

State of Nevada Department of Health and Human Services

Division of Public & Behavioral Health

(Hereinafter referred to as the Department)

Agency Ref, #: SG-2025-00670-1

Budget Account: 3170

NOTICE OF SUBAWARD

Program Name: Community Mental Health Services Office of Behavioral Health Wellness and Prevention Heather Kuhn / hkuhn@health.nv.gov	Subrecipient's Name: Washoe County Human Services Ida Peeks / ipeeks@washoecounty.gov						
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 350 S Center St Reno, Nevada, 89501						
Subaward Period:	Subrecipient's: EIN: 88-6000138						
2024-10-01 through 2025-09-30	Vendor #: T40283400A						
	UEI#: GPR1NY74XPQ5						
Purpose of Award: To fund scope of work of selected eligible SAMHSA Mental Health Block Grant activities by Washoe County Behavioral Health Policy Board regional coordinator. Region(s) to be served: □ Statewide ☑ Specific county or counties: Washoe County							
Approved Budget Categories							
1. Personnel	\$104,756.00						
2. Travel	\$0.00						
3. Operating	\$0.00						
4. Equipment	\$0.00						
5. Contractual/Consultant	\$0.00						
6. Training	\$0.00						
7. Other	\$0.00						
TOTAL DIRECT COSTS	\$104,756.00						
8. Indirect Costs	\$10,476.00						
TOTAL APPROVED BUDGET	\$115,232.00						

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, and the State Administrative Manual.
- 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
- Subrecipient must comply with all applicable Federal regulations.
- 5. Quarterly progress reports are due by the 15th 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 Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:

Section A: Grant Conditions and Assurances; Section F: Current or Former State Employee Disclaimer

Section B: Descriptions of Services, Scope of Work and Deliverables; Section G: Business Associate Addendum

Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;
Section Budget and Financial Reporting Requirements;

Section E: Audit Information Request; are required)

Name	Signature	Date
Ryan Gustafson, Director	Ryan Gustafson	9/16/25
Shannon Bennett, Bureau Chief		
for Dena Schmidt Administrator, DPBH		

STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC & BEHAVIORAL HEALTH NOTICE OF SUBAWARD

Federal Award Computation			Match					
Total Obligated by this Action: \$7,250.00		Match Required □ Y ☑ N			0.00%			
Cumulative Prior Awards this Budget Period: \$107,982.00		Amount Required this Action:			\$0.00			
Total Federal Funds Awarded to Date: \$115,232.00			Amount Required Prior Awards:			\$0.00		
	Total Match Amount Required:			\$0.00				
Research and Development 🗆 Y 🗹 N								
Federal Budget Period			<u>Federal Project Period</u>					
10/1/2023 through 9/30/2025			10/1/2023 through 9/30/2025					
FOR AGENCY USE ONLY								
FEDERAL GRANT #: 1B09SM089639-01	Source of Fur Block Grants f Mental Health	or Community	<u>% Funds:</u> 100.00	CFDA: 93.958	FAIN: B09SM089639- 01	Federal Grant Award Date by Federal Agency: 1/19/2024		
Budget Account	Category	GL	Function	Sub-org	Job Number			
3170	15	8516	0820	000	9395824			