



State of Nevada  
 Department of Health and Human Services  
**Aging and Disability Services Division**

Agency Ref. #: 16-000-71-FRFX-24  
 Budget Account: 3278  
 Category: 62  
 GL: 8580  
 Job Number: 21027A21 (Func 2303)

## SUBAWARD AMENDMENT #1

<b>Program Name:</b> ADSD Grants Management Contact Name: Jeanette Garcia, Jeanette@adsd.nv.gov	<b>Subrecipient's Name:</b> Washoe County Contact Name: Ryan Gustafson, Director, Washoe County Human Services Agency / RGustafson@washoecounty.gov
<b>Address:</b> 1550 E College Parkway Carson City, NV 89706	<b>Address:</b> 1001 E 9 <sup>th</sup> Street Reno, NV 89512-2545
<b>Subaward Period:</b> 10/01/2023 – 12/31/2024	<b>Amendment Effective Date:</b> Upon approval by all parties.

**This amendment reflects a change to:**

Scope of Work                     
  Term                                     
  Budget

**Reason for Amendment:** Supplemental funding and Extension of Subaward Period

**Required Changes:**

**Current Language:** Total reimbursement through this subaward will not exceed \$170,000.00 See Section C of the original subaward.

**Subaward Period:**  
 10/01/2023 – 06/30/2024

**Amended Language:** Total reimbursement through this subaward will not exceed \$316,314.00. See attached Section C revised on 8/12/2024.

**Subaward Period:**  
 10/01/2023 – 12/31/2024

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$0.00	\$0.00	\$0.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$10,000.00	\$5,021.00	\$15,021.00
4. Equipment	\$160,000.00	\$141,293.00	\$301,293.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Other	\$0.00	\$0.00	\$0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$170,000.00</b>	<b>\$146,314.00</b>	<b>\$316,314.00</b>
7. Indirect Costs	\$0.00	\$0.00	\$0.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$170,000.00</b>	<b>\$146,314.00</b>	<b>\$316,314.00</b>

**Incorporated Documents:**

Notice of Subaward - Federal Funding Sheet  
 Section C: Budget and Financial Reporting Requirements

*By signing this Amendment, 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.*

Authorized Subrecipient Official's Name, Title: Ryan Gustafson, Director -OR- Authorized Signer (Print Name and Title): _____	Signature  	Date 12/16/24
Jeffrey S. Duncan, Agency Manager For Dena Schmidt, ADSD Administrator		12/02/2024

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION  
NOTICE OF SUBAWARD**

**NOTICE OF SUBAWARD - FEDERAL FUNDING SHEET**

<b>Federal Award Computation</b>				
Total Obligated by this Action:	\$			146,314.00
Cumulative Prior Awards this Budget Period:	\$			170,000.00
Total Federal Funds Awarded to Date:	\$			<b>316,314.00</b>
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Amount Required this Action:	\$			0.00
Amount Required Prior Awards:	\$			0.00
Total Match Amount Required:	\$			<b>0.00</b>
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> 03/03/2021 – 12/31/2024				
<b>Federal Project Period:</b> 03/03/2021 – 12/31/2024				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b> (Governor's Office) American Rescue Plan Act of 2021, US Treasury – Coronavirus State Fiscal Recovery Funds (Allocation #23HBSMS01)	<b>% Funds:</b> 100%	<b>CFDA:</b> 21.027	<b>FAIN:</b> SLFRP2634	<b>FEDERAL GRANT #:</b> SLFRP264
<b>Federal Grant Award Date by Federal Agency:</b>	06/04/2021			

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION  
NOTICE OF SUBAWARD**

**SECTION C - AMENDED**

**Budget and Financial Reporting Requirements**

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 Number 16-000-71-FRFX-24 from the Aging and Disability Services Division (ADSD). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor ADSD.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 16-000-71-FRFX-24 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget:

**ADSD Subaward Application  
PROPOSED BUDGET NARRATIVE**

<b>Operating</b>	<b>Total: \$15,021.00</b>
<b>Include specific facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.</b>	
<b>Enter Description(s) Below:</b>	
Commercial refrigerators, 4 @ \$2500 each = \$10,000	\$10,000.00
Natural Gas 4 Pan Steam Table	\$2,569.00
16 Gauge Stainless Steel Commercial Worktable/ 4" Backsplash - Qty 4 (\$341.75 x 4)	\$1,367.00
Heavy Duty Chrome Wire Shelving Unit - Qty 4 (\$327.00 x 4) Funded @ 82.95107%	\$1,085.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
<b>Justification:</b> (Enter below, expand row as needed) Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.	

