



State of Nevada
 Department of Health and Human Services
Grants Management Unit
 (hereinafter referred to as the Department)

Agency Ref. #: 1166
 Budget Account: 3195
 GL / Category: 8516/35
 Job Number: 9366721/22
 SubOrg: N/A

NOTICE OF SUBAWARD

Program Name/Source of Funds DHHS, Grants Management Unit, Title XX Julieta Mendoza, jmendoza@health.nv.gov	Subrecipient's Name: Washoe County Human Services Agency Brandi Johnson, bajohnson@washoecounty.us
Address: 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	Address: 1001 E. 9 th Street Reno, NV 89512
Subaward Period: July 1, 2021 through June 30, 2022	Subrecipient's: EIN: 86-60000138 Vendor #: T40283400 Q Dun & Bradstreet: 073786998

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 County _____

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 663,807
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$ 663,807
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$653,807.00	Amount Required this Action:	\$ 0.00
6. Training	\$10,000.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$0.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$663,807.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$0.00	Federal Budget Period: October 1, 2021 through September 30, 2022	
TOTAL APPROVED BUDGET	\$663,807.00	Federal Project Period: October 1, 2021 through September 30, 2022	
		FOR AGENCY USE, ONLY	

Source of Funds: Title XX	% Funds: 100%	CFDA: 93.667	FAIN: N/A	Federal Grant #: N/A	Federal Grant Award Date by Federal Agency: N/A
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Agency Approved Indirect Rate: 0% **Subrecipient Approved Indirect Rate:** n/a

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;
 Section G: DHHS Confidentiality Addendum

mu 7/14/21

Amber Howell, Director Washoe County Human Services Agency	<i>Amber Howell</i> Signature	Date 7/16/2021
Constance Lucido, Chief DHHS, Grants Management Unit	<i>Constance Lucido</i>	8/6/21
Candice McDaniel, Deputy Director DHHS, Director's Office	<i>Vanessa Alpers for</i>	08.09.2021

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Federal Award Computation				
Total Obligated by this Action:	\$		165,952.00	
Cumulative Prior Awards this Budget Period:	\$		0.00	
Total Federal Funds Awarded to Date:	\$		165,952.00	
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			0.00	
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				
<u>Federal Budget Period:</u> October 1, 2020 through September 30, 2022 <u>Federal Project Period:</u> October 1, 2020 through September 30, 2022				
FOR AGENCY USE ONLY				
<u>Source of Funds:</u> Social Services Block Grant	<u>% Funds:</u> 25%	<u>CFDA:</u> 93.667	<u>FAIN:</u> 2101NVSOSR	<u>FEDERAL GRANT #:</u> 2101NVSOSR
<u>Federal Grant Award Date by Federal Agency:</u>		10/01/2020		

Federal Award Computation				
Total Obligated by this Action:	\$		497,855.00	
Cumulative Prior Awards this Budget Period:	\$		0.00	
Total Federal Funds Awarded to Date:	\$		497,855.00	
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			0.00	
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				
<u>Federal Budget Period:</u> October 1, 2021 through September 30, 2023 <u>Federal Project Period:</u> October 1, 2021 through September 30, 2023				
FOR AGENCY USE ONLY				
<u>Source of Funds:</u> Social Services Block Grant	<u>% Funds:</u> 75%	<u>CFDA:</u> 93.667	<u>FAIN:</u> 2201NVSOSR	<u>FEDERAL GRANT #:</u> 2201NVSOSR
<u>Federal Grant Award Date by Federal Agency:</u>		Anticipated to be received October 2021		

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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 Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) as amended, and Section 504 of the Rehabilitation Act of 1973, P.L. 93-112, (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); as amended, and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
6. Compliance with Title II and Title III of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, by the ADA Amendment Act of 2008 (42 U.S.C.12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36), Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); 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 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.**

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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).
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.

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SECTION B

SCOPE OF WORK

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.

