	Washoe County Human Services Agency
<b>Federal Grant Number</b>	2017-VA-GX-0085	<b>Subaward Number</b>	16575-17-054
<b>Federal Amount</b>	918,000	<b>Contact Name</b>	Amber Howell
<b>Non-Federal (Match) Amount</b>	229,500	<b>Address</b>	PO Box 11130 Reno, NV 89520
<b>Total Award</b>	1,147,611		
<b>Performance Period</b>	July 1, 2018 through June 30, 2019		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding will be required to be documented on the Monthly Financial Status and Request for Funds Request form and will be verified during subrecipient monitoring.

This subaward is subject to the requirements (federal, state financial and program assurances) established by the federal government, the State of Nevada and the Division as well as any local code, ordinances and policy. This subaward is subject to the availability of funding. Special Conditions: This project is approved subject to the conditions and limitations set forth on the following pages(s): Section A-Assurances and Certifications; Section B- Description of Services, Scope of Work and Deliverables; Section C- Budget and Financial Reporting Requirements; Section E- Audit Information Request; Section F- Current and Former State Employee Disclaimer; and Section G- Confidentiality Addendum.

Authorized Subrecipient Official Title	Signature	Date
Jean Booth Grants and Projects Analyst II		
for Ross E. Armstrong Administrator, Division of Child & Family Services		