



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

Agency Ref. #: 16-000-04-2H-26  
 Unit: 3278  
 Sub Unit: 33 / 13  
 GL: 8582  
 N/A / 9304525C /  
 Reporting: 9304526C

## SUBAWARD AMENDMENT # 1

<b>Program Name:</b> ADSD Grants Management Contact Name: Laurienne Riley, LRiley@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> 1550 East College Parkway Carson City, NV 89706	<b>Address:</b> 1001 E. 9th Street Reno, NV 89512-2845				
<b>Subaward Period:</b> 10/1/2025 - 9/30/2026	<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"/> Funding Source					
<b>Reason for Amendment:</b> Supplemental funding to bring total allocation to budgeted amount.					
<b>Required Changes:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><b>Current Language:</b></td> <td>Section C: Total reimbursement through this subaward will not exceed \$816,590.53. Section H: Total Required Match: \$122,489.00</td> </tr> <tr> <td><b>Amended Language:</b></td> <td>Section C: Total reimbursement through this subaward will not exceed \$1,401,084.63. Section H: Total Required Match: \$210,163.00. See attached Section H <b>revised on 5/8/2026.</b></td> </tr> </table>		<b>Current Language:</b>	Section C: Total reimbursement through this subaward will not exceed \$816,590.53. Section H: Total Required Match: \$122,489.00	<b>Amended Language:</b>	Section C: Total reimbursement through this subaward will not exceed \$1,401,084.63. Section H: Total Required Match: \$210,163.00. See attached Section H <b>revised on 5/8/2026.</b>
<b>Current Language:</b>	Section C: Total reimbursement through this subaward will not exceed \$816,590.53. Section H: Total Required Match: \$122,489.00				
<b>Amended Language:</b>	Section C: Total reimbursement through this subaward will not exceed \$1,401,084.63. Section H: Total Required Match: \$210,163.00. See attached Section H <b>revised on 5/8/2026.</b>				
<b>Incorporated Documents:</b> Notice of Subaward - State Funding Sheet Notice of Subaward - Federal Funding Sheet					

**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:	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		05/08/2026

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

**NOTICE OF SUBAWARD - STATE FUNDING SHEET**

<b>State Award Computation</b>				
Total Obligated by this Action:	\$			0.00
Cumulative Prior Awards this Budget Period:	\$			480,899.00
Total State Funds Awarded to Date:	\$			<b>480,899.00</b>
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:	\$			0.00
Amount Required Prior Awards:	\$			72,135.00
Total Match Amount Required:	\$			<b>72,135.00</b>
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>State Budget Period:</b> 7/1/2025 - 6/30/2026				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b>	<b>% Funds:</b>	<b>CFDA:</b>	<b>FAIN:</b>	<b>FEDERAL GRANT #:</b>
State Nutrition C2 (3278.33 / N/A)	34%	N/A	N/A	N/A
<b>Federal Grant Award Date by Federal Agency:</b>	N/A			

**STATE OF NEVADA  
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NOTICE OF SUBAWARD**

**NOTICE OF SUBAWARD - FEDERAL FUNDING SHEET**

<b>Federal Award Computation</b>				
Total Obligated by this Action:			\$	0.00
Cumulative Prior Awards this Budget Period:			\$	335,691.53
Total Federal Funds Awarded to Date:			\$	<b>335,691.53</b>
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:			\$	0.00
Amount Required Prior Awards:			\$	50,354.00
Total Match Amount Required:			\$	<b>50,354.00</b>
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> 10/1/2024 - 9/30/2026				
<b>Federal Project Period:</b> 10/1/2024 - 9/30/2026				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b> Administration for Community Living (ACL); Older Americans Act, Title III-C2 - 3278.13 / 9304525C	<b>% Funds:</b> 24%	<b>CFDA:</b> 93.045	<b>FAIN:</b> N/A	<b>FEDERAL GRANT #:</b> 2501NVOAHD-04
<b>Federal Grant Award Date by Federal Agency:</b>		9/30/2025		

<b>Federal Award Computation</b>				
Total Obligated by this Action:			\$	584,494.10
Cumulative Prior Awards this Budget Period:			\$	0.00
Total Federal Funds Awarded to Date:			\$	<b>584,494.10</b>
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:			\$	87,674.00
Amount Required Prior Awards:			\$	0.00
Total Match Amount Required:			\$	<b>87,674.00</b>
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>Federal Budget Period:</b> 10/1/2025 - 9/30/2027				
<b>Federal Project Period:</b> 10/1/2025 - 9/30/2027				
<b>FOR AGENCY USE ONLY</b>				
<b>Source of Funds:</b> Administration for Community Living (ACL); Older Americans Act, Title III-C2 - 3278.13 / 9304526C	<b>% Funds:</b> 42%	<b>CFDA:</b> 93.045	<b>FAIN:</b> N/A	<b>FEDERAL GRANT #:</b> 2601NVOAHD-01
<b>Federal Grant Award Date by Federal Agency:</b>		3/27/2026		

**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").

<b>Program Name</b>	ADSD OCL Grants Management	<b>Subrecipient Name</b>	Washoe County
<b>Federal Grant Number</b>	2501NVOAHD-04 2601NVOAHD-01	<b>Subaward Number</b>	16-000-04-2H-26
<b>Federal Amount</b>	\$920,185.63	<b>Contact Name</b>	Ryan Gustafson, Director, Washoe County Human Services Agency
<b>State Amount</b>	\$480,899.00	<b>Address</b>	1001 E. 9th Street Reno, NV 89512-2845
<b>Non-Federal (Match) Amount</b>	\$210,163.00		
<b>Total Award</b>	\$1,401,084.63		
<b>Performance Period</b>	10/1/2025 - 9/30/2026		

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**

<b>Total Amount Awarded</b>	<b>\$1,401,084.63</b>
<b>Required Match Percentage</b>	<b>15%</b>
<b>Total Required Match</b>	<b>\$210,163.00</b>

Approved Budget Category		Budgeted Match
1	Personnel	\$210,163.00
2	Travel	\$0.00
3	Operating	\$0.00
4	Contract/Consultant	\$0.00
5	Other	\$0.00
6	Indirect Costs	\$0.00
<b>Total</b>		<b>\$210,163.00</b>

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