



State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
(hereinafter referred to as the Department)

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

NOTICE OF SUBAWARD

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 (\$21,600); Fixed-Fee (\$108,000) at \$15 per hour	Subrecipient's: EIN: 88-60000138 Vendor #: T40283400 Dun & Bradstreet: 073786998

Purpose of Award: Fiscal Year 2020 funding to provide Homemaker Services to individuals deemed eligible per the ADSD Service Specifications.

Region(s) to be served: ☐ Statewide ☒ Specific county or counties: Washoe

Approved Budget Categories:		AWARD COMPUTATION:	
1. Personnel	\$20,207.66	Total Obligated by this Action:	\$ 129,600.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$ 72,200.00
4. Equipment	\$0.00	Total State Funds Awarded to Date:	\$ 57,400.00
5. Contractual/Consultant	\$108,000.00	Total Funds Awarded:	\$ 129,600.00
6. Training	\$0.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
7. Other	\$0.00	Amount Required this Action:	\$ 21,353.00
TOTAL DIRECT COSTS	\$128,207.66	Amount Required Prior Awards:	\$ 0.00
8. Indirect Costs	\$1,392.34	Total Match Amount Required:	\$ 21,353.00
TOTAL APPROVED BUDGET	\$129,600.00	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 #:	Federal Grant Award Date by Federal Agency:
Independent Living Grant (ILG)	55.71%	N/A	N/A	N/A	N/A
Administration for Community Living (ACL); Older Americans Act, Title III-B	44.29%	93.044	1901NVOASS	1901NVOASS-01	12/20/2018
Agency Approved Indirect Rate: N/A		Subrecipient Approved Indirect Rate: 10% for categorical budget only			

Terms and Conditions:
 In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriated funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, ADSD Requirements and Procedures for Grant Programs (RPGPs), 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 and State regulations.
5. Quarterly progress reports are due by the 15th 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 Reimbursements must be submitted monthly or quarterly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents: Section A: Grant Conditions and 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: Current/Former State Employee Disclaimer; Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement
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Authorized Sub-Recipient Official's Name, Title Amber Howell, Director WCHSA	Signature 	Date 10-7-19
Jeffrey S. Duncan, Chief II For Dena Schmidt, ADSD Administrator		9/13/2019

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

SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and sub-grants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations

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implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County

Subrecipient agrees to work towards ADSD-approved goals, activities and due dates it identified on form NOSA B-1 (FY20), which was completed and submitted to ADSD in July 2019.

Indicate the staff responsible for each of the following:

Compliance Item	Due Date	Indicate Subrecipient Staff Responsible (Name and Title)
Reporting Schedule	Each report applicable to funded service, as outlined at http://adsd.nv.gov/uploadedFiles/adsdnrvgov/content/Programs/Grant/Reporting/ReportingSchedule.pdf	
SAMS and/or Service-Specific Report	10 th calendar day following the month of service	
Request for Reimbursement	15 th calendar day following the month or quarter of service	
Request for Reimbursement – Advance	15 th calendar day before the month of service	
Quarterly Report	15 th calendar day following the quarter of service	
General Service Specifications	Ongoing throughout subaward period – General guidelines for service provision	
Homemaker Service Specifications	Ongoing throughout subaward period – Service-specific guidelines for service provision	
Requirements and Procedures for Grant Programs (RPGPs)	Ongoing throughout subaward period – General guidelines for management of the subaward	
Quality Improvement and Efficiency	As indicated on form NOSA B-1	
Provision of service as described in the approved subaward application	Ongoing throughout subaward period	

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

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SECTION C

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:

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. Christrom, 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	\$76,554.01	41.56%	4.17%	12.00	\$4,641.76
A. Hurtado, Amber Case Worker III (PCN#7001124) 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	\$85,527.43	48.70%	4.17%	12.00	\$5,371.39
A. Wolford Dequora, 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

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CATEGORICAL Budget, 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
Enter Title of Trip & Description Here: <i>(Enter in this column: "Out-of-State Travel")</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 trip x # of trips x # of staff					\$0.00
Mileage: (rate per mile x # of miles per trip) x # of trips x # of staff					\$0.00
Parking: \$ per day x # of trips x # of days x # of staff					\$0.00
<i>Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.</i>					
If traveling to more than 1 out-of-state destination, copy section above and insert here.					
In-State Travel					Trip total: \$0.00
Enter Origin & Destination Here:	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 # of trips x # of days					\$0.00
Mileage (see below for general mileage): (rate per mile x # of miles per trip) x # of trips x # of staff					\$0.00
Parking: \$ per day x # of trips x # of days x # of staff					\$0.00
<i>Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.</i>					
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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CATEGORICAL Budget, continued

Applicant Name: Washoe County Human Services Agency	Subaward & Service Type: #NAME?
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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
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 those items.	
Enter Description(s) Below:	Amount:
	\$0.00
	\$0.00

Contractual	Total: \$0.00
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.	
Enter Name of Contractor. Sub-recipient here.	
Method of Selection: (explain here, i.e. sole source or competitive bid)	\$0.00
Period of Performance:	
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).)	
Sole Source Justification: (Define if sole source method, not needed for competitive bid.)	
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.)	
Other Justification: (Other information that will help justify the use of this contractor.)	
Cost Calculation: (Explain costs included in this contractor request.)	
If more than one Contractor/Consultant, copy section above and insert here.	

