



State of Nevada  
Department of Health and Human Services  
**Director's Office-Grant's Management  
Unit**  
(hereinafter referred to as the Department)

Agency Ref. #: **1129**  
Budget Account: **3195**  
Category: **35**  
GL: **8516**  
Job Number: **9366720/21**

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Title XX Grant's Management Unit Julietta Mendoza/gmu@dhhs.nv.gov	<b>Subrecipient's Name:</b> Washoe County Human Services Agency Brandi Johnson / bjohnson@washoecounty.us
<b>Address:</b> 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. 9th Street Reno, NV 89512
<b>Subaward Period:</b> July 1, 2020 through June 30, 2021	<b>Subrecipient's:</b> EIN: <b>86-60000138</b> Vendor#: <b>T40283400Q</b> Dun & Bradstreet: <b>073786998</b>

**Purpose of Award:** Promote unification, safety, educational support and normalcy for children in care.

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

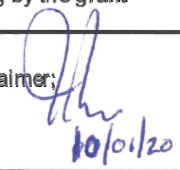
<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b> Total Obligated by this Action: \$ 663,807.00 Cumulative Prior Awards this Budget Period: \$ 0.00 Total Federal Funds Awarded to Date: \$ 0.00  Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N \$ 663,807.00 Amount Required this Action: \$ 0.00 Amount Required Prior Awards: \$ 0.00 Total Match Amount Required: Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  <b>FOR AGENCY USE ONLY</b>
1. Personnel	<b>\$0.00</b>	
2. Travel	<b>\$0.00</b>	
3. Operating	<b>\$0.00</b>	
4. Equipment	<b>\$0.00</b>	
5. Contractual/Consultant	<b>\$655,007.00</b>	
6. Training	<b>\$8,800.00</b>	
7. Other	<b>\$0.00</b>	
<b>TOTAL DIRECT COSTS</b>	<b>\$663,807.00</b>	
8. Indirect Costs	<b>\$0.00</b>	
<b>TOTAL APPROVED BUDGET</b>	<b>\$663,807.00</b>	

<b>Source of Funds</b> See Subaward Additional Funding Sheet	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.667	<b>FAIN:</b>	<b>Federal Grant #:</b>	<b>Federal Grant Award Date by Federal Agency:</b>
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**Agency Approved Indirect Rate:** 0 % **Subrecipient Approved Indirect Rate:** 0%

**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, 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.

<b>Incorporated Documents:</b> 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  10/01/20
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Amber Howell, Director	Signature	Date
Connie Lucido- Grants Manage Unit Chief		
Beth Handler- Deputy Director		

**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Director's Office- Grants Management Unit**  
**NOTICE OF SUBAWARD**  
**NOTICE OF SUBAWARD ADDITIONAL FEDERAL FUNDING SHEET (OPTIONAL)**

<b>Federal Award Computation</b>				
Total Obligated by this Action: Cumulative Prior Awards this Budget Period: Total Federal Funds Awarded to Date:  Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Amount Required this Action: Amount Required Prior Awards: Total Match Amount Required: Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <u><b>Federal Budget Period:</b></u> 07/01/2020 through 06/30/2020 <u><b>Federal Project Period:</b></u> 07/01/2020 through 06/30/2020	\$ \$ \$  \$ \$ \$	165,951.75 0.00   165,951.75 0.00		
<b>FOR AGENCY USE ONLY</b>				
<u><b>Source of Funds:</b></u> Title XX	<u><b>% Funds:</b></u> 100%	<u><b>CFDA:</b></u> 93.667	<u><b>FAIN:</b></u> 20INVSOSR	<u><b>FEDERAL GRANT #:</b></u> 20INVSOSR
<u><b>Federal Grant Award Date by Federal Agency:</b></u>			August 18, 2020	

<b>Federal Award Computation</b>				
Total Obligated by this Action: Cumulative Prior Awards this Budget Period: Total Federal Funds Awarded to Date:  Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Amount Required his Action: Amount Required Prior Awards: Total Match Amount Required: Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <u><b>Federal Budget Period:</b></u> 07/01/2021 through 06/30/2021 <u><b>Federal Project Period:</b></u> 07/01/2021 through 06/30/2021	\$ \$ \$  \$ \$ \$	497,855.25 0.00 497,855.25   0.00 0.00 0.00		
<b>FOR AGENCY USE ONLY</b>				
<u><b>Source of Funds:</b></u> Title XX	<u><b>% Funds:</b></u> 100%	<u><b>CFDA:</b></u> 93.667	<u><b>FAIN:</b></u> 21INVSOSR	<u><b>FEDERAL GRANT #:</b></u> 21INVSOSR
<u><b>Federal Grant Award Date by Federal Agency:</b></u>			Anticipated to be received in October 2020	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Director's Office- Grants Management Unit  
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 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.
3. 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 thereunder 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 subgrants 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 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).

