




State of Nevada
Department of Health and Human Services
Aging and Disability Services Division

Agency Ref. #: **16-000-02-LB-20**
Budget Account: **3140 / 3266**
Category: **14 / 9**
GL: **8580**
Job Number: **N/A / 9304419**

SUBAWARD AMENDMENT #1

Program Name: ADSD Planning, Advocacy and Community Services (PAC) Unit Grants Management Contact Name: Alexandra Crocket, ACrocket@adsd.nv.gov	Subrecipient's Name: Washoe County Contact Name: Amber Howell, Director WCHSA / AHowell@washoecounty.us				
Address: 3416 Goni Road, #D-132 Carson City, NV 89706	Address: 1001 E 9th Street Reno, NV 89512				
Subaward Period: 7/1/2019 – 6/30/2020 Subaward Type: Categorical	Amendment Effective Date: Upon approval by all parties.				
This amendment reflects a change to: <input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget					
Reason for Amendment: Supplemental ILG funds to reduce waitlist. Subaward Type changed from Fixed-Fee to Categorical to allow funds to be used per ACL and the State Emergency Declaration for COVID-19 response efforts during March – June 2020.					
Required Changes: <table style="width: 100%;"> <tr> <td style="width: 30%;">Current Language:</td> <td> Subaward Type: Categorical (\$21,600); Fixed-Fee (\$108,000) at \$15 per hour. Total reimbursement through this subaward will not exceed \$129,600.00. See Section C and H of the original subaward. </td> </tr> <tr> <td>Amended Language:</td> <td> Subaward Type: Categorical Total reimbursement through this subaward will not exceed \$154,600.00. See attached Sections C and H revised on 6/29/2020. </td> </tr> </table>		Current Language:	Subaward Type: Categorical (\$21,600); Fixed-Fee (\$108,000) at \$15 per hour. Total reimbursement through this subaward will not exceed \$129,600.00. See Section C and H of the original subaward.	Amended Language:	Subaward Type: Categorical Total reimbursement through this subaward will not exceed \$154,600.00. See attached Sections C and H revised on 6/29/2020 .
Current Language:	Subaward Type: Categorical (\$21,600); Fixed-Fee (\$108,000) at \$15 per hour. Total reimbursement through this subaward will not exceed \$129,600.00. See Section C and H of the original subaward.				
Amended Language:	Subaward Type: Categorical Total reimbursement through this subaward will not exceed \$154,600.00. See attached Sections C and H revised on 6/29/2020 .				
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget		
1. Personnel	\$20,207.66	\$5,000.00	\$25,207.66		
2. Travel	\$0.00	\$0.00	\$0.00		
3. Operating	\$0.00	\$0.00	\$0.00		
4. Equipment	\$0.00	\$0.00	\$0.00		
5. Contractual/Consultant	\$108,000.00	\$20,000.00	\$128,000.00		
6. Training	\$0.00	\$0.00	\$0.00		
7. Other	\$0.00	\$0.00	\$0.00		
TOTAL DIRECT COSTS	\$128,207.66	\$25,000.00	\$153,207.66		
8. Indirect Costs	\$1,392.34	\$0.00	\$1,392.34		
TOTAL APPROVED BUDGET	\$129,600.00	\$25,000.00	\$154,600.00		
Incorporated Documents: Notice of Subaward Additional State Funding Sheet Notice of Subaward Additional Federal Funding Sheet Section C: Budget and Financial Reporting Requirements revised on 06/29/2020 Section H: Matching Funds Agreement revised on 06/29/2020					

By signing this Amendment, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Authorized Sub-Recipient Official's Name, Title	Signature	Date
Amber Howell, Director WCHSA		
Jeffrey S. Duncan, Chief II For Dena Schmidt, ADSD Administrator		06/29/2020

