

Recorder's Office Cover Sheet

Recording Requested By:

Name: Geoff Bonar

Department: Community Services

Item ID/Agreement #: DC-937-2024



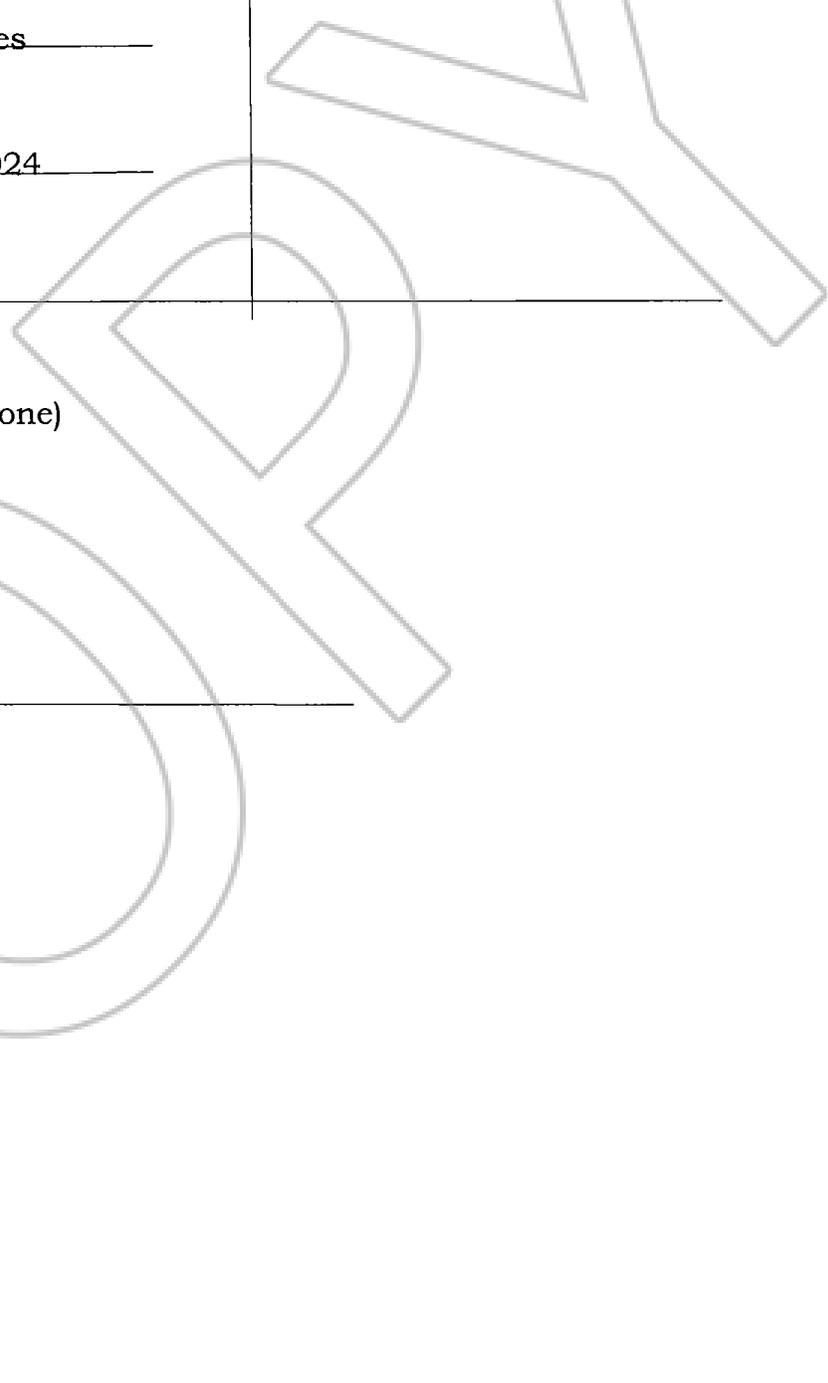
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SHAWNYNE GARREN, RECORDER

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. # 04-000-10-LX-24  
 Budget Account 3140  
 Category 14  
 GL 8580  
 Job Number N/A

## SUBAWARD AMENDMENT #1

<b>Program Name:</b> ADSD Grants Management Contact Name: Katrina Fowler, KLFowler@adsd.nv.gov	<b>Subrecipient's Name:</b> Douglas County Contact Name: Jennifer Davidson, County Manager / JRDavidson@douglasnv.us
<b>Address:</b> 3208 Goni Road, #I-181 Carson City, NV 89706	<b>Address:</b> PO Box 3000 Minden, NV 89423
<b>Subaward Period:</b> 07/01/2023 - 06/30/2024	<b>Amendment Effective Date:</b> Upon approval by all parties.

