

Assessor's Parcel Number: N/A

Date: OCTOBER 22, 2018

Recording Requested By:

Name: BRIAN FITZGERALD, RECREATION

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Real Property Transfer Tax: \$ N/A



00081543201809212760050053

KAREN ELLISON, RECORDER

NOTICE OF SUBAWARD #2018-220  
(Title of Document)



ITEM: E

State of Nevada

Department of Health and Human Services

Award Number: 04-000-07-1X-19

Date: 09/19/2018

Aging and Disability Services Division (ADSD) **NEW** **REVISOR** **NEW**

Funding FY: 2018/2019

Award Type: Fixed Fee

**NOTICE OF SUBAWARD**

DOUGLAS COUNTY  
CLERK

<b>ADSD Program Name:</b> Planning, Advocacy and Community Services (PAC) Unit Grants Management	<b>Subrecipient Name and Address:</b> Douglas County P.O. Box 218; Minden, NV 89423
<b>Address:</b> 3416 Goni Road, #D-132 Carson City, NV 89706	<b>Program Name and Address:</b> Douglas County Senior Center 1327 Waterloo Lane; Gardnerville, NV 89410
<b>Funded Service:</b> Congregate Meals	<b>Subrecipient's:</b> EIN: 88-6000031 Vendor #: T80839660 Dun & Bradstreet: 010984979
<b>Budget Period:</b> 09/30/2018 - 09/29/2019	

**Purpose of Award:** Funding For Fiscal Year 2019 Nutrition Programs.

**Region(s) to be served:**  Statewide  Specific county or counties: Douglas County

Approved Budget Categories:		AWARD COMPUTATION:	
1. Personnel	\$77,766	Total Obligated by This Action:	\$77,766
2. Travel/Training	\$0	Cumulative Prior Awards this Budget Period:	\$0
3. Operating	\$0	Total Federal Funds Awarded to Date:	\$77,766
4. Equipment	\$0	Total State Funds Awarded to Date:	\$0
5. Contractual/Consultant	\$0	<b>Total Funds Awarded:</b>	<b>\$77,766</b>
6. Other	\$0	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
<b>TOTAL DIRECT COSTS</b>	<b>\$77,766</b>	Amount Required This Action:	\$13,725
7. INDIRECT COSTS	\$0	Amount Required Prior Awards:	\$0
8. MATCH	\$13,725	Total Match Amount Required:	\$13,725
<b>TOTAL APPROVED BUDGET</b>	<b>\$77,766</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Source(s) of Funds and %:	Award:	Supplement:	Deobligation:	Total Awarded:	CFDA / Federal Award Agency & Award #:
OAA Title III-C	100.0%	\$77,766		\$77,766	93.045 / ACL 18AANVT3CM

**Terms and Conditions:**  
In accepting these funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, ADSD Requirements and Procedures for Grant Programs (RPGPs), and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
- Subrecipient must comply with all applicable Federal and State regulations.
- Subrecipient must comply with the scope of services, outreach, budget and assurances defined in its approved grant application.
- Financial, programmatic reports and/or data entry are due according to ADSD's Subrecipient Reporting Schedule, unless specific exceptions are provided in writing by the award administrator, or funds may be withheld. The Reporting Schedule is available online at: <http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/Reporting/ReportingSchedule.pdf>
- Subrecipient agrees to a limited scope audit to settle any financial disagreements or disputes. Audit costs are to be paid by the Subrecipient.
- Subrecipients are required to:
  - Support meaningful involvement of clients in the planning, implementation, and evaluation of the funded program;
  - Demonstrate ability to deliver culturally competent and accessible services to the community the Subrecipient services;
  - Demonstrate accountability for collaboration;
  - Adhere to ADSD's General Service Specifications and the Service-Specific Service Specifications for the funded service; and
  - Submit accurate, up-to-date information on this funded service to Nevada 2-1-1 for inclusion in its resource directory at [www.Nevada211.org](http://www.Nevada211.org).

**Incorporated Documents:**

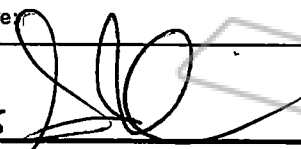

**Included with the Notice of Subaward:**

- Section F: Financial Report and Request for Funds
- Section A: Confidentiality Addendum (signature required)

**Download the following documents online for review/signature:** <http://adsd.nv.gov/Programs/Grant/SubawardIncorporatedDocs/>

- Section B: Assurances
- Section C: Budget and Financial Reporting Requirements
- Section D: Current/Former State Employee Disclaimer (signature required)
- Section E: Audit Information Request (signature required)

**Subaward Acceptance:**

Subrecipient Authorized Official - Name and Title:	Signature:	Date:
STEVE TRALER, CHAIRMAN DOUGLAS COUNTY BOARD OF COMMISSIONERS		10/18/18
ADSD Authorized Official - Name and Title:	Signature:	Date:
Jeffrey S. Duncan, PAC Social Services Chief II for Dena Schmidt, Administrator		09/19/2018

Award Number: 04-000-07-1X-19

STATE OF NEVADA  
**AGING AND DISABILITY SERVICES DIVISION**  
NOTICE OF SUBAWARD

**SECTION A**

**Confidentiality Addendum**

BETWEEN

**Nevada Aging and Disability Services Division**

Hereinafter referred to as "Division"

and

**Douglas County**

**Subaward Grant Number: 04-000-07-1X-19**

Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Subrecipient.

WHEREAS, Subrecipient may have access, view or be provided information, in conjunction with goods or services provided by Subrecipient to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Subrecipient agree as follows:

I. **DEFINITIONS**

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other protected information in any form or media.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. **TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. **LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT**

Subrecipient shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

V. **USE OR DISCLOSURE OF INFORMATION**

Subrecipient may use information as stipulated in the primary agreement if necessary for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Division. Subrecipient may disclose information if:

**STATE OF NEVADA**  
**AGING AND DISABILITY SERVICES DIVISION**  
**NOTICE OF SUBAWARD**

1. The disclosure is required by law; or
2. The disclosure is allowed by the agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the Division.

**VI. OBLIGATIONS OF SUBRECIPIENT**

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.
2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

**IN WITNESS WHEREOF**, Subrecipient and the Division have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

**SUBRECIPIENT'S ORGANIZATION**

Signature

Date

**DIVISION**

Signature

Date

Print Name

Jeffrey S. Duncan, Social Services Chief II  
Jeffrey S. Duncan for Dena Schmidt

Title

Administrator,  
Aging and Disability Services Division  
Title

Douglas County

State of Nevada

**CERTIFIED COPY**

I certify that the document to which this certificate is attached is a full and correct copy of the original record on file in the Clerk/Treasurer's Office on this

By

Deputy