State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
(hereinafter referred to as the Department)

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

NOTICE OF SUBAWARD

Program Name: ADSD Office of Community Living (OCL) Grants Management Contact Name: Courtney Collins, CourtneyC@adsd.nv.gov	**Subrecipient's Name:** Washoe County Contact Name: Ryan Gustafson, Director, Washoe County Human Services Agency / RGustafson@washoecounty.gov
Address: 1550 E College Parkway Carson City, NV 89706	**Address:** 1001 E. 9th Street Reno, NV 89512-2845
Subaward Period: 07/01/2025 - 06/30/2026 **Subaward Type:** Categorical	**Subrecipient's:** **EIN:** 88-6000138 **Vendor #:** T40283400 **UEI:** GPR1NY74XPQ5

Purpose of Award: Fiscal Year 2026 funding to provide In Home Services - Homemaker Services to individuals deemed eligible per the ADSD Service Specifications. ***This is an initial funding allocation which will be supplemented as funds are available to meet the approved budget amount.***

Region(s) to be served: ☐ Statewide ☒ Specific county or counties: Washoe County

Approved Budget Categories: (Full Budget)	
1. Personnel	**$35,154.07**
2. Travel	**$0.00**
3. Operating	**$1,939.01**
4. Equipment	**$0.00**
5. Contractual/Consultant	**$326,906.92**
6. Other	**$0.00**
TOTAL DIRECT COSTS	**$364,000.00**
7. Indirect Costs	**$0.00**
TOTAL APPROVED BUDGET	**$364,000.00**

AWARD COMPUTATION: (Initial Allocation)

Total Obligated by this Action:	$	326,690.20
Cumulative Prior Awards this Budget Period:	$	0.00
Total Federal Funds Awarded to Date:	$	12,436.00
Total State Funds Awarded to Date:	$	314,254.20
Total Funds Awarded:	$	**326,690.20**

Match Required ☒ Y ☐ N

Amount Required this Action:	$	49,004.00
Amount Required Prior Awards:	$	0.00
Total Match Amount Required:	$	**49,004.00**

Research and Development (R&D) ☐ Y ☒ N

Federal Budget Period:
07/01/2024 - 09/30/2025 (MOU)
Federal Project Period:
07/01/2024 - 09/30/2025 (MOU)

FOR AGENCY USE, ONLY

Source of Funds:	**% Funds:**	**CFDA:**	**FAIN:**	**Federal Grant #:**	**Federal Grant Award Date by Federal Agency:**
Independent Living Grant (ILG) (3140.14 / N/A, $314,254.20)	96%	N/A	N/A	N/A	N/A
Nevada Department of Health and Human Services (DHHS): Social Services Block Grant (SSBG); Title XX, 3278.27 (MOU# 5688) (3278.27, $12,436.00)	4%	93.667	2401NVSOSR	2401NVSOSR	TBD

Agency Approved Indirect Rate: N/A

Subrecipient Approved Indirect Rate: 15% de minimis (8% on ILG)

Terms and Conditions:
In accepting these grant funds, it is understood that:
1. This award is subject to the availability of appropriated funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements (GIRS), ADSD Requirements and Procedures for Grant Programs (RPGPs), 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 and State 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 Reimbursements must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:

Section A:	Grant Conditions and Assurances;	Section E:	Audit Information Request;
Section B:	Description of Services, Scope of Work and Deliverables;	Section F:	Current/Former State Employee Disclaimer;
Section C:	Budget and Financial Reporting Requirements;	Section G:	DHHS Confidentiality Addendum; and
Section D:	Request for Reimbursement;	Section H:	Matching Funds Agreement

Authorized Subrecipient Official's Name, Title:	Signature	Date
Ryan Gustafson, Director, Washoe County Human Services Agency -OR- Authorized Signer (Print Name and Title): _____		
Cheyenne Pasquale, Agency Manager For Rique Robb, ADSD Administrator	C. Pasquale	09/29/2025

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

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 the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, 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 sub-grants 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.**

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. Compliance with the Consolidated Appropriations Act, 2023, PL 117-328.

11. Compliance with the Trafficking Victims Protection Act of 2000, Section 106 (g), as amended (22 U.S.C. 7104(g)).

12. No funding associated with this grant will be used for lobbying.

13. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.

14. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.