**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Director's Office- Grants Management Unit**  
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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 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.**

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SECTION B

**Washoe County Human Services Agency  
Title XX Program FY21 Scope of Work**

<i>Goal 1: Promote reunification and permanency, health and safety, educational support, and normalcy for children in care.</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
<p>Provide care for children at emergency shelters and foster homes &lt;90 days.</p> <p>KK- Provides emergency placement services for children who are removed from their homes or placements when no other foster or relative placement can be identified. KK serves as a 24/7 emergency shelter for children, and they are staffed and trained to be prepared to take children with and without special needs and behavioral challenges any time of the day or night. Kids Kottage is designed to be able to house 40+ children. Generally, they cannot refuse admission of a child (some exclusions). Daily Rate for KK - \$461.81</p>	Foster care room and board.	Foster care placements.	7/1/20 – 6/30/21	Children 0-18 in foster care	112 Children	Foster care payment reports

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SFC- Specialized Foster Providers operate as foster homes that accept children upon referral and review from the home. These children have been identified as Severely Emotionally Disturbed (SED), and have complex behavioral needs. SFC providers receive specialized training and coaching (Together Facing the Challenge) to work with these youth. These homes are designed to typically have only a few children, and a fairly short-term placement. Daily Rate for SPC- \$115.00						
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<i><b>Goal 2: Provide shelter services to prevent removal of children from their families.</b></i>						
<i><b>Objective</b></i>	<i><b>Activities</b></i>	<i><b>Outputs</b></i>	<i><b>Timeline Begin/Completion</b></i>	<i><b>Target Population</b></i>	<i><b>Evaluation Measure (indicator)</b></i>	<i><b>Evaluation Tool</b></i>
Residence Assistance – Emergency Housing.	1a. Provide residence assistance and support services to families in need of temporary housing at Our Place Family Shelter.  1b. Provide additional staffing at Our Place to	Foster care placement prevention.	7/1/20 – 6/30/21	Children 0-18 in foster care	112 Children	Foster care payment reports

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	cover when current staff has been exposed or infected with Covid19.					
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<i>Goal 3: Professional Development</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
Provide Washoe County Social Work staff as well as foster parents with “front end” specialty, discipline specific and advanced training.	Purchase training and pay related costs.	Increased staff knowledge.	7/1/20 – 6/30/21	Child Welfare Staff and Stakeholders	# of trainings  # of staff/stakeholders attending	Staff expertise

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SECTION C

**Applicant Name: Washoe County**

**BUDGET NARRATIVE**  
(Form Revised August 2020)

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19. Large events (10 or more people in attendance) will require a written plan for COVID-19 compliance no less than 30 days prior to the date of the event, and must be emailed to gmu@dhhs.nv.gov.

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$0</b>
-	-	-	-
<b>Total Fringe Cost</b>	<b>\$0</b>	<b>Total Salary Cost:</b>	<b>\$0</b>
<b>Total Budgeted FTE</b>	<b>#####</b>		

<b>Travel</b>	<b>Total:</b>	<b>\$0</b>
<b>Operating</b>	<b>Total:</b>	<b>\$0</b>
<b>Equipment</b>	<b>Total:</b>	<b>\$0</b>
<b>Contractual</b>		<b>\$655,007</b>

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. 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.

Name of Contractor, Subrecipient: Core Dynamics  
and various foster home providers

**Total \$617,507**

Method of Selection: Competitive Bid and NRS 424 compliance through licensure.

Period of Performance: July 1, 2020 - June 30, 2021

Scope of Work: Emergency Shelter Costs and Foster Care Maintenance <90 days in care - children.

\* Sole Source Justification: N/A

Budget

Personnel	\$617,507.00
Total Budget	\$617,507.00

**Method of Accountability:** The contract for shelter services and foster homes are managed by the Foster Care licensing unit and they are responsible for the oversight of the contract. Monthly reports are submitted, licensure compliance is required.

Name of Contractor, Subrecipient: The Reno Initiative  
for Shelter & Equality (RISE)

**Total \$37,500**

Method of Selection: Competitive Bid

Period of Performance: July 1, 2020 - June 30, 2021

**Scope of Work:** Washoe County's OUR Place Family shelter provides temporary housing for homeless families as part of our Foster Care prevention activities. If not for the shelter the families would be homeless and their children would potentially come in to care. Due to the pandemic many unbudgeted costs to appropriately staff the shelter have been incurred. 10 families have needed quarantine at WellCare (paid for by Washoe County/CARES) and RISE (Operations vendor) staff has also been exposed. Additional staffing has been required due to cover for those in mandated 14 day quarantine and additional administrative costs for RISE.

\* Sole Source Justification: N/A

Budget

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Personnel		\$37,500.00
Total Budget	-	\$37,500.00

**Method of Accountability:** Monthly reports provided will include dates of service, services provided, case number. Monthly invoices will include staffing hours.

<b>Training</b>	<b>Total:</b>	<b>\$8,800</b>
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List all cost associated with Training, including justification of expenditures.

