



State of Nevada
Department of Health and Human Services
Director's Office – Washoe County
(hereinafter referred to as the Department)

Agency Ref. #: **DO 1560 - 1**
BA / CAT: 3060/10
GL: 8516
Job Number: NA
Sub Org: A1

SUBAWARD AMENDMENT # 1

Program Name: Fund for a Resilient Tara Guajardo, tguajardo@dhhs.nv.gov	Subrecipient Name: Washoe County Human Services Agency Laurie Gleason, lgleason@washoecounty.gov		
Address: 1000 N. Division St Carson City, NV 89703	Address: 350 S. Center Street Reno, Nevada 89501		
Subaward Period: March 1, 2025, through June 30, 2025	Amendment Effective Date: Upon approval by all parties.		
This amendment reflects a change to: <input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: Budget modification to increase the original budget amount.			
Required Changes: Current Language: Total reimbursement through this subaward will not exceed \$130,563.00 See Section C and D of the original subaward. Amended Language: Total reimbursement through this subaward will not exceed \$160,872.00. See attached Section C and D revised on 4/18/25.			
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	\$130,563.00	\$30,309.00	\$160,872.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$0.00	\$0.00	\$0.00
TOTAL DIRECT COSTS	\$130,563.00	\$30,309.00	\$160,872.00
8. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$130,563.00	\$30,309.00	\$160,872.00
Incorporated Documents: Section C: Budget and Financial Reporting Requirements revised on 4/18/25. Section D: Request for Reimbursement revised on 4/18/25. Exhibit A: Original Notice of Subaward and all previous amendments			

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH 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	<i>Ryan Gustafson</i>	5/22/25
Dawn Yohey Clinical Program Planner III		
Richard Whitley MS, Director Department of Health and Human Services		

SECTION C
Budget and Financial Reporting Requirements
revised on 4/18/25

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Fund for a Resilient Nevada, established in Nevada Revised Statutes 433.712 through 433.744.

Subrecipient agrees to adhere to the following budget:

Applicant Name: Washoe County Human Services Agency

BUDGET NARRATIVE
(Form Revised July 2022)

3/1/2025 - 6/30/2025

USE FORMULAS FOR ALL TOTALS

Total Personnel Costs	including fringe	\$
	Total:	-
-		

	<u>Annual</u> <u>Salary</u>	<u>Fringe</u> <u>Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
	\$0.00	0.000%	0.000%	0	0.00%	\$0
-						
	Total Fringe Cost	\$0			Total Salary Cost:	\$0
	Total Budgeted FTE	0.00000				

Travel	Total:	\$0
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Out-of-State Travel **\$0**

In-State Travel **\$0**

Operating	Total:	\$0
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Equipment	Total:	\$0
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Contractual	Total:	\$160,872.00
-		

Name of Contractor or Subrecipient: New Hope
Placement, PLLC aka Well Care Services

Total \$160,872.00

Method of Selection: Sole Source

Period of Performance: March 1, 2025 through June 30, 2025

Scope of Work: To house fifteen (15) persons over 18 years of age and/or transitioning age youth with intellectual or developmental disabilities, mental illness and/or co-occurring substance use disorders in need of support and supervision in a home-like setting, in accordance with SAMHSA Assertive Community Treatment (ACT) best practices and guidelines.

* Sole Source Justification: Sole Source

Budget

Operating - 20 beds/room @ \$43,521
per month for approximately between
3 and 4 months

\$160,872.00

Administrative Costs **\$0.00**

Total Budget **\$160,872.00**

Method of Accountability:

Define - Subrecipient shall maintain and retain accurate records regarding the service(s) provided to the clients served under this agreement, including Assertive Community Treatment (ACT), case management, and other data required for detailed audit information in accordance with instructions from the State and County funding source requirements.

All safety issues and/or incident reports will be communicated and staffed with County's Clinical Team within three (3) business days.

Invoices submitted by provider will reflect amounts received from alternative pay sources on behalf of residents, specific to housing assistance and/or rental assistance funds. Such payments shall serve to reduce the total amount invoiced to the County. Expenditures must comply with all statutory guidelines, the DHHS Grant Instructions and Requirements, Washoe County Code, and the State Administrative Manual.

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Training	Total:	\$0
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Other	Total:	\$0
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TOTAL DIRECT CHARGES	\$160,872.00
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Administrative Expenses	Administrative Expenses	Rate:	0.000%	\$0
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Methodology: Not applicable. No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as all grantees or recipients of funds from the Resilient Fund of Nevada under NRS 433.732 through NRS 433.744.

TOTAL BUDGET	Total:	\$160,872.00
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Applicant Name: Washoe County Human Services Agency
PROPOSED BUDGET SUMMARY
 (Form Revised May 2019)

Form 2

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

<u>FUNDING SOURCES</u>	<i>FRN</i>	ARPA-SLFRF Washoe Internal Funds- Wellcare Living Support and Services Pilot-Year 1	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED		\$661,500.00							
ENTER TOTAL REQUEST	\$160,872.00	\$661,500.00							\$822,372.00

EXPENSE CATEGORY

Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$0.00								\$0.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$160,872.00	\$661,500.00							\$822,372.00
Training	\$0.00								\$0.00
Other Expenses	\$0.00								\$0.00
Indirect	\$0.00								\$0.00

TOTAL EXPENSE	\$160,872.00	\$661,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$822,372.00
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These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$0.00
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Total Agency Budget	\$822,372.00
Percent of Subrecipient Budget	20%

B. Explain any items noted as pending:

C. Program Income Calculation:

- 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.**
- **No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as all grantees or recipients of funds from the Resilient Fund of Nevada under NRS 433.732 through NRS 433.744.**
- **NRS 433.740**
If a regional, local or tribal governmental entity that receives a grant pursuant to paragraph (b) of subsection 2 of NRS 433.738 later recovers money through a judgment or a settlement resulting from litigation concerning the manufacture, distribution, sale or marketing of opioids:
 - (a) The regional, local or tribal governmental entity must immediately notify the Department; and
 - (b) The Department may recover from the governmental entity an amount not to exceed the amount of the grant or the amount of the recovery, whichever is less.
- 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 **\$160,872.00**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation is needed in order to request reimbursement; 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:

- Identify specific items the program or Bureau 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. CDC.
- 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:

- 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 15th 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.

SECTION D
Request for Reimbursement
 revised on 4/18/2025

Program Name: Fund for a Resilient Tara Guajardo, tguajardo@dhhs.nv.gov	Subrecipient Name: Washoe County Human Services Agency Laurie Gleason, lgleason@washoecounty.gov
Address: 1000 N. Division St Carson City, NV 89703	Address: 350 S. Center Street Reno, Nevada 89501
Subaward Period: March 1, 2025, through June 30, 2025	Subrecipient's: EIN: 88-6000138 Vendor #:T40283400 A

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	\$160,872.00	\$0.00	\$0.00	\$0.00	\$160,872.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$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 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 _____
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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 _____