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.	

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% (JLG, State Volunteer, State Transportation funding)	
2. Federal Funding: 10% of Modified Direct Costs (maximum allowable rate)	X
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
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AGING AND DISABILITY SERVICES DIVISION
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CATEGORICAL Budget, 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	\$20,207.88	\$12,743.00	\$1,156,339.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,189,289.88
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

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

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

FIXED-FEE Budget:

Applicant Name: Washoe County Human Services Agency	Subaward & Service Type: #NAME?
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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
	\$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: \$108,000.00
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.	
Enter Name of Contractor. Subsequent lines: Freedom Home Health	\$81,375.00
Method of Selection: Competitive selection	
Period of Performance: 07/01/2019-06/30/2020	
Sole Source Justification: (Define if sole source method, not needed for competitive bid)	
Scope of Work: Perform services in order to provide a safe and sanitary living environment for the client.	
Method of Accountability: Washoe County Case Managers ensure services are provided to eligible individuals and monitor the services provided.	
Other Justification: (Other information that will help justify the use of this contractor.)	
Cost Calculation: Homemaker quarter hour service unit is \$3.75. Approximately 5,425 service hours are authorized per year.	
Enter Name of Contractor. Subsequent lines: All Valley Home Care	\$26,625.00
Method of Selection: Competitive selection	
Period of Performance: 07/01/2019-06/30/2020	
Sole Source Justification: (Define if sole source method, not needed for competitive bid)	
Scope of Work: Perform services in order to provide a safe and sanitary living environment for the client.	

Applicant Name: Washoe County Human Services Agency	Subaward & Service Type: #NAME?
Method of Accountability: Washoe County Case Managers ensure services are provided to eligible individuals and monitor the services provided.	
Other Justification: (Other information that will help justify the use of this contractor.)	
Cost Calculation: Homemaker quarter hour service unit is \$3.75. Approximately 5,425 service hours are authorized per year.	
If more than one Contractor/Consultant, copy section above and insert here.	

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

FIXED-FEE Budget, 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
	\$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	\$108,000.00
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Administrative Expenses or Federal Indirect Cost Rate (FICR)	Total: \$0.00
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:	
1 State Funding: 8% (ILG, State Volunteer, State Transportation funding)	RATE:
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	\$108,000.00
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

FIXED-FEE Budget, 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 Case Management				N/A	TOTAL
PENDING OR SECURED	Pending	Secured	Secured	N/A	N/A	N/A	N/A	
ENTER TOTAL FUNDING	\$108,000.00	\$8,610.00	\$1,491,961.00				\$0.00	\$1,608,571.00

EXPENSE CATEGORY

Personnel	\$0.00	\$8,610.00	\$1,158,339.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,164,949.00
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	\$108,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108,000.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL EXPENSE	\$108,000.00	\$8,610.00	\$1,491,961.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,608,571.00

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	\$0.00	Total Agency Budget	\$1,608,571.00
Indirect % of Budget	0.00%	ADSD Percent of Agency Budget	7%

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

- 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).

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 \$129,600;
- 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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
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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.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**STATE OF NEVADA
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AGING AND DISABILITY SERVICES DIVISION
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Agency Ref. #: _____
Budget Account: _____
GL: _____
Draw #: _____

**SECTION D
Request for Reimbursement**

Program Name: _____	Subrecipient Name: _____
Address: _____	Address: _____
Subaward Period: _____	Subrecipient's: EIN: _____ Vendor #: _____

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DEPARTMENT USE ONLY

Is program contact required? ☐ Yes ☐ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Chief (as required): _____

Date

**STATE OF NEVADA
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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES ☒ NO ☐
3. When does your organization's fiscal year end? June 2020
4. What is the official name of your organization? Washoe County
5. How often is your organization audited? Annually
6. When was your last audit performed? July 2019
7. What time-period did your last audit cover? July 1 - June 30, 2019
8. Which accounting firm conducted your last audit? Eide Bailly

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES ☐ If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO ☒ Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

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

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

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Washoe County

Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Department and Subrecipient.

WHEREAS, Subrecipient may have access, view or be provided information, in conjunction with goods or services provided by Subrecipient to Department that is confidential and must be treated and protected as such.

NOW, THEREFORE, Department and Subrecipient agree as follows:

I. DEFINITIONS

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Department or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Department pursuant to Clause VI (4).

III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Department for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT

Subrecipient shall be permitted to use and/or disclose information accessed, viewed or provided from Department for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

V. USE OR DISCLOSURE OF INFORMATION

Subrecipient may use information as stipulated in the primary agreement if necessary for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Department. Subrecipient may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the Department.

VI. OBLIGATIONS OF SUBRECIPIENT

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.

**STATE OF NEVADA
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2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Department any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Department. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

IN WITNESS WHEREOF, Subrecipient and the Department have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
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SECTION H

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	\$ 57,400.00	Address	1001 E 9th Street Reno, NV 89512
Non-Federal (Match) Amount	\$ 21,353.00		
Total Award	\$ 129,600.00		
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	\$129,600.00
Required Match Percentage	15% (ILG state portion)
	17.649% (15% of III-B federal portion and non-federal amount)
Total Required Match	\$21,353.00

Approved Budget Category		Budgeted Match	
1	Personnel	\$	21,353.00
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	\$	21,353.00

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