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

NOTICE OF SUBAWARD ADDITIONAL STATE FUNDING SHEET

State Award Computation				
Total Obligated by this Action:				\$ 25,000.00
Cumulative Prior Awards this Budget Period:				\$ 57,400.00
Total State Funds Awarded to Date:				\$ 82,400.00
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Total Match Amount Required:				\$ 12,360.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
State Budget Period: 7/1/2019 – 6/30/2020				
FOR AGENCY USE ONLY				
Source of Funds:	% Funds:	CFDA:	FAIN:	FEDERAL GRANT #:
Independent Living Grant (ILG)	53.30%	N/A	N/A	N/A
Federal Grant Award Date by Federal Agency:		N/A		

NOTICE OF SUBAWARD ADDITIONAL FEDERAL FUNDING SHEET

Federal Award Computation				
Total Obligated by this Action:				\$ 0.00
Cumulative Prior Awards this Budget Period:				\$ 72,200.00
Total Federal Funds Awarded to Date:				\$ 72,200.00
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Total Match Amount Required:				\$ 12,743.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Federal Budget Period: 10/01/2018 – 09/30/2020				
Federal Project Period: 10/01/2018 – 09/30/2020				
FOR AGENCY USE ONLY				
Source of Funds:	% Funds:	CFDA:	FAIN:	FEDERAL GRANT #:
Administration for Community Living (ACL); Older Americans Act, Title III-B	46.70%	93.044	1901NVOASS	1901NVOASS
Federal Grant Award Date by Federal Agency:		12/20/2018		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

SECTION C - AMENDED

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 16-000-02-LB-20 from the Aging and Disability Services Division (ADSD). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor ADSD.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 16-000-02-LB-20 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget:

CATEGORICAL Budget #1 (Originally FIXED-FEE Budget)

Applicant Name:	Washoe County	Subaward & Service Type:	Fixed-Fee; Homemaker
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PROPOSED BUDGET NARRATIVE - FY20
Older Adult Social Services - 3rd Year, Non-Competitive

Personnel Costs		Fringe Only:		\$0.00	Total:		\$5,000.00
List staff, positions, salaries/rate of pay, fringe rate, percent of direct-service time to be spent on the project and the number of months to calculate the amount requested.							
A. Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN)		Annual Salary	Fringe Rate	% of Time	Months	Amount Requested	
B. Provide a breakdown of the type of fringe benefits provided, such as health insurance, Medicare, FICA, worker's compensation, retirement, etc. -AND- Describe position duties as they relate to the funding and program objectives. Expand rows as needed.							
A. Challstrom, Alexis Case Worker III (PCN#70000928)		\$78,554.01	41.56%	1.00%	12.00	\$1,112.24	
B. Fringe benefits include medical insurance, retirement, medicare, workmans compensation, and unemployment compensation. The Case Worker III positions perform a broad range of difficult and complex professional casework duties. For example, the Case Workers interview people and investigate cases concerning adult services; prepare and maintain case reports and documentation; and counsel clients and families regarding hospitalization, discharge plans, nursing home care, adult group care and mental health needs.							
A. Hurtado, Amber Case Worker III (PCN#70001124)		\$82,016.91	45.30%	1.00%	12.00	\$1,191.94	
B. Fringe benefits include medical insurance, retirement, medicare, workmans compensation, and unemployment compensation. The Case Worker III positions perform a broad range of difficult and complex professional casework duties. For example, the Case Workers interview people and investigate cases concerning adult services; prepare and maintain case reports and documentation; and counsel clients and families regarding hospitalization, discharge plans, nursing home care, adult group care and mental health needs.							
A. Smith, Maria Case Worker III (PCN#70000927)		\$86,537.49	48.70%	1.00%	12.00	\$1,287.04	
B. Fringe benefits include medical insurance, retirement, medicare, workmans compensation, and unemployment compensation. The Case Worker III positions perform a broad range of difficult and complex professional casework duties. For example, the Case Workers interview people and investigate cases concerning adult services; prepare and maintain case reports and documentation; and counsel clients and families regarding hospitalization, discharge plans, nursing home care, adult group care and mental health needs.							
A. Wolford-Beaupre, Trisha Case Worker III (PCN#70000931)		\$86,487.49	44.63%	1.13%	12.00	\$1,408.78	
B. Fringe benefits include medical insurance, retirement, medicare, workmans compensation, and unemployment compensation. The Case Worker III positions perform a broad range of difficult and complex professional casework duties. For example, the Case Workers interview people and investigate cases concerning adult services; prepare and maintain case reports and documentation; and counsel clients and families regarding hospitalization, discharge plans, nursing home care, adult group care and mental health needs.							
A.						\$0.00	
B.							

