

## State of Nevada

Department of Health and Human Services

## Grants Management Unit (hereinafter referred to as the Department)

Agency Ref. #: DO 1088 Budget Account: Category: \_\_\_\_ 8516 Sub Account: 03

**NOTICE OF SUBAWARD** 

Account for Family Planning			Subrecipient's Name: Washoe County Health District				
Grants Management Unit	Lisa Lottritz / llottritz@washo	ecounty.us					
Julia Peek / jpeek@health.nv.gov Address:			Address:				
4126 Technology Way, Suite #100 Carson City, NV 89706-2009			1001 E 9th Street, Bldg. B, P,O. Box 11130 Reno, NV 89512-2845				
Subaward Period:			Subrecipient's:				
November 1, 2019 through June 30, 2021				88-6000138			
"				T40283400Q D73786998			
Purpose of Award: Provide family planning services to people with difficulties obtaining such services.							
Region(s) to be served: ☐ Statewide ☑ Specific county or counties: Washoe County							
Approved Budget Categories:			FEDERAL AWARD COMPUTATION: Total Obligated by this Action: \$ 0.00				
1. Personnel	\$312,999.00	Cur	nulative Prior Awards this Bud	\$ \$	0.00		
2. Travel	\$0.00	Total	al Federal Funds Awarded to	Date:	\$	0.00	
3. Operating	\$121,300.00	Mat	ch Required □ Y 図 N				
4. Equipment			Amount Required this Action:			0.00	
		Am	Amount Required Prior Awards:		\$ \$	0.00 0.00	
5. Contractual/Consultant	Re		Research and Development (R&D) □ Y 図 N			0.00	
		N/A	eral Budget Period:			·	
7. Other \$0.00		Fed	eral Project Period:	•			
TOTAL DIRECT COSTS	FAL DIRECT COSTS \$434,299.00 N/A						
8. Indirect Costs	8. Indirect Costs \$60,802.00 FOR AGENCY USE, ONLY						
TOTAL APPROVED BUDGET	\$495,101.00						
Source of Funds: State General Fund	<u>%</u>	CFD/	: FAIN:	Federal Grant #:	Federal Gra	nt Award	
Cource of Fullus. Otale General Fullu		CLD	r LAIN	i ederal Grantin.			
Source of Fullus. Otate General Fullu	Funds:	<u>GFD#</u>	. FAIN	i ederal Oralicin.	Date by I	ederal	
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