



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

Agency Ref. #: **SG 25006-1**
Budget Account: 3170
Category: 15, 28, 31
GL: 8516
9395820,
9395920,
Job Number: 9378820

SUBAWARD AMENDMENT #1

Program Name: Division of Public and Behavioral Health Bureau of Behavioral Health Wellness and Prevention	Subrecipient's Name: Washoe County Human Services Agency		
Address: 4126 Technology Way, Suite # 2 Carson City, NV 89706-2009	Address: 350 S. Center St. Reno, NV 89502-0027		
Subaward Period: October 1, 2020 through September 30, 2021	Amendment Effective Date: Upon approval by all parties.		
This amendment reflects a change to:			
<input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: Increase coordinator salary from 9 months to 12 months.			
Required Changes:			
Current Language: Total reimbursement through this subaward will not exceed \$135,212.00. See Section B, C and D of the original subaward.			
Amended Language: Total reimbursement through this subaward will not exceed \$175,207.00 . See attached Section B, C and D revised on April 22, 2021 .			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$119,987.00	\$39,995.00	\$159,982.00
2. Travel	\$2,987.00		\$2,987.00
3. Operating	\$504.00		\$504.00
4. Equipment	\$0.00		\$0.00
5. Contractual/Consultant	\$0.00		\$0.00
6. Training	\$650.00		\$650.00
7. Other	\$500.00		\$500.00
TOTAL DIRECT COSTS	\$124,628.00	\$39,995.00	\$164,623.00
8. Indirect Costs	\$10,584.00		\$10,584.00
TOTAL APPROVED BUDGET	\$135,212.00	\$39,995.00	\$175,207.00
Incorporated Documents: Section C: Budget and Financial Reporting Requirements revised on April 22, 2021 Section D: Request for Reimbursement revised on April 22, 2021 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
Amber Howell Director, Washoe County Human Services Agency		
Brook Adie, LSW, MS Bureau Chief, BHWP		
for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION C
Budget and Financial Reporting Requirements
revised on April 22, 2021**

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 Numbers 6B09SM082616-01M003, 6B08TI083130-01M004, and 1H79TI083310-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor SAMHSA."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6B09SM082616-01M003, 6B08TI083130-01M003, and 1H79TI083310-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE

Total Personnel Costs	including fringe				Total:	\$159,982
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Regional Behavioral Health Coordinator, Dorothy Edwards	\$105,843.43	51.150%	100.000%	12	100.00%	\$159,982

The Regional Behavioral Health Coordinator (RBHC) will help build community capacity to improve access to treatment, education, and related behavioral health services to persons with Serious Mental Illness (SMI) as well as those who may have co-occurring or separate substance use disorders (SUD), including opiate dependence/use.

Total Fringe Cost	\$54,139	Total Salary Cost:	\$105,843
Total Budgeted FTE	1.00000		

Travel	Total:	\$2,987
Out-of-State Travel		\$1,857

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Mental Health Conference; Washington D.C.</u>					
Airfare:	\$700	1		1	\$700
Baggage fee:	\$50	1		1	\$50
Per Diem:	\$76	1	4	1	\$304
Lodging:	\$251	1	3	1	\$753
Ground Transportation:	\$50	1	1	1	\$50

Justification:

The BHC will travel one time per year to attend the Mental Health American or NAMI Annual Conference in Washington D.C.

In-State Travel	\$1,130
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	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Stakeholder Meetings (Las Vegas)</u>					
Airfare:	\$250	2		1	\$500
Per Diem:	\$61	2	1	1	\$122
Lodging:	\$102	2	2	1	\$408
Parking:	\$25	2	2	1	\$100

Justification:

The Behavioral Health Coordinator will travel three times per year to Las Vegas to conduct/participate in Regional Coordinator meetings or other stakeholders' meetings.

Operating	Total:	\$504
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Office supplies \$42 x 12 months	\$504
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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Justification:

Office Supplies will include pens, paper, binders, etc.

<u>Equipment</u>	Total:	\$0
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<u>Contractual</u>		\$0
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<u>Training</u>	Total:	\$650
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NAMI Conference Registration Fee	\$650
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<u>Other</u>	Total:	\$500
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Copier/Printer Lease:	
\$41.66 x 12 months	\$500

Justification:

The Behavioral Coordinator regularly makes presentations to the community and to meetings which require to print handouts and brochures.

TOTAL DIRECT CHARGES		\$164,623
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<u>Indirect Charges</u>	Indirect Rate:	10.000%	\$10,584
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Indirect Methodology: Indirect will be calculated at 10% of base salary. $\$105,843.43 \times .10 = \$10,584$

TOTAL BUDGET	Total:	\$175,207
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Applicant Name: Washoe County Human Services Agency

Form 2

PROPOSED BUDGET SUMMARY - SFY20

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

FUNDING SOURCES	MHBG	SABG	SOR	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$26,281.05	\$57,818.31	\$91,107.64	\$ -	\$ -	\$ -	\$ -	\$ -	\$175,207

EXPENSE CATEGORY

Personnel	\$23,997.30	\$52,794.06	\$83,190.64						\$159,982
Travel	\$448.05	\$985.71	\$1,553.24						\$2,985
Operating	\$75.60	\$166.32	\$262.08						\$504
Equipment	\$0	\$0	\$0						\$0
Contractual/Consultant	\$0	\$0	\$0						\$0
Training	\$97.50	\$214.50	\$338.00						\$650
Other Expenses	\$75.00	\$165.00	\$260.00						\$500
Indirect	\$1,587.60	\$3,492.72	\$5,503.68						\$10,584

TOTAL EXPENSE	\$26,281.05	\$57,818.31	\$91,107.64	\$ -	\$ -	\$ -	\$ -	\$ -	\$175,207
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Total Indirect Cost	\$10,584
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Total Agency Budget	\$175,207
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- 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 **\$175,207.00**
- Requests for Reimbursement will be accompanied by supporting documentation monthly, including a line item description of expenses incurred.
- All supporting documentation is needed in order to request reimbursement; and align to activities in goals as agreed upon within the scope of work.
- 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 OCPG 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 schedule may be requested per requirements of federal and state funding requirements.
- 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 monthly, 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.

Agency Ref #:	SG 25006-1
Budget Account:	<u>3170</u>
GL:	<u>8516</u>
Draw #:	

<u>Program Name:</u> Regional Coordinators Bureau of Behavioral Health Wellness and Prevention	<u>Subrecipient Name:</u> Washoe County Human Services Agency
<u>Address:</u> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<u>Address:</u> 350 S. Center St. Reno, NV 89502-0027
<u>Subaward Period:</u> October 1, 2020 through September 30, 2021	<u>Subrecipient's:</u> EIN: 88-60000138 Vendor #: T40283400

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

Calendar year

I, a duty 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.

Date _____

Date _____