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

CATEGORICAL Budget #1 (Originally FIXED-FEE Budget), continued.

Applicant Name: Washoe County	Subaward & Service Type: Fixed-Fee; Homemaker
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Travel/Training					Total:	\$0.00
Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.						
Out-of-State Travel					Trip total:	\$0.00
<i>Enter Title of Trip & Destination here, such as "CDC Conference: San Diego, CA"</i>						
Airfare: cost per trip (origin & designation) x # of trips x # of staff	Cost	# of Trips	# of days	# of Staff		\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff						\$0.00
Ground Transportation: \$ per r/trip x # of trips x # of staff						\$0.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff						\$0.00
Parking: \$ per day x # of trips x # of days x # of staff						\$0.00
Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						
*If traveling to more than 1 out-of-state destination, copy section above and insert here.						
In-State Travel					Trip total:	\$0.00
<i>Enter Origin & Destination Here*</i>						
Airfare: cost per trip (origin & designation) x # of trips x # of staff	Cost	# of Trips	# of days	# of Staff		\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff						\$0.00
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days						\$0.00
Mileage (see below for general mileage): (rate per mile x # of miles per r/trip) x # of trips x # of staff						\$0.00
Parking: \$ per day x # of trips x # of days x # of staff						\$0.00
Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						
*If traveling to more than 1 in-state destination, copy section above and insert here.						
If requesting general mileage for operational purposes and not specific trips, complete the following section with the total general mileage expense in the cost column. If more than one staff is traveling, provide a calculation of each staff member's mileage and the reason for general travel.						
General Mileage: (rate per mile x # of miles)	Cost	General Mileage Total:				\$0.00
Calculation(s) and Reason(s):						

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

CATEGORICAL Budget #1 (Originally FIXED-FEE Budget), continued.

Applicant Name:	Washoe County	Subaward & Service Type:	Fixed-Fee; Homemaker
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Operating		Total:	\$0.00
Include any facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.			
Enter Description(s) Below:			Amount:
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Justification: (Enter below, expand row as needed) Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.			

Equipment		Total:	\$0.00
List equipment to purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment costing less than \$5,000 should be listed under Operating. Justify these items.			
Enter Description(s) Below:			Amount:
			\$0.00
			\$0.00

Contractual		Total:	\$127,600.00
Explain the need and/or purpose for the contractual or consultant service. Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Only include costs for which there is a <u>written agreement or contract</u> . Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. Expand rows as needed.			
<u>Enter Name of Contractor, Subrecipient here: Freedom Home Health</u>			
<u>Method of Selection:</u> Competitive selection			
<u>Period of Performance:</u> 07/01/2019-06/30/2020			
<u>Sole Source Justification:</u> (Define if sole source method, not needed for competitive bid.)			
<u>Scope of Work:</u> Perform services in order to provide a safe and sanitary living environment for the client.			
<u>Method of Accountability:</u> Washoe County Case Managers ensure services are provided to eligible individuals and monitor the services provided.			
<u>Other Justification:</u> (Other information that will help justify the use of this contractor.)			
<u>Cost Calculation:</u> Homemaker quarter hour service unit is \$3.75. Approximately 5,425 service hours are authorized per year.			
<u>Enter Name of Contractor, Subrecipient here: All Valley Home Care</u>			
<u>Method of Selection:</u> Competitive selection			
<u>Period of Performance:</u> 07/01/2019-06/30/2020			
<u>Sole Source Justification:</u> (Define if sole source method, not needed for competitive bid.)			
<u>Scope of Work:</u> Perform services in order to provide a safe and sanitary living environment for the client.			
			\$91,375.00
			\$36,225.00

