

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

Subaward #:	93669-17-004		
Budget Account:	3145		
Category:	12		
GL:			
Job Number:	9366917		

NOTICE OF SUBAWARD

Program Name:	Subrecir	iont's Nam	٠٥٠	· · · · · · · · · · · · · · · · · · ·			
Child Abuse and Neglect	Subrecipient's Name:						
Offilia Abase and Neglect	Washoe County Human Service Agency Contact: Amber Howell						
Adduses							
Address:	Address						
4126 Technology Way, 3 rd Floor	P O Box						
Carson City, NV 89706-2009	Reno, N\						
Project Period:	<u>Subrecip</u>						
June 1, 2018 through September 30, 2019		EIN:	88-6000138				
Budget Period:		Vendor #:	T40283400A				
June 1, 2018 through September 30, 2019	Dun & B	radstreet:	073786998				
Purpose of Award: Provide treatment and prevention activities through interactive play and visitation.							
Region(s) to be served: ☐ Statewide ☑ Specific county or counties:Washoe							
Approved Budget Categories		mputation					
1. Personnel <u>\$0.00</u>	Total Obli	gated by This	s Action:	\$2	<u>2,049.00</u>		
2. Travel/Training \$0.00			ds this Budget Pe	riod:	<u>\$0.00</u>		
3. Operating \$0.00	Total Fed	eral Funds A	warded to Date:		<u>\$0.00</u>		
4. Equipment \$22,049.00	1						
5. Contractual/Consultant \$0.00	Match Re		A = (2 =	No			
6. Other \$0.00		equired this			<u>\$0.00</u>		
TOTAL DIRECT COSTS \$22,049.00		Amount Required Prior Awards: \$0.00 Total Match Amount Required: \$0.00					
7. Indirect Costs \$0.00 TOTAL COSTS \$22,049.00				Ma	<u>\$0.00</u>		
TOTAL COSTS \$22,049.00	Research and Development (R&D) No						
Source of Funds:		CFDA:	FAIN:	Federal Gran	<u>ıt_#</u> :		
CAPTA 42 U.S.C. 5101		93.669	1701NVCA01	1701N	IVCA01		
Federal Grant Award Date by Federal Agency:		10/01/2016 through 9/30/2021					
Terms and Conditions:							
In accepting these grant funds, it is understood that: 1. This award is subject to the availability of appropriate funds.							
 Expenditures must comply with appropriate state statutory guide 	elines and/or fed	eral regulation	s the DCES Grant I	nstructions and			
Requirements, and the State Administrative Manual.	inios anaro: iça	oral rogalation		non donono di d			
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.							
 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 i	corporated doc	ıments.					
Incorporated Documents:			l Status Reports an	d Requests for I	unds		
Section A: Assurances; Section E: Audit Information Request;							
Section B: Description of Services, Scope of Work and Deliverables; Section F: Current/Former State Employee Disclaimer; and							
Section C: Budget and Financial Reporting Requirements; Section G: Confidentiality Addendum.							
Authorized Official Name		Signature			Date		
Hayley Jarolimek							
Social Services Chief							
for Ross E. Armstrong			· · · · · · · · · · · · · · · · · · ·				
Administrator, Division of Child & Family Services							