

State of Nevada Department of Health and Human Services Division of Welfare and Supportive Services

| Agency Ref. #: | CC1905 |
|-----------------|--------|
| Budget Account: | 3267 |
| Category: | 20 |
| GL: | 9043 |
| Job Number: | 93575 |
| | |

NOTICE OF SUBAWARD

| Program Name: | | Subre | cipient's Nam | ne: | |
|---|-----------------------|---|-------------------|-------------------|--------------------------|
| Child Care Licensing | | Washoe County Human Service Agency (County of Washoe) | | | |
| Division of Welfare and Supportive Services | | Leslie Williams, Division Director | | | |
| Address: | | Addre | ess: | | |
| 1470 College Parkway | | | 3ox 11130 | | |
| Carson City, NV 89706 | | Reno, NV 89520-0027 | | | |
| Project Period: | | Subre | ecipient's: | | |
| July 01, 2018 through June 30, 2019 | | | EIN | I: *****0138 | |
| De las (De de l | | | Vendor # | #: T40283400 | |
| Budget Period: July 01, 2018 through June 30, 2019 | | Du | n & Bradstree | t: 073786998 | |
| | | | | | |
| Purpose of Award: This subaward is to | | | | | |
| providers within Washoe County under th | ne provisions gran | ited in the | Nevada Revise | ed Statutes (NRS) | 432A. |
| Region(s) to be served: | Specific county or co | ounties: <u>W</u> | ashoe County | | |
| Approved Budget Categories: | | AWARD C | OMPUTATION: | | |
| 1. Personnel | \$279,435.00 | Total Oblig | ated by This Acti | \$324,907.00 | |
| 2. Travel/Training | \$0.00 | Cumulative Prior Awards this Budget Period: | | | \$0.00 |
| 3. Supplies/ Operating | \$5,000.00 | Total Federal Funds Awarded to Date: | | | \$324,907.00 |
| 4. Equipment | \$0.00 | | | | |
| 5. Contractual/Consultant | \$25,000.00 | Match Req | uired 🗆 Y 🗹 |] N | |
| 6. Other Expenses | \$0.00 | Amount Required This Action: | | | \$0.00 |
| | | Amount Required Prior Awards: | | | \$0.00 |
| TOTAL DIRECT COSTS | \$309,435.00 | Total Match | n Amount Require | \$0.00 | |
| 7. Administrative / Indirect Costs | \$15,472.00 | Research and Development (R&D) | | | |
| 8. MATCH | \$0.00 | Must be completed for federal funding sources. If | | | |
| | | multiple federal sources apply, fill out the optional | | | |
| TOTAL APPROVED BUDGET \$324,907.00 | | Subaward Additional Funding Sheet and leave this | | | is |
| | | section bla | nk. | | |
| Source of Funds: | <u>% of Funds:</u> | CFDA: | FAIN: | Federal Grant #: | Federal Grant Award Date |
| | | | | | by Federal Agency: |
| Administration for Children & Families, | 100% | 93.575 | G1801NVCCDF | 2018G996005 | 10/19/2017 |
| Child Care Development Block | | | | | |
| Terms and Conditions: | | | | | |

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 DWSS 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.

Incorporated Documents:

- Section A:
 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: Section G: | Current/Former State Employed Confidentiality Addendum | e Disclaimer; | |
|-------------------------------------|---|---------------|------|
| Washoe County Leslie William | Human Services Agency | Signature | Date |
| Grant Manager I Millie Cady | Name: | | |
| Chief, Child Care Christell Aske | | | |
| DWSS Administ Steve H. Fish | | | |