**This amendment reflects a change to:**

Scope of Work     
  Term     
  Budget

**Reason for Amendment:** Supplemental funding.

**Required Changes:**

**Current Language:** Total reimbursement through this subaward will not exceed \$52,643.70. See Sections C and H of the original subaward.

**Amended Language:** Total reimbursement through this subaward will not exceed \$70,643.70. See attached Sections C and H revised on 6/27/2024

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$47,843.70	\$18,000.00	\$65,843.70
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$4,800.00	\$0.00	\$4,800.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Other	\$0.00	\$0.00	\$0.00
<b>TOTAL DIRECT COSTS</b>	\$52,643.70	\$18,000.00	\$70,643.70
7. Indirect Costs	\$0.00	\$0.00	\$0.00
<b>TOTAL APPROVED BUDGET</b>	\$52,643.70	\$18,000.00	\$70,643.70

**Incorporated Documents:**  
 Notice of Subaward - State 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: Jennifer Davidson County Manager -OR- Authorized Signer (Print Name and Title)	Signature 	Date 7/3/24
Jeffrey S. Duncan, Agency Manager For Dena Schmidt, ADSD Administrator		06/27/2024

**FILED**

NO. DC-937-2024

7/22/24

DATE

DOUGLAS COUNTY CLERK  
MINDEN, NV

BY dd DEPUTY

**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:				\$ 18,000.00
Cumulative Prior Awards this Budget Period				\$ 52,643.70
Total State Funds Awarded to Date:				\$ 70,643.70
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Amount Required this Action:				\$ 2,700.00
Amount Required Prior Awards:				\$ 7,897.00
Total Match Amount Required				\$ 10,597.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
<b>State Budget Period:</b> 07/01/2023 – 06/30/2024				
<b>FOR AGENCY USE ONLY</b>				
<u>Source of Funds:</u>	<u>% Funds:</u>	<u>CFDA:</u>	<u>FAIN:</u>	<u>FEDERAL GRANT #:</u>
Independent Living Grant (ILG), 3140.14	100%	N/A	N/A	N/A
<b>Federal Grant Award Date by Federal Agency:</b>	N/A			

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 04-000-10-LX-24 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 04-000-10-LX-24 from Aging and Disability Services Division (ADSD)

Subrecipient agrees to adhere to the following budget:

**ADSD Subaward Application**  
**PROPOSED BUDGET NARRATIVE**

Position/Title	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
<b>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.</b>					
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.					
A. Cheryl Broumley, Driver	\$31,903.00	38.00%	21.54%	12.00	\$9,482.66
B. Salaries and Wages expenses Fringe benefits include health insurance, medicare, unemployment retirement, and worker's comp Responsible for transporting public senior citizens and residents with disabilities to and from various locations within the County					
A. Andrew Sicker, Driver	\$15,257.00	38.00%	20.50%	12.00	\$4,316.21
B. Salaries and Wages expenses Fringe benefits include health insurance, medicare, unemployment retirement, and worker's comp Responsible for transporting public senior citizens and residents with disabilities to and from various locations within the County					
A. Russ Kozerski, Driver	\$35,376.00	38.00%	20.50%	12.00	\$10,007.87
B. Salaries and Wages expenses Fringe benefits include health insurance, medicare, unemployment retirement, and worker's comp Responsible for transporting public senior citizens and residents with disabilities to and from various locations within the County					
A. Tanya Grimes, Driver	\$32,952.00	38.00%	20.50%	12.00	\$9,322.12
B. Salaries and Wages expenses Fringe benefits include health insurance, medicare, unemployment retirement, and worker's comp Responsible for transporting public senior citizens and residents with disabilities to and from various locations within the County					
A. Richard Peterson, Driver	\$35,486.00	38.00%	20.50%	12.00	\$10,038.99
B. Salaries and Wages expenses Fringe benefits include health insurance, medicare, unemployment retirement, and worker's comp Responsible for transporting public senior citizens and residents with disabilities to and from various locations within the County					
A. Bethwell Nikala, Driver	\$33,036.00	38.00%	20.50%	12.00	\$9,346.45
B. Salaries and Wages expenses Fringe benefits include health insurance, medicare, unemployment retirement, and worker's comp Responsible for transporting public senior citizens and residents with disabilities to and from various locations within the County					
A. Jeffrey Brackett, Driver	\$24,446.00	36.00%	20.50%	12.00	\$6,915.77
B. Salaries and Wages expenses Fringe benefits include health insurance, medicare, unemployment retirement, and worker's comp Responsible for transporting public senior citizens and residents with disabilities to and from various locations within the County					
A. Vacant Driver position	\$22,671.00	38.00%	20.50%	12.00	\$6,413.63
B. Salaries and Wages expenses Fringe benefits include health insurance, medicare, unemployment retirement, and worker's comp Responsible for transporting public senior citizens and residents with disabilities to and from various locations within the County					

