	This is a no fee document NO FEE 2021-961459
Recorder's Office Cover Sheet	DC/SOCIAL SERVICES Pgs=4
Recording Requested By:	00128147202109614590040044
Name: JODI QUALLS	KAREN ELLISON, RECORDER
Department: SOCIAL SERVICES	
Type of Document: (please select one)	
<ul> <li>□ Agreement</li> <li>□ Contract</li> <li>□ Grant</li> <li>□ Change Order</li> <li>□ Easement</li> </ul>	
SUBAWARD AMENDMENT #2	2

DOUGLAS COUNTY, NV

2021-961459



## State of Nevada Department of Health and Human Services

## **Douglas County**

Agency Ref. #:	DO1080-2
Budget Account:	3155
Category:	29
GL:	8504
Sub Org:	03

## SUBAWARD AMENDMENT #\_2\_

Account for Family Planning Grants Management Unit		Subrecipient Name:				
		Douglas County Karen Beckbauer/kbeckerbauer@douglasnv.us				
Iulia Daakiinaak@haalth ay aay	į N	aren Beckdauer/Kdeckerdaue				
Julia Peek/jpeek@health.nv.gov Address:		1-1	FILED			
4126 Technology Way, Suite #100		Address: P.O. Box 3000				
Carson City, NV 89706-2009		P.O. Box 3000 Minden, NV 89423				
Subaward Period:		nendment Effective Date:	0 77 01			
November 1, 2019 through June 30, 2021		Upon approval by all parties.				
Budget Period:	'		DOUGLAS COUNTY CLERK			
July 1, 2020 through June 30, 2021			MINDEN, NV			
This amendment reflects a change to:			BY DEPL			
☐ Scope of Work	☐ Ter		⊠ Budget			
Reason for Amendment: <u>Due to COVID-19</u> budget narrative for Training Budget.	impact redirecting	ig funds from Travel to Train	ning Budget and adding			
Required Changes: This language should co	melate to the che	ckhoves above				
		subaward will not exceed \$169	270.00 Sec Section D.C.			
and D of the original	inal suhawam an	l amendment #1	,370.00. See Section B, C			
•						
Amended Language: Total reimbursem	ent through this s	ubaward will not exceed for the	ne budget period of July 1,			
		2.00. Unused funds from prev	vious period have expired.			
	- N	evised on 8/31/2020.				
Approved Budget Categories Current Budget		Amended Adjustments	Revised Budget			
1. Personnel	\$65,043.00	\$0.00	Revisea Buaget			
			\$65,043.00			
2. Travel	\$2,500.00	(\$2,500.00)				
	\$2,500.00 \$27,504.00		\$65,043.00			
3. Operating		(\$2,500.00)	\$65,043.00 \$0.00			
3. Operating 4. Equipment	\$27,504.00	(\$2,500.00) \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00			
3. Operating 4. Equipment 5. Contractual/Consultant	\$27,504.00 \$0.00 \$4,275.00	(\$2,500.00) \$0.00 \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00			
3. Operating 4. Equipment 5. Contractual/Consultant	\$27,504.00 \$0.00 \$4,275.00 \$0.00	(\$2,500.00) \$0.00 \$0.00 \$0.00 \$2,500.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00			
3. Operating 4. Equipment 5. Contractual/Consultant 6. Training 7. Other	\$27,504.00 \$0.00 \$4,275.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00 \$0.00			
3. Operating 4. Equipment 5. Contractual/Consultant 6. Training 7. Other FOTAL DIRECT COSTS	\$27,504.00 \$0.00 \$4,275.00 \$0.00 \$0.00 \$99,322.00	\$2,500.00) \$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00 \$0.00 \$99,322.00			
3. Operating 4. Equipment 5. Contractual/Consultant 6. Training 7. Other FOTAL DIRECT COSTS 8. Indirect Costs	\$27,504.00 \$0.00 \$4,275.00 \$0.00 \$0.00 \$99,322.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00 \$0.00 \$99,322.00 \$0.00			
3. Operating 4. Equipment 5. Contractual/Consultant 6. Training 7. Other FOTAL DIRECT COSTS 8. Indirect Costs FOTAL APPROVED BUDGET	\$27,504.00 \$0.00 \$4,275.00 \$0.00 \$0.00 \$99,322.00	\$2,500.00) \$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00 \$0.00 \$99,322.00			
3. Operating 4. Equipment 5. Contractual/Consultant 6. Training 7. Other FOTAL DIRECT COSTS 8. Indirect Costs FOTAL APPROVED BUDGET Incorporated Documents:	\$27,504.00 \$0.00 \$4,275.00 \$0.00 \$0.00 \$99,322.00 \$99,322.00 \$99,322.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$0.00 \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00 \$0.00 \$99,322.00 \$0.00			
3. Operating 4. Equipment 5. Contractual/Consultant 6. Training 7. Other FOTAL DIRECT COSTS 8. Indirect Costs FOTAL APPROVED BUDGET Incorporated Documents: Section B: Description of Services, Scope of	\$27,504.00 \$0.00 \$4,275.00 \$0.00 \$0.00 \$99,322.00 \$0.00 \$99,322.00	(\$2,500.00) \$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$0.00 \$0.00 \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00 \$0.00 \$99,322.00 \$0.00			
3. Operating 4. Equipment 5. Contractual/Consultant 6. Training 7. Other  FOTAL DIRECT COSTS 8. Indirect Costs  FOTAL APPROVED BUDGET  Incorporated Documents:  Section B: Description of Services, Scope of Section C: Budget and Financial Reporting	\$27,504.00 \$0.00 \$4,275.00 \$0.00 \$0.00 \$99,322.00 \$0.00 \$99,322.00 of Work and Delive	(\$2,500.00) \$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00 \$0.00 \$99,322.00 \$0.00			
3. Operating 4. Equipment 5. Contractual/Consultant 6. Training 7. Other FOTAL DIRECT COSTS 8. Indirect Costs FOTAL APPROVED BUDGET Incorporated Documents: Section B: Description of Services, Scope of	\$27,504.00 \$0.00 \$4,275.00 \$0.00 \$0.00 \$99,322.00 \$0.00 \$99,322.00 of Work and Delive Requirements revised on 8/31/2020	(\$2,500.00) \$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$65,043.00 \$0.00 \$27,504.00 \$0.00 \$4,275.00 \$2,500.00 \$0.00 \$99,322.00 \$0.00			