15. Should the collection of information require the use of an information technology system, the subrecipient will be expected to adhere to state and federal information security requirements to help ensure the security of any system used or developed by the subrecipient. In particular, if the data to be collected includes Personally Identifiable Information or Protected PII, the subrecipient must apply the appropriate security controls required to protect the privacy and security of the collected PII and/or Protected PII. (See 2 CFR 200.1 Definitions; 2 CFR 200.303 Internal Controls).

16. 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.

17. 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.

18. Protections for Whistleblowers

    - In accordance with 41 U.S.C. § 4712, subrecipient may not discharge, demote, or otherwise discriminate against an employee in reprisal for disclosing to any of the list of persons or entities provided below, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a

substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to federal contract (including the competition for or negotiation of a contract) or grant.

- The list of persons and entities referenced in the paragraph above included the following: A member of Congress or a representative of a committee of Congress, an Inspector General, the Government Accountability Office, a treasury employee responsible for contract or grant oversight or management, an authorized official of the Department of Justice or other law enforcement agency, a court or grand jury, or a management official or other employee of subrecipient, contractor, or subcontractor who has the responsibility to investigate, discover, or address mis-conduct.

- Subrecipient shall inform its employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.

19. 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.

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

SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County

Indicate the staff responsible for each of the following:

Compliance Item	Due Date	Indicate Subrecipient Staff Responsible (Name and Title)
Reporting Schedule	Each report applicable to funded service, as outlined at https://adsd.nv.gov/Programs/Grant/Reporting/Instructions/	
Case management system reporting and/or service-specific report(s)	10th calendar day following the month of service	
Request for Reimbursement	15th calendar day following the month or quarter of service	
Request for Reimbursement – Advance (if approved)	15th calendar day before the month of service	
Quarterly Report	30th calendar day following the quarter of service	
General Service Specifications	Ongoing throughout subaward period – General guidelines for service provision	
In Home Services - Homemaker Service Specifications	Ongoing throughout subaward period – Service-specific guidelines for service provision	
NV DHHS Grant Instructions and Requirements (GIRS) - and - ADSD Requirements and Procedures for Grant Programs (RPGPs)	Ongoing throughout subaward period – General guidelines for management of the subaward GIRS: https://www.dhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Grants/Grant%20Instructions%20and%20Requirements%20Revised%201.2025%20-%20FINAL%20(R).pdf RPGPs: https://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf	
Quality Improvement and Efficiency	Ongoing throughout subaward period	
Provision of service as described in the approved subaward application	Ongoing throughout subaward period	

ADSD Work Plan

Applicant / Subrecipient Name: Washoe County Human Services Agency	**Service:** In Home Services - Homemaker

Goal 1 (Outreach): *To promote aging in place by informing and providing services to those 60 and over and individuals with disabilities regarding homemaker services Washoe County offers*

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1 To promote a healthy, independent lifestyle to age in place with the use of homemaker services	In person outreach Media outlets Education by staff	7/1/25-6/30/26	Documented in SAMS under Consumer Group/#'s of referrals/ #'s of material provided
1.2 To increase the community awareness of homemaker services	In person outreach Media outlets Education by staff	7/1/25-6/30/26	Documented in SAMS under Consumer Group/#'s of referrals/ #'s of material provided
1.3 Provide educational materials regarding the benefits of homemaker services to age in place	Mailings Print media outreach Media Outreach	7/1/25-6/30/26	Documented in SAMS under Consumer Group/#'s of referrals/ #'s of material provided

Projected Output	Expected Outcomes
Number of Events: 12	Increased community awareness
Number of People Reached: 200-500 in person	Increased participation of homemaker services
10,000+ through media outlets	

Goal 2 (Service Delivery): *To provide direct homemaking services to individuals 60+ and individuals with disabilities in Washoe County*

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1 To increase the number of homemaker clients to 375-400 served at any given time	Continue using contracted providers along with internal Washoe County Homemakers to provide homemaking services	7/1/25-6/30/26	Documented in Caseworthy/SAMS
1.2 To provide case management to each homemaker client.	Assign a case manager to each client	7/1/25-6/30/26	Documented in Caseworthy/SAMS

Projected Output	Expected Outcomes
Number of Unduplicated Clients: 450	Allow individuals to age in place safely in their homes
Number of Units: 22,250	
% Underserved Populations: 75%	

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

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

SECTION C

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 16-000-02-L9W-26 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 16-000-02-L9W-26 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget, **up to the initial allocation amount**:

Applicant Name:	Washoe County Human Services Agency	Type of Service:	In Home Services - Homemaker
		Type of Subaward (Fixed-Fee or Categorical), if known:	Categorical

