

Recorder's Office Cover Sheet

Recording Requested By:

Name: Geoff Bonar

Department: Community Services



00171659202309995820090091

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
Aging and Disability Services Division

Agency Ref. #: 04-000-02-L9W-23
 Budget Account: 3140 / 3266
 Category: 14 / 27
 GL: 8580
N/A / 9366722
 Job Number: (MOU #66)

SUBAWARD AMENDMENT #2

Program Name: ADSD Planning, Advocacy and Community Services (PAC) Unit Grants Management Contact Name: Shawna Eggleston / Shawna@adsd.nv.gov	Subrecipient's Name: Douglas County Contact Name: Jenifer Davidson, County Manager / JRDavidson@douglasnv.us
Address: 3208 Goni Road, #-181 Carson City, NV 89706	Address: PO Box 3000 Minden, NV 89423
Subaward Period: 07/01/2022 – 06/30/2023	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work Term Budget

Reason for Amendment: De-obligation of unspent funds.

Required Changes:

Current Language: Total reimbursement through this subaward will not exceed \$136,000.00. See Sections C and H of the original subaward and amendment #1.

Amended Language: Total reimbursement through this subaward will not exceed \$130,147.14. See attached Sections C and H revised on 07/18/2023.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$122,414.82	(\$5,852.86)	\$116,561.96
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$8,400.00	\$0.00	\$8,400.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$0.00	\$0.00	\$0.00
TOTAL DIRECT COSTS	\$130,814.82	(\$5,852.86)	\$124,961.96
8. Indirect Costs	\$5,185.18	\$0.00	\$5,185.18
TOTAL APPROVED BUDGET	\$136,000.00	(\$5,852.86)	\$130,147.14

Incorporated Documents:
 Notice of Subaward - State Funding Sheet
 Notice of Subaward - Federal Funding Sheet
 Section C: Budget and Financial Reporting Requirements
 Section H: Matching Funds Agreement

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: Jenifer Davidson, County Manager -OR- Authorized Signer (Print Name and Title): <u>Jenifer Davidson</u>	Signature 	Date <u>8/16/23</u>
Jeffrey S. Duncan, Agency Manager For Dena Schmidt, ADSD Administrator		07/18/2023

FILED

NO. 2023-199

8/16/23
DATE

DOUGLAS COUNTY CLERK
MINDEN, NV

BY AL DEPUTY

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

NOTICE OF SUBAWARD - STATE FUNDING SHEET

State Award Computation				
Total Obligated by this Action:				\$ (5,852.86)
Cumulative Prior Awards this Budget Period:				\$ 126,200.00
Total State Funds Awarded to Date:				\$ 120,347.14
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:				\$ (878.00)
Amount Required Prior Awards:				\$ 18,930.00
Total Match Amount Required:				\$ 18,052.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
State Budget Period: 07/01/2022 – 06/30/2023				
FOR AGENCY USE ONLY				
Source of Funds:	% Funds:	CFDA:	FAIN:	FEDERAL GRANT #:
Independent Living Grant (ILG), 3140.14	92%	N/A	N/A	N/A
Federal Grant Award Date by Federal Agency:		N/A		

NOTICE OF SUBAWARD - FEDERAL FUNDING SHEET

Federal Award Computation				
Total Obligated by this Action:				\$ 0.00
Cumulative Prior Awards this Budget Period:				\$ 9,800.00
Total Federal Funds Awarded to Date:				\$ 9,800.00
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:				\$ 0.00
Amount Required Prior Awards:				\$ 1,470.00
Total Match Amount Required:				\$ 1,470.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
State Budget Period (MOU – DHHS/ADSD): 07/01/2022 – 06/30/2023				
Federal Budget Period: 10/01/2021 – 09/30/2024				
Federal Project Period: 10/01/2021 – 09/30/2024				
FOR AGENCY USE ONLY				
Source of Funds:	% Funds:	CFDA:	FAIN:	FEDERAL GRANT #:
Nevada Department of Health and Human Services (DHHS): Social Services Block Grant (SSBG); Title XX, 3266.27 / 9366722 (MOU# 66)	8%	93.667	2201NVSOSR	2201NVSOSR
MOU Date:	7/27/2022			

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

SECTION C - AMENDED

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 04-000-02-L9W-23 from the Aging and Disability Services Division (ADSD). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor ADSD.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 04-000-02-L9W-23 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget:

Total reimbursement through this subaward will not exceed \$130,147.14 (de-obligation of \$5,852.86). Revised budget unavailable.

Applicant Name: Douglas County	Subaward & Service Type: In Home Services - Homemaker
---------------------------------------	--

