

State of Nevada

Department of Health and Human Services

Aging and Disability Services Division (ADSD)

Award Number:	16-000-04-2H-19
Date:	09/13/2018
New or Revised:	New
Funding FY:	2019

NOTICE OF SURAWARD

		OHOL) 30D/	MAND		Awaid Type.	rixeu ree
ADSD Program Name:				Subrecipient	Name and Ad	ldress:	
			Washoe County Human Services Agency				
Grants Management			P.O. Box 11130; Reno, NV 89502				
Address:				Program Name and Address:			
3416 Goni Road, #D-132				Senior Services Division			
Carson City, NV 89706				1155 E. 9th Street; Reno, NV 89512			
Funded Service:				Subrecipient'	<u>'s</u> :		
Home-Delivered Meals					EIN:	88-6000013	38
Budget Period:			ı		Vendor #:	T4028340	0
10/01/2018 - 09/30/2019			Dun -	& Bradstreet:	07378699	8	
Purpose of Award: Funding For Fiscal Year 2019 Nutrition Programs.							
Region(s) to be served:	Statew	ide ☑ Sp	ecific county o	r counties:	Washpe Count	у	
Approved Budget Categor	ies:			AWARD COMP	PUTATION:		
Personnel			\$0	Total Obligated	by This Action:		\$837,771
2. Travel/Training			\$0	Cumulative Prior Awards this Budget Period:			\$0
3. Operating			\$0	Total Federal Funds Awarded to Date:		o Date:	\$640,193
4. Equipment			\$0	Total State Funds Awarded to Date:)ate:	\$197,578
Contractual/Consultant			\$824,166	Total Funds Awarded:			\$837,771
6. Other			\$13,605	Match Required	i ⊡y □	N	
TOTAL DIRECT COSTS			\$837,771	Amount Required This Action:			\$112,989
7. INDIRECT COSTS			\$0	Amount Required Prior Awards:			\$0
8. MATCH			\$112,989	Total Match Am	ount Required:		\$112,989
TOTAL APPROVED BUDGI	ĒΤ		\$837,771	Research and D	Development (Ra	&D) □Y	
					Y=====		
Source(s) of Funds an	<u>d %</u> :	Award:	Supplement:	Deobligation:	Total Awarded:	CFDA / Federal Award	Agency & Award #:
OAA Title III-C	76.4%	\$640,193			\$640,193	93.045 / ACL 1	9AANVT3HD
State - Cat. 15	23.6%	\$197,578			\$197,578	N/A, State	Funds
			J.				
Terms and Conditions:							
n accepting these funds, it is u							
1. This award is subject to the							
 Evnenditures must comply y 	with any etatur	ton, quidolinoc	ADSD Doguire	monto and Dra	anduran for Cra	nt December (DDCDs)	

- comply with any statutory guidelines, ADSD Requirements and Procedures for Grant Programs (RPGPs), and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
- 4. Subrecipient must comply with all applicable Federal and State regulations.
- 5. Subrecipient must comply with the scope of services, outreach, budget and assurances defined in its approved grant application.
- 6. Financial, programmatic reports and/or data entry are due according to ADSD's Subrecipient Reporting Schedule, unless specific exceptions are provided in writing by the award administrator, or funds may be withheld. The Reporting Schedule is available online at:

http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/Reporting/ReportingSchedule.pdf

- 7. Subrecipient agrees to a limited scope audit to settle any financial disagreements or disputes. Audit costs are to be paid by the Subrecipient.
- 8. Subrecipients are required to:
 - (a) Support meaningful involvement of clients in the planning, implementation, and evaluation of the funded program; (b) Demonstrate ability to deliver culturally competent and accessible services to the community the Subrecipient services; (c) Demonstrate accountability for collaboration; (d) Adhere to ADSD's General Service Specifications and the Service-Specific Service Specifications for the funded service; and (e) Submit accurate, up-to-date information on this funded service to Nevada 2-1-1 for inclusion in its resource directory at www.Nevada211.org.

Incorporated Documents:

Included with the Notice of Subaward:

Section A: Confidentiality Addendum (signature required)

Section F: Financial Report and Request for Funds (signature required when submitted)

 $\textbf{Download the following documents online for review/signature:} \quad \underline{\texttt{http://adsd.nv.gov/Programs/Grant/SubawardIncorporatedDocs/}}$

Section B: Assurances

Section C: Budget and Financial Reporting Requirements

Section D: Current/Former State Employee Disclaimer (signature required)

Section E: Audit Information Request (signature required)

Section F: Financial Report and Request for Funds

Suba	ward	Acce	ptance:

Subrecipient Authorized Official - Name and Title:	Signature:	Date:
Marsha Berkingler, Chair Washie County Board of County Commissioners	Marsla Berkbier	11/29/2018
ADSD Authorized Official - Name and Title:	Signature:	Date:
Jeffrey S. Duncan, PAC Social Services Chief II for Dena Schmidt, Administrator	Short Silver	09/13/2018

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