ADSD Subaward Application
PROPOSED BUDGET NARRATIVE

Personnel Costs					Fringe Only: $773.56	**Total: $35,154.07**
List staff, positions, salaries/rate of pay, fringe rate, percent of direct-service time to be spent on the project and the number of months to calculate the amount requested.						
A. Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN) B. *Provide a breakdown of the type of fringe benefits provided, such as health insurance, Medicare, FICA, worker's compensation, retirement, etc.* ***-AND-*** *Describe position duties as they relate to the funding and program objectives. Expand rows as needed.*		**Annual Salary**	**Fringe Rate**	**% of Time**	**Months**	**Amount Requested**
A. **Flannery, Rachel, Intermittent Homemaker Service Aide, 70007326**		$34,380.51	2.25%	100.000%	6.00	$17,577.04
B. *Fringe benefits for intermittent postions includes Medicare, and workmen's and unemployment compensations. The Homemaker Service Aide position provides homemaker, personal care, and basic*						
A. **Carter, Zanovia, Intermittent Homemaker Service Aide, 70007326**		$34,380.51	2.25%	100.000%	6.00	$17,577.04
B. *Fringe benefits for intermittent postions includes Medicare, and workmen's and unemployment compensations. The Homemaker Service Aide position provides homemaker, personal care, and basic*						

Travel					**Total:**	**$0.00**
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem, lodging and mileage (www.gsa.gov) unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification. Any increases/decreases made to GSA.gov rates within the subaward period will be automatically honored during the reimbursement process.						
Out-of-State Travel					Trip total:	$0.00
Enter Title of Trip & Destination here, such as "CDC Conference: San Diego, CA"	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff						$0.00
Baggage fee: $ amount per person x # of trips x # of staff						$0.00
Per Diem: $ per day per GSA rate for area x # of trips x # of staff						$0.00
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff						$0.00
Ground Transportation: $ per r/trip x # of trips x # of staff						$0.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff						$0.00
Parking: $ per day x # of trips x # of days x # of staff						$0.00
Justification: *(Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.*						

Operating	Total: $1,939.01
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, computers and related equipment which cost less than $10,000 per unit, etc. Provide a calculation for each line.	
Enter Description(s) Below:	**Amount:**
Cleaning Supplies for indigent clients (Mops, buckets, brooms, dust pans, soap, sponges, gloves, vacuums, toilet brushes, etc. to be distributed to clients who cannot afford the cleaning supplies needed for hygenic and sanitization care (approx. $38.78 x 50 clients = $1,939.01)	$1,939.01
	$0.00
	$0.00
Justification: *Office Supplies for the three additional staff funded through contract with Talent Framework.*	

Equipment	Total: $0.00
List equipment to purchase or lease costing $10,000 or more (per unit), and justify these expenditures. Equipment costing less than $10,000 should be listed under Operating. Justify these items.	
Enter Description(s) Below:	**Amount:**
	$0.00
	$0.00
	$0.00
	$0.00

Contractual	Total: $326,906.92
Explain the need and/or purpose for the contractual or consultant service. Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Only include costs for which there is a *written agreement or contract*. 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. Expand rows as needed.	
Talent Framework	$64,906.92
Method of Selection: competive bid	
Period of Performance: July 1, 2025 - June 30, 2026	
Scope of Work: Staffing agency will provide staffing for 3 temporary positions vital to the operation of the homemaker services. 1 Case Worker will carry a caseload of Homemaker clients, increasing the ability to serve homemaker clients. One Human Services Support Specialist and 1 Office Assistant will provide assistance with scheduling, file maintenance, data entry, and overall support needed to operate the homemaker services program for Washoe County.	
Sole Source Justification: N/A	
Method of Accountability: Social services supervisor verifying and monitoring work on a daily basis for accuracy and timely data entry; sign off on weekly time sheet; staffing with worker to assist with prioritizing work. Monthly invoices will be reviewed for payment.	
Other Justification: Additional staff was identified as needed. In lieu of adding full-time, permanent staff to the grant, Washoe County has sought soultions through temp staffing to assess the impact and ongoing necessity of this level of support	
Cost Calculation: All three positions will work full-time. The established hourly costs are; $39.98, $34.28, and $34.28. 108.54 * 11.50 hours * 52weeks = $64,906.92	
Freedom Home Health	$112,000.00
Method of Selection: competitive bid	
Period of Performance: July 1, 2025 - June 30, 2026	
Scope of Work: Perform Homemaker services with the intent of providing a safe and sanitary living environment for seniors.	
Sole Source Justification: N/A	
Method of Accountability: Monthly invoices are reviewed for payment. Washoe County Caseworkers ensure services are provided to eligible individuals and monitor the services provided.	
Other Justification: Contractors were selected after competitive bid process.	
Cost Calculation: 17,600 service units at $7.50 per unit = $132,000	
All Valley Home Care (Medical Services of Nevada)	$150,000.00
Method of Selection: competive bid	
Period of Performance: July 12, 2025 - June 30, 2026	
Scope of Work: Perform Homemaker services with the intent of providing a safe and sanitary living environment for seniors.	
Sole Source Justification: N/A	
Method of Accountability: Monthly invoices are reviewed for payment. Washoe County Caseworkers ensure services are provided to eligible individuals and monitor the services provided.	
Other Justification: Contractors were selected after competitive bid process.	
Cost Calculation: 22,800 service units at $7.50 per unit = $171,000	

