

**STATE OF NEVADA  
DEPARTMENT OF HUMAN SERVICES**

**Director's Office  
NOTICE OF SUBAWARD**

State of Nevada  
Department of Human Services

**Director's Office – Grants Management Unit**  
(hereinafter referred to as the Department)



Agency Ref. #: **DO 1707-1**  
 BA / CAT: 3195/35  
 GL: 8516  
 Job Number: 9366725/**9366726**

**SUBAWARD AMENDMENT #1**

<b>Program Name:</b> DHS Grants Management Unit, Social Services Block Grant Nicole Martin / <a href="mailto:nimartin@dhs.gov">nimartin@dhs.gov</a>	<b>Subrecipient Name:</b> Washoe County Human Services Agency Ida Peeks / <a href="mailto:jpeeks@washoecounty.gov">jpeeks@washoecounty.gov</a>
<b>Address:</b> 1000 N. Division Street, Ste. 201 Carson City, Nevada 89703	<b>Address:</b> 350 S. Center Street Reno, Nevada <b>89501</b>
<b>Subaward Period:</b> October 1, 2025 through September 30, 2026	<b>Amendment Effective Date:</b> Upon approval by all parties.

**This amendment reflects a change to:**

- Scope of Work                       Term                                       Budget

**Reason for Amendment:** Increasing budget to provide full allocation of funds through September 30, 2026.

**Required Changes:**

**Current Language:** Total reimbursement through this subaward will not exceed \$165,951.00. See page 2 for current funding allocation details. See also Sections C and D of the original subaward.

**Amended Language:** Total reimbursement through this subaward will not exceed **\$663,807.00**. See page 2, for amended federal award information and allocations. See also attached Sections C and D **revised on January 29, 2026**.

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	\$0.00	\$0.00	\$0.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$122,201.00	\$463,493.00	\$585,694.00
6. Training	\$25,000.00	\$30,000.00	\$55,000.00
7. Other	\$18,750.00	\$4,363.00	\$23,113.00
<b>TOTAL DIRECT COSTS</b>	\$165,951.00	\$497,856.00	\$663,807.00
8. Indirect Costs	\$0.00	\$0.00	\$0.00
<b>TOTAL APPROVED BUDGET</b>	\$165,951.00	\$497,856.00	\$663,807.00

**Incorporated Documents:**

- Section C: Budget and Financial Reporting Requirements **revised on January 29, 2026**
- Section D: Request for Reimbursement **revised on January 29, 2026**
- Exhibit A: Original Notice of Subaward and all previous amendments

**By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.**

Name	Signature	Date
Ryan Gustafson, Director Washoe County Human Services Agency	<i>Ryan Gustafson</i>	2/9/26
Danacamile, Roscom, MSW, Chief Grants Management Unit		
For Laura Rich, Director Department of Human Services		

**STATE OF NEVADA  
DEPARTMENT OF HUMAN SERVICES  
Director's Office – Grants Management Unit  
NOTICE OF SUBAWARD**

**CURRENT LANGUAGE:**

<b>Federal Award Computation – SSBG 2025</b>				
<b>DO 1707 Total Obligated Original Allocation:</b>		\$	\$165,951.00	
Cumulative Prior Awards this Budget Period:		\$	\$0.00	
Total Federal Funds Awarded to Date:		\$	\$165,951.00	
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:		\$	0.00	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> October 1, 2024 through September 30, 2026				
<b>Federal Project Period:</b> October 1, 2024 through September 30, 2026				
<b>FOR AGENCY USE, ONLY</b>				
<b>Source of Funds:</b> U.S. Department of Health and Human Services, Administration for Children and Families, Social Services Block Grant	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.667	<b>FAIN:</b> 2501NVSOSR	<b>FEDERAL GRANT #:</b> 2501NVSOSR
<b>Federal Grant Award Date by Federal Agency:</b>		06/01/2025		

**AMENDED LANGUAGE:**

<b>Federal Award Computation – SSBG 2025</b>				
<b>DO 1707-1 Total Obligated Original Allocation:</b>		\$	\$165,951.00	
<b>Total Obligated by this Action:</b>		\$	\$276,586.00	
Cumulative Prior Awards this Budget Period:		\$	\$916,466.64	
Total Federal Funds Awarded to Date:		\$	\$1,193,052.64	
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:		\$	0.00	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> 10/1/2024 through 9/30/2026				
<b>Federal Project Period:</b> 10/1/2024 through 9/30/2026				
<b>FOR AGENCY USE, ONLY</b>				
<b>Source of Funds:</b> U.S. Department of Health and Human Services, Administration for Children and Families, Social Services Block Grant	<b>% Funds:</b> 66.67%	<b>CFDA:</b> 93.667	<b>FAIN:</b> 2501NVSOSR	<b>FEDERAL GRANT #:</b> 2501NVSOSR
<b>Federal Grant Award Date by Federal Agency:</b>		06/01/2025		
<b>Federal Award Computation – SSBG 2026</b>				
Total Obligated by this Action:		\$	\$221,270.00	
Cumulative Prior Awards this Budget Period:		\$	0.00	
Total Federal Funds Awarded to Date:		\$	\$221,270.00	
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:		\$	0.00	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> 10/1/2025 through 9/30/2027				
<b>Federal Project Period:</b> 10/1/2025 through 9/30/2027				
<b>FOR AGENCY USE, ONLY</b>				
<b>Source of Funds:</b> U.S. Department of Health and Human Services, Administration for Children and Families, Social Services Block Grant	<b>% Funds:</b> 33.33%	<b>CFDA:</b> 93.667	<b>FAIN:</b> 2601NVSOSR	<b>FEDERAL GRANT #:</b> 2601NVSOSR
<b>Federal Grant Award Date by Federal Agency:</b>		01/13/2026		

