



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

Agency Ref. #: **16-000-02-L9W-26**  
 Unit: 3140 | 3278  
 Sub Unit: 14 | 27  
 GL: 8580  
N/A |  
 Reporting: 9366724 / 9366725

## SUBAWARD AMENDMENT # 1

<b>Program Name:</b> ADSD Grants Management Contact Name: Courtney Collins, CourtneyC@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 East College Parkway Carson City, NV 89706	<b>Address:</b> 1001 E. 9th Street Reno, NV 89512-2845				
<b>Subaward Period:</b> 7/1/2025 - 6/30/2026	<b>Amendment Effective Date:</b> Upon approval by all parties.				
<b>This amendment reflects a change to:</b> <input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Funding Source					
<b>Reason for Amendment:</b> Supplemental funding to bring total allocation to budgeted amount.					
<b>Required Changes:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><b>Current Language:</b></td> <td>Total reimbursement through this subaward will not exceed \$326,690.20. See Section C of the original subaward.</td> </tr> <tr> <td><b>Amended Language:</b></td> <td>Total reimbursement through this subaward will not exceed \$364,000.00. See attached Section C <b>revised on 4/9/2026.</b></td> </tr> </table>		<b>Current Language:</b>	Total reimbursement through this subaward will not exceed \$326,690.20. See Section C of the original subaward.	<b>Amended Language:</b>	Total reimbursement through this subaward will not exceed \$364,000.00. See attached Section C <b>revised on 4/9/2026.</b>
<b>Current Language:</b>	Total reimbursement through this subaward will not exceed \$326,690.20. See Section C of the original subaward.				
<b>Amended Language:</b>	Total reimbursement through this subaward will not exceed \$364,000.00. See attached Section C <b>revised on 4/9/2026.</b>				
<b>Incorporated Documents:</b> Notice of Subaward - State Funding Sheet Notice of Subaward - Federal Funding Sheet					

**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, Washoe County Human Services Agency -OR- Authorized Signer (Print Name and Title): _____	Signature	Date
Cheyenne Pasquale, Agency Manager For Rique Robb, ADSD Administrator		04/09/2026

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

**NOTICE OF SUBAWARD - STATE FUNDING SHEET**

<b>State Award Computation</b>				
Total Obligated by this Action:	\$			0.00
Cumulative Prior Awards this Budget Period:	\$			314,254.20
Total State Funds Awarded to Date:	\$			<b>314,254.20</b>
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:	\$			0.00
Amount Required Prior Awards:	\$			47,138.00
Total Match Amount Required:	\$			<b>47,138.00</b>
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>State Budget Period:</b>				
7/1/2025 - 6/30/2026				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b>	<b>% Funds:</b>	<b>CFDA:</b>	<b>FAIN:</b>	<b>FEDERAL GRANT #:</b>
Independent Living Grant (ILG)-Fund for a Healthy Nevada (3140.14 / N/A)	86%	N/A	N/A	N/A
<b>Federal Grant Award Date by Federal Agency:</b>	N/A			

**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:		\$	0.00	
Cumulative Prior Awards this Budget Period:		\$	12,436.00	
Total Federal Funds Awarded to Date:		\$	<b>12,436.00</b>	
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:		\$	0.00	
Amount Required Prior Awards:		\$	1,865.00	
Total Match Amount Required:		\$	<b>1,865.00</b>	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> 7/1/2024 - 9/30/2025 (MOU)				
<b>Federal Project Period:</b> 7/1/2024 - 9/30/2025 (MOU)				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b> Nevada Department of Health and Human Services (DHHS): Social Services Block Grant (SSBG); Title XX (MOU# 5688) (3278.27 / 9366724 / 9366725)	<b>% Funds:</b> 4%	<b>CFDA:</b> 93.667	<b>FAIN:</b> 2401NVSOSR	<b>FEDERAL GRANT #:</b> 2401NVSOSR
<b>Federal Grant Award Date by Federal Agency:</b>		6/29/2025 (MOU Date)		

<b>Federal Award Computation</b>				
Total Obligated by this Action:		\$	37,309.80	
Cumulative Prior Awards this Budget Period:		\$	0.00	
Total Federal Funds Awarded to Date:		\$	<b>37,309.80</b>	
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:		\$	5,597.00	
Amount Required Prior Awards:		\$	0.00	
Total Match Amount Required:		\$	<b>5,597.00</b>	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> 10/1/2025 - 6/30/2026 (MOU)				
<b>Federal Project Period:</b> 10/1/2025 - 6/30/2026 (MOU)				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b> Nevada Department of Health and Human Services (DHHS): Social Services Block Grant (SSBG); Title XX (MOU# 5719) (3278.27 / 9366725)	<b>% Funds:</b> 10%	<b>CFDA:</b> 93.667	<b>FAIN:</b> 2501NVSOSR	<b>FEDERAL GRANT #:</b> 2501NVSOSR
<b>Federal Grant Award Date by Federal Agency:</b>		12/24/2025 (MOU Date)		