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

<b>Operating</b>		<b>Total: \$4,800.00</b>
Include specific facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.		
Enter Description(s) Below:		
Utilities Expenses (estimated \$300 per month)	Amount:	
Camera and surveillance system maintenance expenses (estimated \$100 per month)		\$3,600.00
		\$1,200.00
		\$0.00
Justification: (Enter below expand row as needed) Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.		

<b>TOTAL DIRECT PROJECT COSTS</b>	<b>\$70,643.70</b>
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<b>Administrative Expenses or Federal Indirect Cost Rate (FICR)</b>	<b>Total: \$0.00</b>
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<b>TOTAL BUDGET REQUEST</b>	<b>\$70,643.70</b>
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**ADSD Subaward Application  
PROPOSED BUDGET SUMMARY**

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	\$70,643.70	\$10,597.00			\$0.00	\$0.00	\$0.00	\$81,240.70

EXPENSE CATEGORY	ADSD Funds	MATCH *							TOTAL
Personnel	\$65,843.70	\$10,597.00							\$76,440.70
Travel/Training	\$0.00								\$0.00
Operating	\$4,800.00								\$4,800.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Other Expenses	\$0.00								\$0.00
Indirect	\$0.00								\$0.00
<b>TOTAL EXPENSE</b>	<b>\$70,643.70</b>	<b>\$10,597.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$81,240.70</b>

These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$0.00	Total Program Budget	\$81,240.70
Indirect % of Budget	0.00%	ADSD Percent of Program Budget	0%

**B. Comments regarding budget summary, if applicable.**

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

The Douglas County General Fund is the source of the match, pending the approval of the FY24 budget

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

Program income consists of a suggested donation of \$2 per nde

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

- 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 \$70,643.70;
- 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.
- 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 15<sup>th</sup> 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").

<b>Program Name</b>	ADSD Grants Management	<b>Subrecipient Name</b>	Douglas County
<b>Federal Grant Number</b>	N/A	<b>Subaward Number</b>	04-000-10-LX-24
<b>Federal Amount</b>	N/A	<b>Contact Name</b>	Jennifer Davidson, County Manager
<b>State Amount</b>	\$70,643.70	<b>Address</b>	PO Box 3000 Minden, NV 89423
<b>Non-Federal (Match) Amount</b>	\$10,597.00		
<b>Total Award</b>	\$70,643.70		
<b>Performance Period</b>	07/01/2023 – 06/30/2024		

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>\$70,643.70</b>
<b>Required Match Percentage</b>	<b>15%</b>
<b>Total Required Match</b>	<b>\$10,597.00</b>

Approved Budget Category		Budgeted Match
1	Personnel	\$10,597.00
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>\$10,597.00</b>

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

Douglas County Finance Department

Grant Information Form

Complete only GREY areas

Today's Date 9/1/2023

Fund-Department # 260 680

Project Number 24G07

Fund-Department Name Senior Services

Grant Title ADSD Transportation Grant - FY24

Approval to add additional funds Debbie Swickard

Date 7.1.24

Internal Review Committee \_\_\_\_\_

Date 7.3.24

Board of County Commissioners \_\_\_\_\_

Date \_\_\_\_\_

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

22nd day of July, 2024

By Chanya Balala Deputy