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**SECTION C  
Budget and Financial Reporting Requirements  
revised on January 29, 2026**

**Applicant Name: Washoe County Human Services Agency**  
Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE-2026**

<b>Total Personnel Costs</b>		including fringe	<b>Total:</b>	<b>\$0.00</b>
<b>Travel</b>			<b>Total:</b>	<b>\$0.00</b>
<b>Operating</b>			<b>Total:</b>	<b>\$0.00</b>
<b>Equipment</b>			<b>Total:</b>	<b>\$0.00</b>
<b>Contractual</b>			<b>Total:</b>	<b>\$585,694.00</b>
<u>Name of Contractor, Subrecipient:</u>		TBD - Foster	<b>Total</b>	<b>\$585,694</b>
<u>Method of Selection:</u> Competitive Bid and NRS 424 Compliance through Licensure				
<u>Period of Performance:</u> October 1, 2025 through <b>September 30, 2026</b>				
<u>Scope of Work:</u> Emergency Shelter Costs and Foster Care Maintenance payments for placements of <90 days in care, including payments for placements pending licensure.				
<u>* Sole Source Justification:</u> N/A				
<u>Budget</u>				
<u>Contractual</u>			<b>\$585,694</b>	
<u>Total Budget</u>			<b>\$585,694</b>	
<u>Method of Accountability:</u> The contract for shelter services and foster homes are managed by the Foster Care Licensing Unit and they are responsible for the oversight of the contract. Monthly reports are submitted. Licensure compliance is required.				
<b>Training</b>			<b>Total:</b>	<b>\$55,000</b>
<u>Description</u>	<u>Registration Costs</u>	<u>FTE</u>	<u>Total</u>	
<u>Varies:</u> TBD based on staffing and department needs	<b>Varies</b>	<b>Varies</b>	<b>\$55,000</b>	
<u>Justification:</u> Training will be identified by professional staff and will address issues such as child development, childhood trauma, family dynamics, domestic violence, child maltreatment, and other child welfare-related topics.				
<b>Other</b>			<b>Total:</b>	<b>\$23,113</b>
<u>Description</u>		<u>Monthly Expense</u>	<u>Number of Months</u>	<u>Total</u>
<u>Direct Client Services:</u> <b>\$1,926/month x 12 months = \$23,113</b>		<b>\$1,926</b>	<b>12</b>	<b>\$23,113</b>
<u>Justification:</u> Emergency client assistance to include housing assistance, fuel, nutrition, behavioral health, and basic needs to support family stability.				
<b>TOTAL DIRECT CHARGES</b>				<b>\$ 663,807</b>
<b>Indirect Charges</b>		<b>Indirect Rate:</b>	<b>0.000%</b>	<b>\$0.00</b>
<u>Indirect Methodology:</u> Washoe County Human Services Agency opts for 0% indirect rate.				
<b>TOTAL BUDGET</b>			<b>Total:</b>	<b>\$663,807</b>

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Applicant Name: Washoe County Human Services Agency

**Form 2**

**PROPOSED BUDGET SUMMARY**

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

FUNDING SOURCES	DHS DO GMU SSBG Title XX	Other Funding	Program Income	TOTAL					
SECURED									
ENTER TOTAL REQUEST	\$663,807	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$663,807

**EXPENSE CATEGORY**

Personnel	\$0								\$0
Travel	\$0								\$0
Operating	\$0								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$585,694								\$585,694
Training	\$55,000								\$55,000
Other Expenses	\$23,113								\$23,113
Indirect	\$0								\$0

TOTAL EXPENSE	\$663,807	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$663,807
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$0
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Total Agency Budget	\$663,807
Percent of Subrecipient Budget	100%

**B. Explain any items noted as pending:**


**C. Program Income Calculation:**


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Department of Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed **\$663,807**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred; 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 provide technical assistance, upon request from the Subrecipient;
- 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:**

- **Site monitors will be conducted as determined by state and federal guidelines or as deemed necessary.**
- 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 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.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**STATE OF NEVADA**  
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**Director's Office – Grants Management Unit**  
**NOTICE OF SUBAWARD**  
**SECTION D**  
**Request for Reimbursement**  
 revised on January 29, 2026

Agency Ref #: **DO 1707-1**  
 Budget Account: 3195  
 GL: 8516  
 Draw #: \_\_\_\_\_

<b>Program Name:</b> DHS Grants Management Unit, Social Services Block Grant Nicole Martin / <a href="mailto:nimartin@dhs.gov">nimartin@dhs.gov</a>	<b>Subrecipient Name:</b> Washoe County Human Services Agency Ida Peeks / <a href="mailto:ipeek@washoecounty.gov">ipeek@washoecounty.gov</a>
<b>Address:</b> 1000 N. Division Street, Ste. 201 Carson City, Nevada 89703	<b>Address:</b> 350 S. Center Street Reno, Nevada 89501
<b>Subaward Period:</b> October 1, 2025 through September 30, 2026	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400A

**FINANCIAL REPORT AND REQUEST FOR FUNDS**  
 (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	<b>\$585,694.00</b>	\$0.00	\$0.00	\$0.00	\$585,694.00	0.0%
6. Training	<b>\$55,000.00</b>	\$0.00	\$0.00	\$0.00	\$55,000.00	0.0%
7. Other	<b>\$23,113.00</b>	\$0.00	\$0.00	\$0.00	\$23,113.00	0.0%
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$663,807.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$663,807.00</b>	0.0%

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 \_\_\_\_\_

**FOR DIVISION 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 \_\_\_\_\_