Other	Total:	$0.00
Identify and justify other direct expenditures that cannot be identified within another category, such as dues, other insurance, printing and promotional costs, etc. Requested funding must be for this specific proposed program. Include calculations for all items and a description if needed. If cost allocating an expense across multiple programs and sources, provide an explanation and calculation for the portion included here.		
		$0.00
		$0.00
		$0.00
Justification: *(Enter below, expand row as needed) Provide narrative to justify these expenditures and how each budget item supports the project.*		

TOTAL DIRECT PROJECT COSTS	$364,000.00

Administrative Expenses/Indirect Costs	Total:	$0.00
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 equipment, capital expenditures and items such as pass-through funds, and major subcontract(s) over the first $50,000, as applicable. Reference the Grant Instructions and Requirements for additional information on Indirect Costs.		
Choose ONE type of rate according to funding source and provide calculation or explanations:		**RATE:**
1. Independent Living Grant (ILG)/FHN State Funds and State Funds awarded to the NV System of Higher Education* (non-research): **8%**		10.00%
2. Federal/Other State Funding: **15%** de minimis (Modified Total Direct Costs - MTDC)		
3. Federal Negotiated Indirect Cost Rate Agreement (**NICRA**): Identify approved costs per the NICRA & attach the current agreement to application. In cells below, describe how the total indirect amount was calculated based on the NICRA letter guidance and exceptions. Expand row as needed.		
FICR Calculation:		
Other Explanations:		

TOTAL BUDGET REQUEST	$364,000.00

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

Applicant Name:	Washoe County Human Services Agency	Type of Service:	In Home Services - Homemaker

ADSD Subaward Application
PROPOSED BUDGET SUMMARY

A. FUNDING SOURCES	*ADSD Funds*	MATCH	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	TOTAL
PENDING OR SECURED	Pending	Secured	Secured					
ENTER TOTAL FUNDING	$364,000.00	$54,600.00	$1,627,734.00	$0.00	$0.00	$0.00	$0.00	$2,046,334.00
EXPENSE CATEGORY								
Personnel	$35,154.07	$54,600.00	$1,494,552.00					$1,584,306.07
Travel	$0.00							$0.00
Operating	$1,939.01		$133,182.00					$135,121.01
Equipment	$0.00							$0.00
Contractual/Consultant	$326,906.92							$326,906.92
Other Expenses	$0.00							$0.00
Indirect	$0.00							$0.00
TOTAL EXPENSE	**$364,000.00**	**$54,600.00**	**$1,627,734.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,046,334.00**
These boxes should equal zero	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Total Indirect Cost	$0.00	Total Program Budget	$2,046,334.00
Indirect % of Budget	10.00%	ADSD Percent of Program Budget	18%

B. Comments regarding budget summary, if applicable.

N/A

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

Match is obtained from local senior dedicated funds

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.

Program income is collected on a voluntary basis from participants based off a sliding fee scale. Considering limited income and indigent status of many participants, $2,000 is budgeted for this as established by prior years' collections.

- 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 2 CFR 200.313 (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 $326,690.20.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred and required documents from the RFR back-up documentation workbook.
- 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 15th calendar day 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.

