



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

Agency Ref. #: **HD 17660-2**
Budget/Category: 3218/29
GL/Funct: 8516/COVID
Job Number: 9388920
Sub-Org: CV

SUBAWARD AMENDMENT #2

| | |
|--|--|
| Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov | Subrecipient Name: Washoe County Health District (WCHD) Andrea Esp / AEsp@washoecounty.us |
| Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009 | Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520 |
| Subaward Period: January 20, 2020 through June 30, 2021 | Amendment Effective Date: Upon approval by all parties. |

This amendment reflects a change to:

☒ Scope of Work
 ☐ Term
☒ Budget

Reason for Amendment: To account for additional ASPR-COVID funding awarded.

Required Changes:

Current Language: Total reimbursement through this subaward will not exceed \$34,325.00. See Section B, C and D of the original subaward.

Amended Language: Total reimbursement through this subaward will not exceed \$152,398.00. See attached Section B, C and D **revised on 05/21/20.**

| Approved Budget Categories | Current Budget | Amended Adjustments | Revised Budget |
|------------------------------|----------------|---------------------|----------------|
| 1. Personnel | | | \$0.00 |
| 2. Travel | | | \$0.00 |
| 3. Supplies | \$31,120.00 | \$107,047.00 | \$138,167.00 |
| 4. Equipment | | | \$0.00 |
| 5. Contractual/Consultant | | | \$0.00 |
| 6. Other | | | \$0.00 |
| TOTAL DIRECT COSTS | \$31,120.00 | \$107,047.00 | \$138,167.00 |
| 7. Indirect Costs | \$3,205.00 | \$11,026.00 | \$14,231.00 |
| TOTAL APPROVED BUDGET | \$34,325.00 | \$118,073.00 | \$152,398.00 |

Incorporated Documents:

Section B: Description of Services, Scope of Work and Deliverables **revised on 06/10/20**
 Section C: Budget and Financial Reporting Requirements **revised on 06/10/20**
 Section D: Request for Reimbursement **revised on 06/10/20**
 Exhibit A: Original Notice of Subaward and all previous amendments

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

| Name | Signature | Date |
|--|-----------|------|
| Kevin Dick District Health Officer | | |
| Karen Beckley, MPA, MS Bureau Chief, BHPP | | |
| for Lisa Sherych Administrator, DPBH | | |