



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

Agency Ref. #: 16-000-02-FRFX-24  
Budget Account: 3278  
Category: 62  
GL: 8580  
21027A21  
Job Number: (Func 2305)

## SUBAWARD AMENDMENT #1

<b>Program Name:</b> ADSD Grants Management Contact Name: Shawna Eggleston, Shawna@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> 3208 Goni Road, #1-181 Carson City, NV 89706	<b>Address:</b> 1001 E. 9th Street Reno, NV 89512-2845		
<b>Subaward Period:</b> 02/01/2024 – 06/30/2024	<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"/> Budget			
<b>Reason for Amendment:</b> <u>Budget revision &amp; supplemental funding.</u>			
<b>Required Changes:</b> <b>Current Language:</b> Total reimbursement through this subaward will not exceed \$144,000.00. See Section C of the original subaward.  <b>Amended Language:</b> Total reimbursement through this subaward will not exceed \$178,500.00. See attached Section C <b>revised on 04/23/2024.</b>			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$0.00	\$61,350.00	\$61,350.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$9,000.00	\$0.00	\$9,000.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$125,000.00	(\$25,500.00)	\$99,500.00
6. Other	\$10,000.00	(\$1,350.00)	\$8,650.00
<b>TOTAL DIRECT COSTS</b>	<b>\$144,000.00</b>	<b>\$34,500.00</b>	<b>\$178,500.00</b>
7. Indirect Costs	\$0.00	\$0.00	\$0.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$144,000.00</b>	<b>\$34,500.00</b>	<b>\$178,500.00</b>
<b>Incorporated Documents:</b> 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, Washoe County Human Services Agency -OR- Authorized Signer (Print Name and Title): _____	Signature  	Date
Jeffrey S. Duncan, Agency Manager For Dena Schmidt, ADSD Administrator		04/29/2024

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NOTICE OF SUBAWARD**

**NOTICE OF SUBAWARD - FEDERAL FUNDING SHEET**

<b>Federal Award Computation</b>				
Total Obligated by this Action:	\$			34,500.00
Cumulative Prior Awards this Budget Period:	\$			144,000.00
Total Federal Funds Awarded to Date:	\$			<b>178,500.00</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 – 12/31/2026				
<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 #23HCAPD01)	<b>% Funds:</b> 100%	<b>CFDA:</b> 21.027	<b>FAIN:</b> SLFRP2634	<b>FEDERAL GRANT #:</b> SLFRP2634
<b>Federal Grant Award Date by Federal Agency:</b>	06/04/2021			

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**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 16-000-02-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 16-000-02-FRFX-24 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget:

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

**ADSD Subaward Application  
PROPOSED BUDGET NARRATIVE**

<b>Personnel Costs</b>	Fringe Only: \$1,350.00	<b>Total: \$61,350.00</b>
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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)	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
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.					
A. TBD, Intermittent Homemaker Service Aide, 70007326	\$26,000.00	2.25%	100.000%	9.00	\$19,938.75
B. Fringe benefits for intermittent positions includes Medicare, and workmen's and unemployment compensations. The Homemaker Service Aide position provides homemaker, personal care, and basic health screening services for homebound senior citizens. Intermittent roles can be billed by multiple people that work in an on-call basis.					
A. TBD, Intermittent Homemaker Service Aide, 70007326	\$27,000.00	2.25%	100.000%	9.00	\$20,705.63
B. Fringe benefits for intermittent positions includes Medicare, and workmen's and unemployment compensations. The Homemaker Service Aide position provides homemaker, personal care, and basic health screening services for homebound senior citizens. Intermittent roles can be billed by multiple people that work in an on-call basis.					
A. TBD, Intermittent Homemaker Service Aide, 70007326	\$27,000.00	2.25%	100.000%	9.00	\$20,705.63
B. Fringe benefits for intermittent positions includes Medicare, and workmen's and unemployment compensations. The Homemaker Service Aide position provides homemaker, personal care, and basic health screening services for homebound senior citizens. Intermittent roles can be billed by multiple people that work in an on-call basis.					

<b>Operating</b>	<b>Total: \$9,000.00</b>
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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.

Enter Description(s) Below:	Amount:
Cleaning supplies for seniors in need/cannot afford supplies to start services. Estimated at \$300 per client for 30 clients	\$9,000.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

**Justification:** (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>Contractual</b>	<b>Total: \$99,500.00</b>
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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.