Washoe County Human Services Agency (WCHSA), hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

**Scope of Work for: Washoe County Human Services Agency (WCHSA)
(form amended 2.4.2021)**

Goal 1: To promote the health, safety, education, and normalcy for children in care, while supporting reunification and permanency efforts.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
1.1 To provide care for children at WCHSA emergency shelter facilities.	1.1 Provide care and support to children at WCHSA emergency shelter facilities. Ensure safe and secure environment for youth in shelters. Formalized and structured evaluation. Focus on parental or family placements prior to foster care.	1.1 Safety and well-being of children; reunification or permanent placement when possible. Provide services to up to 8 youth per month, for an annual total of 96 (potentially duplicated).	Quarterly reports due within 15-days of close of quarter. July 1 – September 30 (due October 15). October 1 – December 31 (due January 15). January 1 – March 30 (due April 15). April 1 – June 30 th (due July 15).	Children ages 0-18 in foster care placement	# of children served at WCHSA emergency shelter facilities Demographic information to include age, race/ethnicity, etc. # and % of unduplicated youth identified for potential placement, but no follow up available.	Foster care payment reports (UNITY & SAP) Standardized report of the evaluation measures identified.
1.2 To provide care for children at foster homes when the placement is less than 90 days.	1.2 Provide payments to foster families and children in Licensed foster homes <90 days.	1.2 Safety and well-being of children; reunification or permanent placement when possible No. of payments provided to foster	Quarterly reports due within 15-days of close of quarter. July 1 – September 30 (due October 15). October 1 – December 31 (due January 15). January 1 – March 30 (due	Children ages 0-18 in foster care placement	# of children served by placement in foster homes, unduplicated. % of children served in foster care over 90 days.	Foster care payment reports (UNITY & SAP) Standardized report of the evaluation measures identified.

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		families and children in foster homes that does not supplant current foster care dollars.	April 15). April 1 – June 30 th (due July 15).		Total budget dollars for foster care payments in Washoe County. Grant dollars are payor of last resort. Types, and amounts of payments by categories.	Report of dollars expended by County's foster care allocations, monthly, which includes payments to foster care providers.
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Goal 2: To promote the behavioral health of children in foster care.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
2.1 To provide behavioral health services to children in foster care.	<p>2.1 Make referrals for children in foster care in need of behavioral health services based on evidence-based screening and assessment.</p> <p>2.2 Provide licensed behavioral health services to children in foster care</p> <p>2.3 Intake Process, to include identifying any TPL (third party liability, i.e. Medicaid (Children's Health Insurance Program also called CHIP or other insurance)</p> <p>2.4 Formalized Assessment for Triage each child's needs, to</p>	<p>2.1 Improved behavioral health outcomes; safety and well-being of children in foster care</p> <p>Provide therapeutic mental health services for up to 7 children per month, for an annual total of 84 (potentially duplicated).</p>	<p>Quarterly reports due within 15-days of close of quarter. July 1 – September 30 (due October 15). October 1 – December 31 (due January 15). January 1 – March 30 (due April 15). April 1 – June 30th (due July 15).</p>	Children ages 0-18 in foster care placement	<p># of children in foster care provided with behavioral health services, unduplicated</p> <p>Total # of services by delivery (psychotherapy, family therapy, group therapy for substance use disorders, co-occurring, individual counseling.)</p> <p>Grant dollars utilized for non-eligible or covered services (i.e. not able to bill TPL), grant is payor of last resort.</p> <p>Documentation of no supplanting.</p>	<p>Provide documentation of enrollment types as an eligible state Medicaid provider (i.e. Provider Type (PT) 14, etc. This is due within 30-days of award.</p> <p>Monthly report from the electronic health records for youth served, reported by patient number (not name).</p> <p>Standardized report of the evaluation measures identified.</p>

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	<p>identify DSM V (Diagnostic and Statistical Manual of Mental Disorders) diagnosis or treatment plan utilizing an evidence-based screening instrument for youth and adolescents</p> <p>2.5. Formalized evaluation utilizing EPB(Evidence Based Practice) to identify the needs and scope of services.</p> <p>2.6. Coordination of treatment</p> <p>2.7 Provision of evidence-based or practice treatment and services</p> <p>2.8. Data Collection to include demographics</p>				Random service audit as identified annually by DHHS	
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Goal 3: To provide professional development and training						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
3.1 To provide discipline specific professional development opportunities and advanced training to	3.1 Conduct evidence-based training for front line professional staff.	Increased skills and knowledge of staff and foster parents	Quarterly reports due within 15-days of close of quarter. July 1 – September 30 (due October 15). October 1 –	WCHSA staff and foster parents	<p># of trainings</p> <p># of staff and foster parents trained at each of the meeting.</p>	<p>Training invoices</p> <p>Training registration and attendance logs</p>

