



State of Nevada
Department of Health and Human Services
Division of Child & Family Services
(hereinafter referred to as the Division)

Subaward #: **3141-19-001**
Budget Account: 3141
Category: 9 & 13
GL: 8516
Job Number:

NOTICE OF SUBAWARD

Program Name: Washoe County Child Welfare		Subrecipient Name: Washoe County Human Services Agency Amber Howell		
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2066		Address: PO Box 11130 Reno, NV 89520		
Performance Period: July 1, 2018 through June 30, 2019		Subrecipients: EIN: 88-60000138 Vendor #: T40283400A Dun & Bradstreet: 073786998		
Purpose of Award: Adoption, Foster Care and Guardianship administration and placement costs				
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe				
Approved Budget Categories: 1. Personnel \$ _____ 2. Travel \$ _____ 3. Supplies \$ _____ 4. Equipment \$ _____ 5. Contractual/Consultant \$ 17,143,440 6. Training \$ _____ 7. Other \$ _____ 8. Indirect \$ _____ Total Cost: \$ 17,143,440		Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subaward</i> . Total reimbursement will not exceed \$17,143,440 during the subaward period.		
Source of Funds: 1. Title IV-E Adoption 2. Title IV-E Foster Care 3. Kinship Guardianship		% Funds: 30% 65% 5%	CFDA: 93.659 93.658 93.090	FAIN: NA Federal Grant #: 1801NVADPT/1901NVADPT 1801NVFOST/1901NVFOST 1801NVGARD/1901NVGARD
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. 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: Audit Information Request; Section E: Current/Former State Employee Disclaimer; and Section F: Confidentiality Addendum				
Authorized Subgrantee Official Title		Signature		Date
Kelsey McCann-Navarro Social Services Program Specialist III				
for Ross E. Armstrong Administrator, Division of Child & Family Services				