

Recorder's Office Cover Sheet

Recording Requested By:

Name: Geoff Bonar

Department: Community Services

Item ID/Agreement #: DC-938-2024



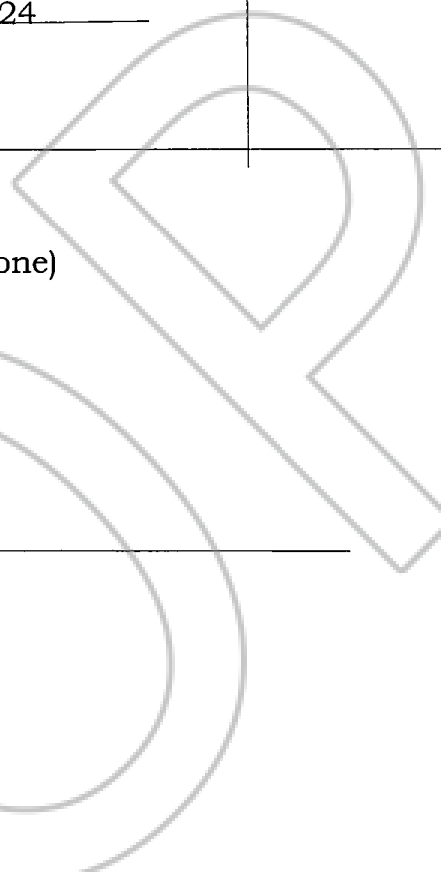
00184216202410104140070074

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-FRFX-24**
 Budget Account: 3278
 Category: 62
 GL: 8580
21027A21
 Job Number: (Func 2305)

SUBAWARD AMENDMENT #1

Program Name: ADSD Grants Management Contact Name: Shawna Eggleston, Shawna@adsd.nv.gov		Subrecipient's Name: Douglas County Contact Name: Jennifer Davidson, County Manager / JRDavidson@douglasnv.us	
Address: 3208 Goni Road, #1-181 Carson City, NV 89706		Address: PO Box 3000 Minden, NV 89423	
Subaward Period: 02/01/2024 – 06/30/2024		Amendment Effective Date: Upon approval by all parties.	
This amendment reflects a change to:			
<input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: <u>Supplemental funding.</u>			
Required Changes:			
Current Language:		Total reimbursement through this subaward will not exceed \$120,000.00. See Section C of the original subaward.	
Amended Language:		Total reimbursement through this subaward will not exceed \$156,525.90. See attached Section C revised on 06/26/2024.	
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	\$0.00	\$0.00	\$0.00
4. Equipment	\$120,000.00	\$36,525.90	\$156,525.90
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Other	\$0.00	\$0.00	\$0.00
TOTAL DIRECT COSTS	\$120,000.00	\$36,525.90	\$156,525.90
7. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$120,000.00	\$36,525.90	\$156,525.90
Incorporated Documents: Notice of Subaward - Federal Funding Sheet Section C: Budget and Financial Reporting Requirements			

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 07/19/24
Jeffrey S. Duncan, Agency Manager For Dena Schmidt, ADSD Administrator		06/27/2024

FILED

NO. DC-938-5024

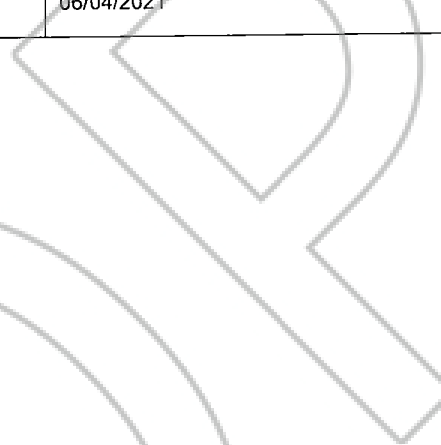
7/24/24
DATE

DOUGLAS COUNTY CLERK
MINDEN, NV

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

NOTICE OF SUBAWARD - FEDERAL FUNDING SHEET

Federal Award Computation				
Total Obligated by this Action:				\$ 36,525.90
Cumulative Prior Awards this Budget Period:				\$ 120,000.00
Total Federal Funds Awarded to Date:				\$ 156,525.90
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Amount Required this Action:				\$ 0.00
Amount Required Prior Awards:				\$ 0.00
Total Match Amount Required:				\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Federal Budget Period: 03/03/2021 – 12/31/2024				
Federal Project Period: 03/03/2021 – 12/31/2024				
FOR AGENCY USE ONLY				
Source of Funds: (Governor's Office) American Rescue Plan Act of 2021, US Treasury – Coronavirus State Fiscal Recovery Funds (Allocation #23HCAPD01)	% Funds: 100%	CFDA: 21.027	FAIN: SLFRP2634	FEDERAL GRANT #: SLFRP2634
Federal Grant Award Date by Federal Agency:	06/04/2021			



**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-FRFX-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 04-000-02-FRFX-24 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget:

Applicant Name: Douglas County	Type of Service: In-Home Services - Homemaker Program
Type of Subaward (Fixed-Fee or Categorical), if known: Categorical	

**ADSD Subaward Application
PROPOSED BUDGET NARRATIVE**

Equipment	Total: \$156,525.90
List equipment to purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment costing less than \$5,000 should be listed under Operating. Justify these items.	
Enter Description(s) Below:	Amount:
(2) Wheelchair accessible vans @ \$78,262.95/each	\$156,525.90
	\$0.00
	\$0.00
	\$0.00

TOTAL DIRECT PROJECT COSTS	\$156,525.90
-----------------------------------	---------------------

Administrative Expenses or Federal Indirect Cost Rate (FICR)	Total: \$0.00
Administrative expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed below, depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Indirect/administrative expenses do not apply to fixed-fee subawards or portions of subawards. Indirect expenses must be applied using the agency's Federal Indirect Cost Rate (FICR) or Modified Total Direct Costs (MTDC) which excludes capital expenditures and items such as pass-through funds, major subcontract(s) etc. over the first \$25,000 in that category, as applicable. Reference the Grant Instructions and Requirements GIR-20-12.	
Choose ONE type of rate according to funding source and provide calculation or explanations:	RATE:
1. Independent Living Grant (ILG)/FHN State Funds 8%	
2. Federal/Other State Funding, 10% de minimis (Modified Total Direct Costs - MTDC)	
3. Federal Indirect Cost Rate (FICR) Identify approved FICR & attach letter to application. In cell below, describe how the total indirect amount was calculated based on letter guidance and exceptions. Expand row as needed.	
FICR Calculation.	
Other Explanations.	

TOTAL BUDGET REQUEST	\$156,525.90
-----------------------------	---------------------

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

**ADSD Subaward Application
PROPOSED BUDGET SUMMARY**

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]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	TOTAL
PENDING OR SECURED	Pending	N/A						
ENTER TOTAL FUNDING	\$156,525.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156,525.90

EXPENSE CATEGORY

Personnel	\$0.00							\$0.00
Travel	\$0.00							\$0.00
Operating	\$0.00							\$0.00
Equipment	\$156,525.90							\$156,525.90
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00
Indirect	\$0.00							\$0.00
TOTAL EXPENSE	\$156,525.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156,525.90

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

Total Indirect Cost	\$0.00	Total Program Budget		\$156,525.90
Indirect % of Budget	0.00%	ADSD Percent of Program Budget		100%

B. Comments regarding budget summary, if applicable.
N/A

C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.
No match required.

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.
N/A for current funding request. A suggested donation for homemaker services is \$3.00 per week, but not required for services.

**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 \$156,525.90;
- 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 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.

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

24th day of July, 2024

By *Tanya Balda* Deputy