Applicant Name:	Washoe County	Subaward & Service Type:	Fixed-Fee; Homemaker
<u>Method of Accountability:</u> Washoe County Case Managers ensure services are provided to eligible individuals and monitor the services provided.			
<u>Other Justification:</u> (Other information that will help justify the use of this contractor.)			
<u>Cost Calculation:</u> Homemaker quarter hour service unit is \$3.75. Approximately 1,825 service hours are authorized per year.			
*If more than one Contractor/Consultant, copy section above and insert here.			

**STATE OF NEVADA
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AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

CATEGORICAL Budget #1 (Originally FIXED-FEE Budget), continued.

Applicant Name: Washoe County	Subaward & Service Type: Fixed-Fee; Homemaker
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Other	Total:	\$0.00
Identify and justify other direct expenditures that cannot be identified within another category, such as audit costs, dues, other insurance, printing and promotional costs, etc. Requested funding must be for this specific proposed program. If cost allocating an expense across multiple programs and sources, provide an explanation and calculation for the portion included here.		
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Justification: (Enter below, expand row as needed) Provide narrative to justify these expenditures and how each budget item supports the project.		

TOTAL DIRECT PROJECT COSTS	\$132,600.00
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Administrative Expenses or Federal Indirect Cost Rate (FICR)	Total:	\$400.00
Administrative expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses must be adequately described and are limited to the maximum rate listed below , depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Administrative expenses do not apply to equipment or fixed-fee subawards. Reference the Requirements and Procedures for Grant Programs (RPGPs) GR - 20*.		
Choose ONE type of rate according to funding source and provide calculation or explanations:		RATE:
1. State Funding: 8% (ILG, State Volunteer, State Transportation funding)		8.00%
2. Federal Funding: 10% of Modified Direct Costs (maximum allowable rate)		
3. Federal Indirect Cost Rate (FICR): Identify approved FICR & attach letter to application. In cell below, describe how the total indirect amount was calculated based on letter guidance and exceptions. Expand row as needed.		0.00%
FICR Calculation:		

TOTAL BUDGET REQUEST	\$133,000.00
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

CATEGORICAL Budget #1 (Originally FIXED-FEE Budget), continued.

Applicant Name:	Washoe County	Type of Service:	Fixed-Fee; Homemaker
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PROPOSED BUDGET SUMMARY - FY20
Older Adult Social Services - 3rd Year, Non-Competitive

PATTERN BOXES ARE FORMULA DRIVEN; Enter info in orange cells.

A. FUNDING SOURCES	ADSD Funds	MATCH *	Fund 225 - Senior Services Case Management				N/A	TOTAL
PENDING OR SECURED	Pending	Secured	Pending	N/A	N/A	N/A	N/A	
ENTER TOTAL FUNDING	\$133,000.00	\$0.00	\$1,491,961.00				\$0.00	\$1,624,961.00

EXPENSE CATEGORY

Personnel	\$5,000.00	\$0.00	\$1,156,339.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,161,339.00
Travel/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Operating	\$0.00	\$0.00	\$335,622.00	\$0.00	\$0.00	\$0.00	\$0.00	\$335,622.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractual/Consultant	\$127,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$127,600.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400.00

TOTAL EXPENSE	\$133,000.00	\$0.00	\$1,491,961.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,624,961.00
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These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$400.00						Total Agency Budget	\$1,624,961.00
Indirect % of Budget	8.00%						ADSD Percent of Agency Budget	8%

B. Comments regarding budget summary, if applicable.

Funding Sources in Section A reflect the portion of the Washoe County Human Services Agency Budget dedicated to supporting the Case Management Program which includes the case management, homemaker and representative payee sub-programs. Amounts reported are WCHSA's proposed FY20 budget that is pending approval from the Washoe County Board of County Commissioners and the State of Nevada. Approval is expected in May 2019.