<b>Equipment</b>	<b>Total: \$301,293.00</b>
<b>List equipment to purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment costing less than \$5,000 should be listed under Operating. Justify these items.</b>	
<b>Enter Description(s) Below:</b>	
Truck with hot/cold box 2 @ \$80,000 each = \$160,000	\$160,000.00
80 Gallon Stationary Steam Kettle - Qty 2 (\$25,571.00 x 2)	\$51,142.00
40 Gallon Tilt Skillet	\$28,524.00
10 Pan Full Size Combi Oven Natural Gas - Qty 2 (\$27,572.00 x 2)	\$55,144.00
Three Door Reach in Refrigerator - Qty 1	\$6,483.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

<b>TOTAL DIRECT PROJECT COSTS</b>	<b>\$316,314.00</b>
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<b>Administrative Expenses or Federal Indirect Cost Rate (FICR)</b>	<b>Total:</b>
Administrative expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed below, depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Indirect/administrative expenses do not apply to fixed-fee subawards or portions of subawards. Indirect expenses must be applied using the agency's Federal Indirect Cost Rate (FICR) or Modified Total Direct Costs (MTDC) which excludes capital expenditures and items such as pass-through funds, major subcontract(s) etc. over the first \$25,000 in that category, as applicable. Reference the Grant Instructions and Requirements GIR-20-12.	
Choose ONE type of rate according to funding source and provide calculation or explanations:	
1. State Funding (ILG Only): 8%	RATE:
2. Federal/Other State Funding: 10% de minimus	
3. Federal Indirect Cost Rate (FICR): Identify approved FICR & attach letter to application. In cell below, describe how the total indirect amount was calculated based on letter guidance and exceptions. Expand row as needed.	
FICR Calculation:	
Other Explanations:	

Calculated Rate (do not change formula): 0.00%

<b>TOTAL BUDGET REQUEST</b>	<b>\$316,314.00</b>
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**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION  
NOTICE OF SUBAWARD**

**ADSD Subaward Application  
PROPOSED BUDGET SUMMARY**

PATTERN BOXES ARE FORMULA DRIVEN; Enter info in orange cells.

<b>A. FUNDING SOURCES</b>	<i>ADSD Funds</i>	<b>MATCH *</b>			[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	<b>TOTAL</b>
PENDING OR SECURED	Pending							
<b>ENTER TOTAL FUNDING</b>	\$316,314.00	\$0.00			\$0.00	\$0.00	\$0.00	\$316,314.00

**EXPENSE CATEGORY**

Personnel	\$0.00							\$0.00
Travel/Training	\$0.00							\$0.00
Operating	\$15,021.00							\$15,021.00
Equipment	\$301,293.00							\$301,293.00
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00
Indirect	\$0.00							\$0.00

<b>TOTAL EXPENSE</b>	\$316,314.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$316,314.00
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<b>These boxes should equal zero</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$0.00						Total Program Budget	\$316,314.00
Indirect % of Budget	0.00%						ADSD Percent of Program Budget	100%

**B. Comments regarding budget summary, if applicable.**  
Approval for 2 meal trucks and 4 commercial grade refrigeration units

**C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.**  
NA

**D. List potential amounts and sources of program income (required); and describe if the project plans to have a sliding fee scale or voluntary contributions.**  
NA

**STATE OF NEVADA  
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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 or state 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 \$316,314.00;
- 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 Aging and Disability Services Division 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. Administration for Community Living (ACL).
- 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:**

- Aging and Disability Services Division will conduct programmatic and financial monitoring of the project on an annual basis or as determined necessary based on a risk assessment.
- 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 or quarterly 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.

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