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WCHSA staff and foster parents	Conduct evidence-based training for foster parents.	Improved safety and well-being of children in foster care Expand capacity to serve youth.	December 31 (due January 15). January 1 – March 30 (due April 15). April 1 – June 30 th (due July 15).		Provide 12 trainings annually for foster parents. Provide six trainings annually for parents to improve skills. Provide six trainings annually for WCHSA staff to include culturally and linguistically appropriate services.	Confidential surveys after each training. Standardized report of the evaluation measures identified.
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Note: Add lines to the table as applicable to accomplish all the goals of the subaward.

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

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 2101NVSOSR from the Grants Management Unit.

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19.

Subrecipient agrees to adhere to the following budget:

Applicant Name: Washoe County Human Services Agency

BUDGET NARRATIVE
(form revised February 2021)

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.

Total Personnel Costs	including fringe	Total:	\$0
Total Fringe Cost	\$0	Total Salary Cost:	\$0
Total Budgeted FTE	0.00000		

Travel	Total:	\$0
Operating	Total:	\$0
Equipment	Total:	\$0
Contractual		\$653,807

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: TBD and foster care placements

Total \$553,807

Method of Selection: Competitive bid and NRS 424 compliance through licensure

Period of Performance: 07/01/2021-06/30/2022

Scope of Work: Emergency Shelter Costs and Foster Care Maintenance payments for placements of <90 days in care, including payments for placements pending licensure.

*** Sole Source Justification:** n/a

Budget

Operating \$553,807.00

Travel

Total Budget - - \$553,807.00

PROPOSED BUDGET SUMMARY

(form revised February 2021)

A.

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

FUNDING SOURCES	GMU	WCHSA GF	Title IV-E	TANF	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED		Secured	Secured	Secured					
ENTER TOTAL REQUEST	\$663,807	\$1,902,438	\$26,641,759	\$1,587,817					\$30,795,821

EXPENSE CATEGORY

Personnel	\$0	\$0	\$0	\$214,064					\$214,064
Travel	\$0	\$4,000	\$0	\$0					\$4,000
Operating	\$0	\$168,337	\$0	\$0					\$168,337
Equipment	\$0	\$35,550	\$0	\$0					\$35,550
Contractual/Consultant	\$653,807	\$1,694,551	\$26,641,759	\$1,360,231					\$30,350,348
Training	\$10,000	\$0	\$0	\$0					\$10,000
Other Expenses	\$0	\$0	\$0	\$0					\$0
Indirect	\$0	\$0	\$0	\$13,522					\$13,522

TOTAL EXPENSE	\$663,807	\$1,902,438	\$26,641,759	\$1,587,817	\$0	\$0	\$0	\$0	\$30,795,821
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$0
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Total Agency Budget	\$30,795,821
Percent of Subrecipient Budget	2%

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 program from which this funding was appropriated and shall be returned to the program upon termination of this agreement. All equipment purchased with these funds is subject to the requirements and conditions set forth in 2CFR200.313 (including, but not limited to, equipment use, maintenance, inventory, management, and/or disposal). All equipment and high-risk items (i.e., cameras, laptops, televisions) must be inventoried annually and made available for review upon request.
- 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 \$165,952.00 by September 30, 2021 and \$497,855.00 by June 30, 2022.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred;
- Required documents from the Request for Reimbursement (RFR) Workbook; and
- 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 to:

- 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 scheduled 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 15th of the following 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Agency Ref. #: _____
Budget Account: _____
GL / Category: _____
Draw #: _____

**SECTION D
Request for Reimbursement**

<u>Program Name/Source of Funds</u>	<u>Subrecipient Name:</u>
<u>Address:</u>	<u>Address:</u>
<u>Subaward Period:</u>	<u>Subrecipient's:</u> 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 Comple ted
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 _____
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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
Grants Management Unit
NOTICE OF SUBAWARD**

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 30, 2022
4. What is the official name of your organization? Washoe County Human Services Agency
5. How often is your organization audited? Annually
6. When was your last audit performed? July 2020
7. What time-period did your last audit cover? July 1, 2019 - June 30, 2020
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
Grants Management Unit
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
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 Agency
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.
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.