**PROPOSED BUDGET NARRATIVE - FY22
Social Services and Supports**

Personnel Costs	Fringe Only:	\$34,548.91				Total: \$122,414.82
List staff, positions, salaries/rate of pay, fringe rate, percent of direct-service time to be spent on the project and the number of months to calculate the amount requested.						
A. Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN)						
B. Provide a breakdown of the type of fringe benefits provided, such as health insurance, Medicare, FICA, worker's compensation, retirement, etc. -AND- Describe position duties as they relate to the funding and program objectives. Expand rows as needed.	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested	
A. Cindy Ponder, Homemaker, 680.2160.05 B. Direct Salary: \$21.45/hr. Benefits include retirement, insurance, workers comp, unemployment, and Medicare. Duties include providing personal and household assistance to seniors and the disabled. This assistance includes in-home care such as cleaning and organizing, as well as transportation services such as shopping, errands, and medical appointments	\$45,915.00	56.50%	84.26%	9.00	\$46,396.72	
A. Ve Buma-Ai, Homemaker, 680.2160.01 B. Direct Salary: \$15.47/hr. Benefits include retirement, workers comp, unemployment, and Medicare. Duties include providing personal and household assistance to seniors and the disabled. This assistance includes in-home care such as cleaning and organizing, as well as transportation services such as shopping, errands, and medical appointments	\$24,508.00	40.49%	84.26%	12.00	\$29,011.80	
A. Christina Rich, Homemaker, 680.2160.02 B. Direct Salary: \$15.74/hr. Benefits include retirement, workers comp, unemployment, and Medicare. Duties include providing personal and household assistance to seniors and the disabled. This assistance includes in-home care such as cleaning and organizing, as well as transportation services such as shopping, errands, and medical appointments	\$24,936.00	38.45%	84.26%	12.00	\$29,089.83	
A. Kim Cunningham, Homemaker, 680.2160.03 B. Direct Salary: \$16.05/hr. Benefits include workers comp, unemployment, and Medicare. Duties include providing personal and household assistance to seniors and the disabled. This assistance includes in-home care such as cleaning and organizing, as well as transportation services such as shopping, errands, and medical appointments	\$16,647.00	8.70%	84.26%	12.00	\$15,247.09	
A. Kathleen Colley, On Call Homemaker, 680.2160.04 B. Direct Salary: \$16.05/hr. Benefits include workers comp, unemployment, and Medicare. Duties include providing personal and household assistance to seniors and the disabled. This assistance includes in-home care such as cleaning and organizing, as well as transportation services such as shopping, errands, and medical appointments	\$3,004.00	5.46%	84.26%	12.00	\$2,669.37	

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

PROPOSED BUDGET SUMMARY - FY23

Continuation Application

PATTERN BOXES ARE FORMULA DRIVEN. Enter info in orange cells.

A. FUNDING SOURCES	ADSD Funds	MATCH *			[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	TOTAL
PENDING OR SECURED	Pending	Pending						
ENTER TOTAL FUNDING	\$136,000.00	\$20,400.00			\$0.00	\$0.00	\$0.00	\$156,400.00

EXPENSE CATEGORY

Personnel	\$122,414.82	\$20,400.00						\$142,814.82
Travel/Training	\$0.00							\$0.00
Operating	\$8,400.00							\$8,400.00
Equipment	\$0.00							\$0.00
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00
Indirect	\$5,185.18							\$5,185.18
TOTAL EXPENSE	\$136,000.00	\$20,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156,400.00

These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
-------------------------------	--------	--------	--------	--------	--------	--------	--------	--------

Total Indirect Cost	\$5,185.18			Total Program Budget	\$156,400.00
Indirect % of Budget	8.00%			ADSD Percent of Program Budget	87%

B. Comments regarding budget summary, if applicable.

We have increased our request based on our Homemaker program continuing to increase its services provided to the residents of Douglas County. The State no longer offers funding for the Homemaker program putting a larger burden on County funds and increasing our wait list. The program is continually increasing clientele but with limited resources it is difficult to meet the demands. Our original grant request for Year 1 was based on units of service that were low due to the pandemic. Our units are significantly higher now, and we expect them to continue to increase. The increased funding will provide more staff hours enabling us to significantly reduce the current wait list demand for these services.

C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.

The match will be provided by Douglas County, pending the approval of our budget for the 2022-2023 Fiscal Year.

D. List potential amounts and sources of program income (required); and describe if the project plans to have a sliding fee scale or voluntary contributions.

Our program has a suggested donation of \$4.00 per hour.

- Department of Health and Human Services policy allows no more than 10% flexibility of the total, not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal or state program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$130,147.14;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.

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

- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items Aging and Disability Services Division must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. Administration for Community Living (ACL).
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- Aging and Disability Services Division will conduct programmatic and financial monitoring of the project on an annual basis or as determined necessary based on a risk assessment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.

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

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

SECTION H - AMENDED

Matching Funds Agreement

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Douglas County (referred to as "Subrecipient").

Program Name	ADSD / PAC Grants Management	Subrecipient Name	Douglas County
Federal Grant Number	2201NVSOSR	Subaward Number	04-000-02-L9W-23
Federal Amount	\$9,800.00	Contact Name	Jenifer Davidson, County Manager
State Amount	\$120,347.14	Address	PO Box 3000 Minden, NV 89423
Non-Federal (Match) Amount	\$19,522.00		
Total Award	\$130,147.14		
Performance Period	07/01/2022 – 06/30/2023		

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

Total Amount Awarded	\$130,147.14
Required Match Percentage	15%
Total Required Match	\$19,522.00

Approved Budget Category		Budgeted Match
1	Personnel	\$19,522.00
2	Travel	\$0.00
3	Operating	\$0.00
4	Contract/Consultant	\$0.00
5	Training	\$0.00
6	Other	\$0.00
7	Indirect Costs	\$0.00
Total		\$19,522.00

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

COPY

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

16 day of August, 20 23

By [Signature] Deputy