

Recorder's Office Cover Sheet

Recording Requested By:

Name: Jessica Stocking

Department: China Spring

Item ID/Agreement #: DC-360-2024



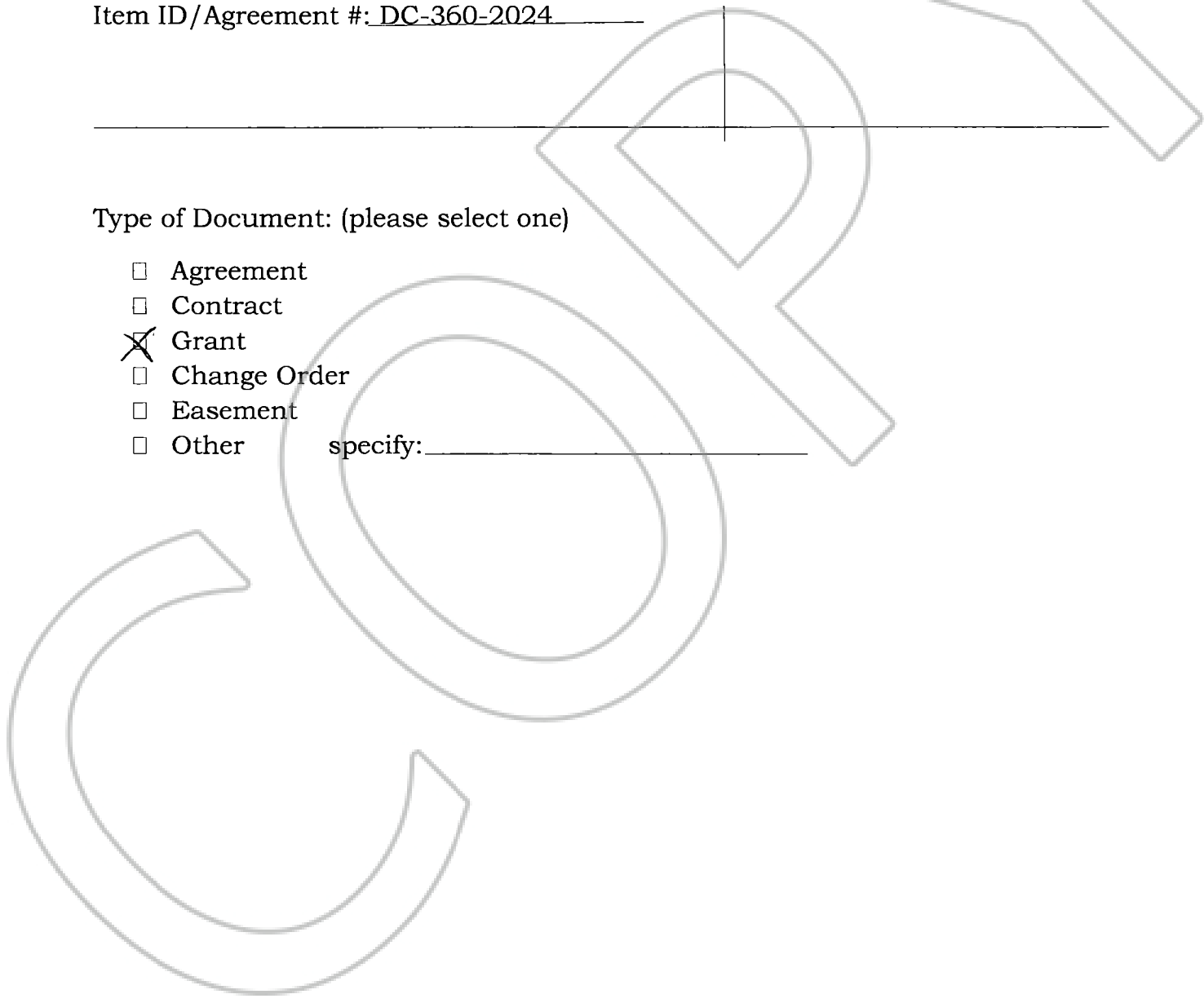
00184784202410108790090094

SHAWNYNE GARREN, RECORDER

Type of Document: (please select one)

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

specify: _____



NO. DC-360-2024

08/09/2024
DATE

DOUGLAS COUNTY CLERK
MINDEN, NV



State of Nevada
Department of Health and Human Services
Division of Child & Family Services
(hereinafter referred to as the Division)
DEPUTY

Subaward # **21027-22-027**
Budget Account: **3147**
Category: **15**
GL:
Job Number: **21027A21**

