

State of Nevada

Department of Health and Human Services

Division of Public & Behavioral Health (hereinafter referred to as the Department)

Agency Ref. #: HD 17803 Budget Account: 3219 Category: _ 13 8516 Sub Org: C4 Job Number: 9332320V

NOTICE OF SUBAWARD

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Program Name: Epidemiology and Laboratory Capacity (ELC) Office of Public Helath Investigations & Epidemiology (OPHIE)			Subrecipient's Name: Washoe County Helath District (WCHD) Kevin Dick, District Health Officeer, WCHD					
Address: 4126 Technology Way, Suite 200 Carson City, NV 89706-2009				Address: 1001 East Ninth Street Reno, NV 89502				
Subaward Period:			-	precipient's:		_		
January 20, 2020 through June 30, 2022				EIN				
			1	Vendor # Dun & Bradstreet				
Purpose of Award: WCHD will use these fur	nds to complete	epidemiolog	ical survei	llance and investigat	ion activities in Washoe County	Nevada	1	
Region(s) to be served: Statewide	Specific county o	r counties:	Washoe	County				
Approved Budget Categories:			FEDER/	AL AWARD COMPU	TATION:	\$		
1. Personnel	rsonnel \$1,424,7						8,924,923.00 0.00	
2. Travel		38.00	Cumulative Prior Awards this Budget Period: \$ Total Federal Funds Awarded to Date: \$ \$				0.00	
3. Operating	\$430,00		Match Required □ Y ⊠ N Amount Required this Action: \$			_ 。		
4. Equipment	\$0.00		Amount Required this Action: Amount Required Prior Awards:			\$	0,00 0,00	
							0.00	
5. Contractual/Consultant	\$4,504,947.00		Research and Development (R&D) □ Y ⊠ N Federal Budget Period:					
6. Training	\$0.00		August 1,2019 through July 31, 2024					
7. Other	\$1,752,464.00		Federal Project Period: August 1,2019 through July 31, 2024					
TOTAL DIRECT COSTS	\$8,113,566.00		FOR AGENCY USE, ONLY					
8. Indirect Costs	\$811,357.00							
TOTAL APPROVED BUDGET	\$8,924,92	23.00						
Source of Funds:		% Funds:	CFDA:	<u>FAIN</u> :	Federal Grant #:	Grant	Award Date by	
Centers for Disease Control and Prevention		100	93.323	MU50CK000560	1 NU50Ck000560-01-04		Federal Agency: April 23, 2020	
Agency Approved Indirect Rate: 10%				Subrec	iplent Approved Indirect Rate	: 10%		
Terms and Conditions: In accepting these grant funds, it is understoo 1. This award is subject to the available 2. Expenditures must comply with any 3. Expenditures must be consistent wi 4. Subrecipient must comply with all a 5. Quarterly progress reports are due to the grant administrator. 6. Financial Status Reports and Requencements.	lity of appropriate statutory guideling the harrative, populicable Federa by the 30th of earth appropriate the state of th	nes, the DH goals and o I regulations och month fo	bjectives, s billowing the nitted mon	and budget as appro	oved and documented unless specific exceptions are perceptions are provided in writin	provided	in writing by	
Incorporated Documents: Section A: Grant Conditions and Assurances; Section A: Grant Conditions and Assurances; Section B: Current/Former State Employee Diselectors								
Section B: Description of Services, Scope of Work and Deliverables; Section B: Description of Services, Scope of Work and Deliverables; Section C: Current/Former State Employee Disclaimer; Section C: DHHS Rusiness Associate Addendum: and								
Section C: Budget and Financial Reporting	Requirements;		1			, wild		
Section D: Request for Reimbursement;								
Name			Signature				Date	
Kevin Dick District Health Officer, WCHD		fin L. Dail					123/200	
Lindsey Kinsinger Manager of Public Health Investigations		Lhr_					7.24.20	
for LIsa Sherych Administrator, DPBH			Ke	er PCO			7/24/20	