C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.

The match will come from Washoe County Ad Valorem Funds. Match funds are included in the Washoe County Human Services Agency FY20 proposed budget for Fund 225. FY20 budget is pending approval by the Washoe County Board of County Commissioners and the State of Nevada in May 2019.

D. List potential amounts and sources of program income (required); and describe if the project plans to have a sliding fee scale or voluntary contributions.

Washoe County has budgeted for \$550 in program income comprised of voluntary contributions made by clients.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

CATEGORICAL Budget #2

Applicant Name:	Washoe County Human Services Agency	Subaward & Service Type:	#NAME?
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PROPOSED BUDGET NARRATIVE - FY20
Older Adult Social Services - 3rd Year, Non-Competitive

Personnel Costs		Fringe Only: \$6,283.31		Total: \$20,207.66		
List staff, positions, salaries/rate of pay, fringe rate, percent of direct-service time to be spent on the project and the number of months to calculate the amount requested.						
A. Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN)	B. Provide a breakdown of the type of fringe benefits provided, such as health insurance, Medicare, FICA, worker's compensation, retirement, etc. -AND- Describe position duties as they relate to the funding and program objectives. Expand rows as needed.	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
A. Challstrom, Alexis Case Worker III (PCN#7000928)	B. Fringe benefits include medical insurance, retirement, medicare, workmans compensation, and unemployment compensation. The Case Worker III positions perform a broad range of difficult and complex professional casework duties. For example, the Case Workers interview people and investigate cases concerning adult services; prepare and maintain case reports and documentation; and counsel clients and families regarding hospitalization, discharge plans, nursing home care, adult group care and mental health needs.	\$78,554.01	41.56%	4.17%	12.00	\$4,641.76
A. Hurtado, Amber Case Worker III (PCN#70001124)	B. Fringe benefits include medical insurance, retirement, medicare, workmans compensation, and unemployment compensation. The Case Worker III positions perform a broad range of difficult and complex professional casework duties. For example, the Case Workers interview people and investigate cases concerning adult services; prepare and maintain case reports and documentation; and counsel clients and families regarding hospitalization, discharge plans, nursing home care, adult group care and mental health needs.	\$82,016.91	45.30%	4.17%	12.00	\$4,974.41
A. Smith, Maria Case Worker III (PCN#7000927)	B. Fringe benefits include medical insurance, retirement, medicare, workmans compensation, and unemployment compensation. The Case Worker III positions perform a broad range of difficult and complex professional casework duties. For example, the Case Workers interview people and investigate cases concerning adult services; prepare and maintain case reports and documentation; and counsel clients and families regarding hospitalization, discharge plans, nursing home care, adult group care and mental health needs.	\$86,537.49	48.70%	4.17%	12.00	\$5,371.39
A. Wolford-Beaupre, Trisha Case Worker III (PCN#7000931)	B. Fringe benefits include medical insurance, retirement, medicare, workmans compensation, and unemployment compensation. The Case Worker III positions perform a broad range of difficult and complex professional casework duties. For example, the Case Workers interview people and investigate cases concerning adult services; prepare and maintain case reports and documentation; and counsel clients and families regarding hospitalization, discharge plans, nursing home care, adult group care and mental health needs.	\$86,487.49	44.63%	4.17%	12.00	\$5,220.10
A.	B.					\$0.00
A.	B.					\$0.00