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and 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.

Karen Beckerbauer, Manager	Signature	0 2 3 10
Connie Lucido, Bureau Chief Grants Management Unit Department of Health and Human Services	Connie Lucido	9/24/2020
Julia Peek, MA, CPM, Deputy Administrator Community Health Services	Juli Park	09/24/2020

Division of Dublic and Dub						<del></del>
Division of Public and Beh	aviorai Health	BUDGET NARF	ATIVE-SFY21			
Total Personnel Costs		including frings	(A.C)	Total:		\$ 55,043.00
Family Planning Registered Nurse (RN)	<u>Annual Salary</u> \$84,768.00	Fringe Rate 19.794%	<u>% of Time</u> 59.000%	Months 12	Annual % of Monthsworked 100.%	<u>Amount Requested</u> \$59,913.00
On-call family planning Advanced Practice Registered Nurse (APRN) – 114 hours at \$45.00 per hour (no frince included)				<		Amount Requested \$5,130.00
	Total Fringe Cost	\$ 11:859:17			otal Salary Coat:	\$ 53,183.00
	and the state of the	JINESTO		1		
Dive				Total:		Si Si
<del>1179-1179 - J. </del>						
Operating:				Total		\$27,504.00
Contraceptives and HIV testing s month for 12 months.	upplies estimated at \$2,	292.00 a		\$27,504.00		
Equipment		Section Section		Total:		77.3 × \$50
And the second						
Contractuel/Contractual and a	Pass thru Subsward	<u> </u>		Total:		\$4,275.00
Clinical Pharmacy Services: Justification: Contraceptives and and treat HIV.	HIV testing supplies are	needed to dispen	se the palients' (	chosen method	Total \$4,275.00 is of birth control and	d help to diagnose
Training Contraceptive virtual conferer and immunize Nevada trainin	nce, Contraceptive Te gs for RNs and Nurse	ech training, es.	$\mathcal{I}\mathcal{I}$	Total: \$2,500.00		\$2,500,00
Ollur						SOU SO S
TOTAL DIRECT CHARGES						\$99,322.00
Indirect Charges		-	i i	ndirect Rate:		N/A <sup>U</sup>

Subaward Packet (BAA) Revised 8/31/2020

TOTAL BUDGET

Page 2 of 2

Total:

Agency Ref.#: DO1080-2

\$99,322.00

