



State of Nevada
Department of Health and Human Services
Division of Public & Behavioral Health
(hereinafter referred to as the Department)

Agency Ref. #: **HD 17838**
Budget Account: **3213**
Category: **20**
GL: **8516**
Sub Org: **07**
Job Number: **TBD**

NOTICE OF SUBAWARD

Program Name: Nevada State Immunization Program Office of Bureau of Child, Family & Community Wellness Shannon Bennett, sbennett@health.nv.gov		Subrecipient's Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009		Address: 1001 E. 9th St. Reno, NV 89512-2845	
Subaward Period: 07/01/2020 through 06/30/2021		Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998	
Purpose of Award: Increase influenza vaccination uptake and coverage among targeted adult populations to decrease burden on the health care system from influenza and SARS-CoV-2 cocirculation.			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>			
Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$66,995.00	Total Obligated by this Action:	\$ 156,927.00
2. Travel	\$690.00	Cumulative Prior Awards this Budget Period:	\$ 226,229.00
3. Operating	\$28,260.00	Total Federal Funds Awarded to Date:	\$ 383,156.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$9,983.00	Amount Required this Action:	\$ 0.00
6. Training	\$0.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$30,000.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$135,928.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$20,999.00	Federal Budget Period: 06/05/2020 through 07/05/2021	
TOTAL APPROVED BUDGET	\$156,927.00	Federal Project Period: 07/01/2019 through 06/30/2024	
Source of Funds: Nevada Immunization & Vaccine for Children Federal Grant; Centers for Disease Control and Prevention (CDC) (See Section C)		FOR AGENCY USE, ONLY	
% Funds: 100%	CFDA: 93.268	FAIN: NH23IP922609	Federal Grant #: 6 NH23IP922609-01-03
Agency Approved Indirect Rate: 7.9%		Grant Award Date by Federal Agency: 06/05/2020	
Subrecipient Approved Indirect Rate: 15.449%			
Terms and Conditions: In accepting these grant funds, it is understood that: 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, 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 regulations 5. Quarterly progress reports are due by the 30th 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 Funds must be submitted monthly, 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; and Section G: DHHS Business Associate Addendum	
Name		Signature	Date
Kevin Dick District Health Officer			
Candice McDaniel, MS Bureau Chief, CFCW for Lisa Sherych Administrator, DPBH			