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

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

SECTION D
Request for Reimbursement (RFR)

Department of Health and Human Services
Aging and Disability Services (ADSD)

Agency Ref #: _____
Unit: _____
GL: _____
Draw #: _____
CFDA #: _____

Financial Status Report and Request for Reimbursement

Program Name:	**Subrecipient Name:**
ADSD OCL, Grants Management	
Program Address:	**Subrecipient Address:**
1550 East College Parkway, Carson City, NV 89706	
Subaward Period:	**Subrecipient's:**
{Enter Subaward Period}	EIN:
{Enter Service}	Vendor #:
{Enter type of subaward - Categorical or Fixed-Fee}	

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s): _____
Calendar Year: _____

☐ NEW REQUEST ☐ REIMBURSEMENT ☐ ADVANCE & RECONCILIATION
☐ PAID RFR BACK-UP REVISION ☐ ADVANCE ONLY ☐ RECONCILIATION ONLY

	A	B	C	D	E	F
Approved Budget Category	**Approved Budget**	**Total Prior Requests**	**Current Request**	**Year to Date Total**	**Budget Balance**	**Percent Requested**
1 Personnel	$0.00	$0.00		$0.00	$0.00	-
2 Travel	$0.00	$0.00		$0.00	$0.00	-
3 Operating	$0.00	$0.00		$0.00	$0.00	-
4 Equipment	$0.00	$0.00		$0.00	$0.00	-
5 Contract/Consultant	$0.00	$0.00		$0.00	$0.00	-
6 Other	$0.00	$0.00		$0.00	$0.00	-
7 Indirect Expenses	$0.00	$0.00		$0.00	$0.00	-
Total	$0.00	$0.00	$0.00	$0.00	$0.00	-

Additional Financial Reporting - All Award Types

Budget Item	**Required Amount**	**Total Prior Months**	**Current Amount**	**Year to Date Total**	**Budget Balance**	**Percent Provided**
1 Match	$0.00	$0.00		$0.00	$0.00	-
2 Program Income	N/A	$0.00		$0.00	N/A	N/A

Additional Financial Reporting - Fixed-Fee Awards Only

	Number of Units of Service		**Funding Earned**		**Balance to be Earned**	**Percent Earned**
Fixed-Fee Rate(s):	**Previous Period**	**This Period**	**This Period**	**Total/All**		
1	0.00		-	-	-	-
2	0.00		N/A			

☐ N/A

Advance Payment Reconciliation

Budget Categories or Specific Components (Expand rows as needed)	**Month:**		**Total Funds to Date**			
	Received	**Expended**	**Funds Advanced**	**Expended**	**Balance**	**Percent Expended**
			$0.00	$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 subaward; and that the amount of this request is not in excess of current needs or, cumulatively for the award term, in excess of the total approved subaward. 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 are correct.

Authorized Signature **Title** **Date**

OFFICE USE ONLY - DHHS - ADSD OFFICE USE ONLY

Program contact? Yes:___ No:___; Contact:_____
Reason for contact: _____
Notes: _____

APPROVALS:
Scope of Work -
Date: _____ Signed: _____
PAC Fiscal -
Date: _____ Signed: _____

Payment Breakdown

Unit.Sub Unit / Reporting #	**Amount**
	$
	$
N/A	$
N/A	$
N/A	$
N/A	$
N/A	$
TOTAL	$ -

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

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** $1,000,000.00 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 $1,000,000.00 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? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

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

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

SECTION F

Current or Former State Employee Disclaimer

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 **and** is receiving PERS, 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 of Previous Employee	Services Performed for Award	Collecting PERS? (Yes/No)	If Yes, indicate the end date of state service

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
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Washoe County

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.

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

SECTION H

Matching Funds Agreement

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County (referred to as "Subrecipient").

Program Name	ADSD OCL Grants Management	**Subrecipient Name**	Washoe County
Federal Grant Number	2401NVSOSR	**Subaward Number**	16-000-02-L9W-26
Federal Amount	$12,436.00	**Contact Name**	Ryan Gustafson, Director, Washoe County Human Services Agency
State Amount	$314,254.20	**Address**	1001 E. 9th Street Reno, NV 89512-2845
Non-Federal (Match) Amount	$49,004.00		
Total Award	$326,690.20		
Performance Period	07/01/2025 - 06/30/2026		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded	**$326,690.20**
Required Match Percentage	**15%**
Total Required Match	**$49,004.00**

Approved Budget Category		Budgeted Match
1	Personnel	$54,600.00
2	Travel	$0.00
3	Operating	$0.00
4	Contract/Consultant	$0.00
5	Other	$0.00
6	Indirect Costs	$0.00
	Total	**$54,600.00**

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