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

CATEGORICAL Budget #2, continued

Applicant Name: Washoe County Human Services Agency	Subaward & Service Type: #NAME?
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Travel/Training					Total:	\$0.00
Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.						
Out-of-State Travel					Trip total:	\$0.00
<i>Enter Title of Trip & Destination here, such as "CDC Conference, San Diego, CA"</i>						
	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff						\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff						\$0.00
Ground Transportation: \$ per r/trip x # of trips x # of staff						\$0.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff						\$0.00
Parking: \$ per day x # of trips x # of days x # of staff						\$0.00
Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						
*If traveling to more than 1 out-of-state destination, copy section above and insert here.						
In-State Travel					Trip total:	\$0.00
<i>Enter Origin & Destination Here*</i>						
	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff						\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff						\$0.00
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days						\$0.00
Mileage (see below for general mileage): (rate per mile x # of miles per r/trip) x # of trips x # of staff						\$0.00
Parking: \$ per day x # of trips x # of days x # of staff						\$0.00
Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						
*If traveling to more than 1 in-state destination, copy section above and insert here.						
If requesting general mileage for operational purposes and not specific trips, complete the following section with the total general mileage expense in the cost column. If more than one staff is traveling, provide a calculation of each staff member's mileage and the reason for general travel.						
General Mileage: (rate per mile x # of miles)	Cost	General Mileage Total:			\$0.00	
Calculation(s) and Reason(s):						

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NOTICE OF SUBAWARD**

CATEGORICAL Budget #2, continued

Applicant Name:	Washoe County Human Services Agency	Subaward & Service Type:	#NAME?
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Operating		Total: \$0.00
<p><small>Include any facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.</small></p>		
<small>Enter Description(s) Below:</small>		<small>Amount:</small>
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
<p><small>Justification: (Enter below, expand row as needed) Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.</small></p>		

Equipment		Total: \$0.00
<p><small>List equipment to purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment costing less than \$5,000 should be listed under Operating. Justify these items.</small></p>		
<small>Enter Description(s) Below:</small>		<small>Amount:</small>
		\$0.00
		\$0.00

Contractual		Total: \$0.00
<p><small>Explain the need and/or purpose for the contractual or consultant service. Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Only include costs for which there is a <u>written agreement or contract</u>. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. Expand rows as needed.</small></p>		
<small>Enter Name of Contractor, Subrecipient here:</small>		\$0.00
<small>Method of Selection: (explain here, i.e. sole source or competitive bid)</small>		
<small>Period of Performance:</small>		
<small>Scope of Work: (Define scope of work. What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).)</small>		
<small>Sole Source Justification: (Define if sole source method, not needed for competitive bid.)</small>		
<small>Method of Accountability: (Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.)</small>		
<small>Other Justification: (Other information that will help justify the use of this contractor.)</small>		
<small>Cost Calculation: (Explain costs included in this contractor request.)</small>		
<p><small>*If more than one Contractor/Consultant, copy section above and insert here.</small></p>		

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CATEGORICAL Budget #2, continued

Applicant Name: Washoe County Human Services Agency	Subaward & Service Type: #NAME?
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Other		Total:	\$0.00
Identify and justify other direct expenditures that cannot be identified within another category, such as audit costs, dues, other insurance, printing and promotional costs, etc. Requested funding must be for this specific proposed program. If cost allocating an expense across multiple programs and sources, provide an explanation and calculation for the portion included here.			
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Justification: (Enter below, expand row as needed) Provide narrative to justify these expenditures and how each budget item supports the project.			\$0.00

TOTAL DIRECT PROJECT COSTS	\$20,207.66
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Administrative Expenses or Federal Indirect Cost Rate (FICR)		Total:	\$1,392.34
Administrative expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses must be adequately described and are limited to the maximum rate listed below , depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Administrative expenses do not apply to equipment or fixed-fee subawards. Reference the Requirements and Procedures for Grant Programs (RPGPs) GR - 20*.			
Choose ONE type of rate according to funding source and provide calculation or explanations:			RATE:
1. State Funding: 8% (ILG, State Volunteer, State Transportation funding)			X
2. Federal Funding: 10% of Modified Direct Costs (maximum allowable rate)			
3. Federal Indirect Cost Rate (FICR): Identify approved FICR & attach letter to application. In cell below, describe how the total indirect amount was calculated based on letter guidance and exceptions. Expand row as needed.			
FICR Calculation:			