Enter Name of Contractor, Subrecipient here: TBD	\$65,000.00
Method of Selection: competitive bid, possibly sole source depending on circumstances	
Period of Performance: 01/01/2024 - 12/31/2024	

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<u>Scope of Work:</u> Perform Homemaker services with the intent of providing a safe and sanitary living environment for seniors.	
<u>Sole Source Justification:</u> Depending on the isolated geographic location of the rural areas we will service, there might be limited competition	
<u>Method of Accountability:</u> Monthly invoices are reviewed for payment. Washoe County Caseworkers ensure services are provided to eligible individuals and monitor the services provided.	
<u>Other Justification:</u> NA	
<u>Cost Calculation:</u> The intent would be to model the pricing in the other homemaker contracts, Services are billed in quarter hour increments and paid at the rate of \$6.25/qtr hr x 4 x 2600 units = \$65,000	
<b>Freedom Home Health</b>	
<u>Method of Selection:</u> Competitive Bid	<b>\$12,000.00</b>
<u>Period of Performance:</u> 01/01/2024 - 12/31/2024	
<u>Scope of Work:</u> Perform Homemaker services with the intent of providing a safe and sanitary living environment for seniors.	
<u>Sole Source Justification:</u> NA	
<u>Method of Accountability:</u> Monthly invoices are reviewed for payment. Washoe County Caseworkers ensure services are provided to eligible individuals and monitor the services provided.	
<u>Other Justification:</u> NA	
<u>Cost Calculation:</u> An additional rate of \$1.25/qtr hr x 4 x 2400 units = \$12000	
<b>All Valley</b>	
<u>Method of Selection:</u> Competitive Bid	<b>\$17,500.00</b>
<u>Period of Performance:</u> 01/01/2024 - 12/31/2024	
<u>Scope of Work:</u> Perform Homemaker services with the intent of providing a safe and sanitary living environment for seniors.	
<u>Sole Source Justification:</u> NA	
<u>Method of Accountability:</u> Monthly invoices are reviewed for payment. Washoe County Caseworkers ensure services are provided to eligible individuals and monitor the services provided.	
<u>Other Justification:</u> NA	
<u>Cost Calculation:</u> An additional rate of \$1.25/qtr hr x 4 x 3500 units = \$17500	
<b>TBD</b>	
<u>Method of Selection:</u> TBD	<b>\$5,000.00</b>
<u>Period of Performance:</u> 03/01/2024 - 12/31/2024	
<u>Scope of Work:</u> Recruitment assistance and support for the contractors.	
<u>Sole Source Justification:</u> (Define if sole source method, not needed for competitive bid.)	
<u>Method of Accountability:</u> Monthly invoices are reviewed for payment, Scope of Work for the agreement/contract and Senior Coordinator will review/track	
<u>Other Justification:</u> NA	
<u>Cost Calculation:</u> To be determined based off contract with vendor. Estimated at an average of \$625 per month for 8 months.	
<b>*If more Contractor/Consultant sections are needed, copy section above and insert here.</b>	
<b>Other</b>	<b>Total: \$8,650.00</b>
<b>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.</b>	
Printing costs: for fridge magnets related to Homemaker services and circulation material like flyers and brochures to promote services	\$6,670.00
Fridge Magnets \$148 per 500 x 12 months = 1,776	
Brochures \$407.83 per 1000 x 12 months = 4,894	
Advertising approximately \$1500 for a full page ad in the Golden Pages and approximately \$160 per month for 3 months of Homemaker specific advertising in the Senior Spectrum	\$1,980.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
<b>Justification:</b> (Enter below, expand row as needed) Provide narrative to justify these expenditures and how each budget item supports the project.	

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<b>TOTAL DIRECT PROJECT COSTS</b>	<b>\$178,500.00</b>
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<b>Administrative Expenses or Federal Indirect Cost Rate (FICR)</b>	<b>Total: \$0.00</b>
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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:

	RATE:
1. Independent Living Grant (ILG)/FHN State Funds: 8%	
2. Federal/Other State Funding: 10% de minimis (Modified Total Direct Costs - MTDC)	
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:	

<b>TOTAL BUDGET REQUEST</b>	<b>\$178,500.00</b>
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**ADSD Subaward Application  
PROPOSED BUDGET SUMMARY**

Enter Info in Orange Cells

<b>A. FUNDING SOURCES</b>	<b>ADSD Funds</b>	<b>MATCH</b>	[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]	<b>TOTAL</b>
PENDING OR SECURED	Pending							
<b>ENTER TOTAL FUNDING</b>	\$178,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$178,500.00

**EXPENSE CATEGORY**

Personnel	\$61,350.00							\$61,350.00
Travel	\$0.00							\$0.00
Operating	\$9,000.00							\$9,000.00
Equipment	\$0.00							\$0.00
Contractual/Consultant	\$99,500.00							\$99,500.00
Other Expenses	\$8,650.00							\$8,650.00
Indirect	\$0.00							\$0.00
<b>TOTAL EXPENSE</b>	<b>\$178,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$178,500.00</b>
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	\$178,500.00
Indirect % of Budget	0.00%						ADSD Percent of Program Budget	100%

**B. Comments regarding budget summary, if applicable.**

NA

**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.**

Homemaker program operates on a sliding scale/cost share. Most homemaker clients are below income requirements, but it is possible some clients will have a cost share and/or choose to contribute to the program.

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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 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 \$178,500.00;
- 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.**