

Recorder's Office Cover Sheet

Recording Requested By:

Name: Leslee Fisher

Department: Social Service



00171442202309994030040048

SHAWNYNE GARREN, RECORDER

Type of Document: (please select one)

- Agreement
- Contract
- Grant
- Change Order
- Easement
- Other

specify: \_\_\_\_\_



State of Nevada  
 Department of Health and Human Services  
 Grants Management Unit

Agency Ref. #: 1333  
 Budget Account: 3195  
 Category: 29  
 GL: 8504  
 Job Number: 9356922

## SUBAWARD AMENDMENT #1

<b>Program Name:</b> DHHS, Grants Management Unit (GMU), CSBG - Supplemental Tawny Chapman, Program Manager, <a href="mailto:tawny.chapman@dhhs.nv.gov">tawny.chapman@dhhs.nv.gov</a>	<b>Subrecipient Name:</b> Douglas County Social Services Jodi Martinez, Manager, <a href="mailto:jmartinez@douglasnv.us">jmartinez@douglasnv.us</a>		
<b>Address:</b> 400 W King St, 3 <sup>rd</sup> floor Carson City, NV 89703	<b>Address:</b> PO Box 218 Minden, NV 89423		
<b>Subaward Period:</b> October 1, 2022 through September 30, 2023	<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"/> Budget			
<b>Reason for Amendment:</b> Additional training opportunities for professional development. Taxi services no longer needed.			
<b>Required Changes:</b> This language should correlate to the checkboxes above.			
<b>Current Language:</b> Total reimbursement through this subaward will not exceed \$10,511.00. See Section B, C and D of the ,original subaward.			
<b>Amended Language:</b> Total reimbursement through this subaward will not exceed \$10,511.00 revised on 7/31/2023.			
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	\$1,000.00	\$0.00	\$1,000.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$4,000.00	\$2,000.00	\$6,000.00
7. Other	\$5,511.00	(\$2,000.00)	\$3,511.00
<b>TOTAL DIRECT COSTS</b>	<b>\$10,511.00</b>	<b>\$0.00</b>	<b>\$10,511.00</b>
8. Indirect Costs		\$0.00	
<b>TOTAL APPROVED BUDGET</b>	<b>\$10,511.00</b>	<b>\$0.00</b>	<b>\$10,511.00</b>
<b>Incorporated Documents:</b> Section C: Budget and Financial Reporting Requirements revised on 7/31/2023 (if applicable)			

**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.**

Jodi Martinez Douglas County Social Services Manager	Signature <i>Jodi Martinez</i>	Date 8/2/23
Bureau Chief/Deputy Name Title VACANT	<i>Tawny Chapman</i>	8/4/2023
For Debi Reynolds Deputy Director, Fiscal	<i>Debi Reynolds</i>	8/4/2023

Reviewed NOSA balance / BETS / Grant Recon  
 Approved 08.01.2023

**FILED**

NO. 2023.197

8/10/2023  
 DATE

DOUGLAS COUNTY CLERK  
 MINDEN, NV

BY MP DEPUTY

Applicant Name: Douglas County Social Services

**BUDGET NARRATIVE**  
(form revised February 2021)

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19.

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$0</b>
	<b>Total Fringe Cost</b>		<b>Total Salary Cost:</b>
	\$0		\$0
	<b>Total Budgeted FTE</b>	0.00000	

<b>Travel</b>	<b>Total:</b>	<b>\$0</b>
<b>Operating</b>	<b>Total:</b>	<b>\$1,000</b>

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items is not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Wooden Wall Mounted Flyer Holder		\$300.00			
Outreach materials, signage, and clothing		\$700.00			
		\$0.00			

Justification: The Wall mounted Flyer holder will provide access to resources for our clients and employees. The outreach materials and clothing will help us to advertise our services and to have clothing that is professional and matching for our outreach events.

<b>Equipment</b>	<b>Total:</b>	<b>\$0</b>
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<b>Contractual</b>	<b>Total:</b>	<b>\$0</b>
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<b>Training</b>	<b>Total:</b>	<b>\$5,000</b>
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List all cost associated with Training, including justification of expenditures.

Retreat for Strategic Planning and Team bonding	\$4,000.00
Profession Development Training	\$2,000.00

<b>Other</b>	<b>Total:</b>	<b>\$ 3,510.68</b>
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Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

Emergency Services - Homelessness Prevention	\$ 3,510.68
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Justification: Transportation is an issue with Douglas County and the funds would help to pay for taxi services when DART transportation is not available to get clients to the bus station, employment, or appointments. The Emergency Services would assist our residents in maintaining their homes by providing assistance with heating repairs, deep cleaning, utility assistance, and any additional emergency repairs needed to maintain the residences of Douglas County citizens.

**TOTAL DIRECT CHARGES** **\$ 10,510.68**

<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>0.000%</b>	<b>\$0</b>
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Indirect Methodology: Explain how indirect is calculated (e.g. 11% of all direct expenses per Federally approved indirect agreement). If using a Federally approved indirect rate, be sure to include a copy of the agreement to DHHS staff.

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$ 10,510.68</b>
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Applicant Name: Douglas County Social Services

Form 2

**PROPOSED BUDGET SUMMARY**  
(form revised February 2021)

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										\$10,511
ENTER TOTAL REQUEST	\$10,511									\$10,511

EXPENSE CATEGORY	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
Personnel	\$0									\$0
Travel	\$0									\$0
Operating	\$1,000									\$1,000
Equipment	\$0									\$0
Contractual/Consultant	\$0									\$0
Training	\$6,000									\$6,000
Other Expenses	\$ 3,510.68									\$ 3,510.68
Indirect	\$0									\$0
<b>TOTAL EXPENSE</b>	<b>\$10,511</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$ 10,510.68</b>

These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$0
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Total Agency Budget	\$ 10,510.68
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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 10th day of August, 2023

By [Signature] Deputy