TOTAL BUDGET REQUEST	\$21,600.00
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

CATEGORICAL Budget #2, continued

Applicant Name:	Washoe County Human Services Agency	Type of Service:	#NAME?
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PROPOSED BUDGET SUMMARY - FY20

Older Adult Social Services - 3rd Year, Non-Competitive

PATTERN BOXES ARE FORMULA DRIVEN; Enter info in orange cells.

A. FUNDING SOURCES	ADSD Funds	MATCH *	Fund 225 - Senior Services				N/A	TOTAL
PENDING OR SECURED	Pending	Secured	Secured	N/A	N/A	N/A	N/A	
ENTER TOTAL FUNDING	\$21,600.00	\$12,743.00	\$1,491,961.00				\$0.00	\$1,526,304.00

EXPENSE CATEGORY

Personnel	\$20,207.66	\$12,743.00	\$1,156,339.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,189,289.66
Travel/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Operating	\$0.00	\$0.00	\$335,622.00	\$0.00	\$0.00	\$0.00	\$0.00	\$335,622.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect	\$1,392.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,392.34

TOTAL EXPENSE	\$21,600.00	\$12,743.00	\$1,491,961.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,526,304.00
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These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$1,392.34						Total Agency Budget	\$1,526,304.00
Indirect % of Budget	0.00%						ADSD Percent of Agency Budget	1%

B. Comments regarding budget summary, if applicable.

Funding Sources in Section A reflects the portion of Washoe County Human Services Agency Budget dedicated to supporting the case management program which includes case management, homemaker and representative payee sub-programs.

C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.

The match will come from Washoe County Ad Valorem Funds. Match funds are included in the Washoe County Human Services Agency FY20 proposed budget for Fund 225. FY20 budget has been approved by the Washoe County Board of County Commissioners.

D. List potential amounts and sources of program income (required); and describe if the project plans to have a sliding fee scale or voluntary contributions.

Washoe County has budgeted for \$550 in program income comprised of voluntary contributions made by clients which is tracked in the ILG portion of the grant.

- Department of Health and Human Services policy allows no more than 10% flexibility of the total, not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal or state program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$154,600.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items Aging and Disability Services Division must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. Administration for Community Living (ACL).
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- Aging and Disability Services Division will conduct programmatic and financial monitoring of the project on an annual basis or as determined necessary based on a risk assessment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.

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SECTION H- AMENDED

Matching Funds Agreement

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County (referred to as "Subrecipient").

Program Name	ADSD / PAC Grants Management	Subrecipient Name	Washoe County
Federal Grant Number	1901NVOASS-01	Subaward Number	16-000-02-LB-20
Federal Amount	\$ 72,200.00	Contact Name	Amber Howell, Director WCHSA
State Amount	\$ 82,400.00	Address	1001 E 9th Street Reno, NV 89512
Non-Federal (Match) Amount	\$ 25,103.00		
Total Award	\$ 154,600.00		
Performance Period	07/01/2019 – 06/30/2020		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded	\$154,600.00
Required Match Percentage	15% (ILG state portion)
	17.649% (15% of III-B federal portion and non-federal amount)
Total Required Match	\$25,103.00

Approved Budget Category		Budgeted Match	
1	Personnel	\$	25,103.00
2	Travel	\$	0.00
3	Operating	\$	0.00
4	Contract/Consultant	\$	0.00
5	Training	\$	0.00
6	Other	\$	0.00
7	Indirect Costs	\$	0.00
	Total	\$	25,103.00

Compliance with this section is acknowledged by signing the subaward cover page of this packet.