Child Welfare Agencies are seeing an increase in domestic violence as a result of the Covid19 pandemic. This training will assist staff in addressing those familial dynamics and a wider implementation of domestic violence informed systems change. Staff will participate in reality-based scenarios and interactive practice activities.

Safe & Together - 4 day Core Training 6 x 525.00 \$3,150.00

This training will address steps that professionals can take to prevent maltreatment and how to partner with local agencies to improve outcomes for children who have experienced maltreatment. Objectives after attending the session: Staff will have a deeper understanding of the impact of child maltreatment and be able to use research-based strategies to foster resilience. Develop knowledge on collaborating with community agencies to prevent child maltreatment and creating a multidisciplinary multi-agency team to improve outcomes for children. Answer the call to action regarding child maltreatment at the national, state, and local level. Recognition that child maltreatment can occur across all demographics and socioeconomic levels.

CAN Prevent - Breaking the Silence 55 x 30.00  
Training \$1,650.00

Staff training provides essential social services that help achieve a myriad of goals to reduce dependency and promote self sufficiency; protect children from neglect, abuse and exploitation. Prior approval must be requested prior to attending these trainings.

Various other courses offered by the  
Safe & Together Institute & CASAT-  
Prior approval will be required prior to  
attending the trainings/courses.

\$4,000.00

<b>Other</b>	<b>Total:</b>	<b>\$0</b>
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<b>TOTAL DIRECT CHARGES</b>	<b>\$663,807</b>
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<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>N/A</b>	<b>\$0</b>
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<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$663,807</b>
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STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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Applicant Name: Washoe County

Form 2

**PROPOSED BUDGET SUMMARY**  
(Form Revised August 2020)

**A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS**

<b>FUNDING SOURCES</b>	<b>GMU</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Program Income</b>	<b>TOTAL</b>
SECURED									
<b>ENTER TOTAL REQUEST</b>	\$663,807								\$663,807

**EXPENSE CATEGORY**

Personnel	\$0								\$0
Travel	\$0								\$0
Operating	\$0								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$655,007								\$655,007
Training	\$8,800								\$8,800
Other Expenses	\$0								\$0
Indirect	\$0								\$0

<b>TOTAL EXPENSE</b>	\$663,807	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$663,807
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<b>These boxes should equal 0</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$0
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Total Agency Budget	\$663,807
Percent of Subrecipient Budget	100%

**B. Explain any items noted as pending:**

**C. Program Income Calculation:**

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- 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 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 \$165,951.75 in FY20 by 09/30/2020 and \$497,855.25 in FY21 by 06/30/2021.
- 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 the program or Bureau 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. CDC.
- 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:**

- The site visit/monitoring will be conducted annually.
- 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 basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> 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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**Director's Office- Grants Management Unit**  
**NOTICE OF SUBAWARD**

Agency Ref. #: **1070**

Budget Account: 3195

GL: 8516

Draw #: 1

**SECTION D**

**Request for Reimbursement**

<b>Program Name:</b> Title XX- Grants Management Unit Julieta Mendoza/gmu@dhhs.nv.gov	<b>Subrecipient Name:</b> Washoe County Human Services Agency Brandi Johnson / bjohnson@washoecounty.us
<b>Address:</b> 4126 Technology Way, Suite 100 Carson City, NV 89706-2009	<b>Address:</b> 350 S. Center Street, Reno NV 89501
<b>Subaward Period:</b> July 1, 2020- June 30, 2021	<b>Subrecipient's:</b> EIN: 86-60000138 Vendor#: T402834000

**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	\$655,007.00	\$0.00	\$0.00	\$0.00	\$655,007.00	0.0%
6. Training	\$8,800.00	\$0.00	\$0.00	\$0.00	\$8,800.00	0.0%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$663,807.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$663,807.00</b>	<b>0.0%</b>

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 Bureau Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Director's Office- Grants Management Unit  
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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? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time-period did your last audit cover? \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

**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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NOTICE OF SUBAWARD**

**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  
Director's Office- Grants Management Unit  
NOTICE OF SUBAWARD  
SECTION G**

**Confidentiality Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

Hereinafter referred to as "Department"

And

**Washoe County Human Services**

Hereinafter referred to as "Contractor"

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 Sub recipient 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 particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any names, addresses or any other identifying information or health information of individual subjects or any identifying data concerning individuals in any records disclosed to sub-grantee in conjunction with the goods or services provided by Sub-grantee under the Sub-grant Award.
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 CONTRACTOR**

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 inter-local or other agreement.

**V. USE OR DISCLOSURE OF INFORMATION**

Subrecipient may use information as stipulated in the primary inter-local or other 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 inter-local or other agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the Department.

**VI. OBLIGATIONS OF CONTRACTOR**

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.
2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.

**STATE OF NEVADA  
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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 inter-local or other agreement to which this Addendum is made a part.

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