SUBAWARD AMENDMENT # 1

Grants Management Unit (GMU) Child Welfare Grants			
<input type="checkbox"/> (Chafee) Chafee Independent Living	<input type="checkbox"/> (CANS) Child Abuse and Neglect		
<input type="checkbox"/> (FAFFY) Transition from Foster Care	<input type="checkbox"/> (CDR) Child Death Review		
<input type="checkbox"/> (ETV) Educational Training Voucher	<input type="checkbox"/> (DR) Differential Response		
<input type="checkbox"/> (IVB-2) Title IVB-2, Caseworker Visitation	<input type="checkbox"/> (CTF) Children's Trust Fund		
<input type="checkbox"/> (IVB2-FF) Title IVB-2, Family First Transition Act	<input type="checkbox"/> (CBCAP) Community Based Child Abuse		
<input type="checkbox"/> (AI) Adoption Incentive	<input checked="" type="checkbox"/> (ARPA) American Rescue Plan Act 2021		
<input type="checkbox"/> (CJA) Children's Justice Act			
Email to: DCFS Grants Management Unit DCFSgrants@dcfs.nv.gov	Subrecipient Name: County of Douglas dba China Spring Youth Camp		
Address: 4126 Technology Way, Suite 100 Carson City, Nevada 89706	Address: Mailing Address: PO Box 218, Minden, NV 89423-0218 Physical Address: 225 China Spring Rd., Gardnerville, NV 89410 Contact Person: Kathryn Lewis		
Subaward Period: July 1, 2023 through June 30, 2025	Amendment Effective Date: (Upon approval by all parties)		
This amendment reflects a change to: <input checked="" type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: To provide accurate reimbursement under appropriate categories.			
Reference: GIR-24-19 SUBAWARD AMENDMENTS			
Required Changes: Update SFY24 budget and scope of work to retain line staff to serve the Camp needs for ongoing operations.			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$797,698.00	\$0.00	\$797,698.00
2. Travel/Training	\$0.00	\$0.00	\$0.00
3. Operating	\$0.00	\$0.00	\$0.00
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
TOTAL DIRECT COSTS	\$797,698.00	\$0.00	\$797,698.00
7. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$797,698.00	\$0.00	\$797,698.00
Incorporated Documents: Exhibit A: Revised Budget Narrative Exhibit B: Original Notice of Subaward and all previous amendments			

By signing this Amendment, the Authorized Subrecipient Official or their designee, Grants and Projects Analyst II, and Division of Child and Family Services 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.

Authorized Subrecipient Official	Signature	Date
Jenifer Davidson Grants and Projects Analyst II	<i>Jenifer Davidson</i>	03/27/2024
Deputy Administrator, Division of Child and Family Services	<i>[Signature]</i>	3-28-24
	<i>[Signature]</i>	4/3/24

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

China Spring Youth Camp, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for China Spring Youth Camp- AMENDMENT #1

Goal 1: Restoration of budget reduction between FY 21 & FY 24.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Fund five up to (9) positions: <ul style="list-style-type: none"> • (1) - Culinary Specialist from 11/1/23 – 1/31/24, • (1) - Youth Services Case Manager 12/1/23 – 1/31/24, • (7) Youth Program Officer II, and 2 Youth Program Officer I – 7/1/23-6/30/25 	1. Retain, Recruit and hire 9 positions.	11.18.23	1. Pay Roll Reports	Successful recruitment and retention of staffing.

Applicant Name: China Spring Youth Camp

BUDGET NARRATIVE - SFY24

Form 1

Total Personnel Costs		Including Fringe	Total:	\$	398,849.00
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.					
	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Dan Miller Culinary Specialist 362.3110.01 NA Restoration of Employee held vacant due to budget reductions in FY 21 & 22					
	\$ 14,528.00	26%	100%	3	\$ 19,715.00
Aimee Hennarty Youth Services Case Manager 362.3570.01 NA Restoration of Employee held vacant due to budget reductions in FY 21 & 22					
	\$ 10,696.00	31%	100%	2	\$ 15,496.00
Justus Jackson Youth Program Officer II 362.3625.02 2 months Restoration of line staff to assist with the increasing use of the Camp by the Counties.					
	\$ 32,689.00	30%	100%	7	\$ 46,761.00
Megan Hillyer Youth Program Officer I 362.3620.15 2 months Restoration of line staff to assist with the increasing use of the Camp by the Counties.					
	\$ 25,420.00	32%	100%	6	\$ 37,435.00
Cecilia Maes Youth Program Officer I 362.3620.01 2 months Restoration of line staff to assist with the increasing use of the Camp by the Counties.					
	\$ 22,553.00	34%	100%	5	\$ 34,107.00
Cindy Marie Talia Youth Program Officer II 362.3625.03 3 months Retain line staff to serve the Camp for needs ongoing operations.					
	\$ 49,459.14	33%	100%	8	\$ 73,774.00
Nicolette Adelle Smith Youth Program Officer II 362.3625.09 3 months Retain line staff to serve the Camp for needs ongoing operations.					
	\$ 45,323.00	33%	100%	8	\$ 67,418.00

revise this formula as needed to include each position listed

Zachary Parris Youth Program Officer I 362.3620.17 3 months Retain line staff to serve the Camp for needs ongoing operations	\$ 28,740.48	51%	100%	8	\$ 58,996.67
Daniel Howard Thornton Youth Program Officer I 362.3620.06 3 months Retain line staff to serve the Camp for needs ongoing operations	\$ 34,635.41	38%	80%	8	\$ 45,146.33

Travel/Training **Total:** \$ -

Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel	Cost	# of Trips	# of Days	# of Staff	\$
<i>Title of Trip & Destination such as CDC Conference: San Diego, CA</i>					-
Airfare: Cost per trip (origin & destination) x # of trips x # of staff					\$ -
Baggage fee: \$ amount per person x # of trips x # of staff					\$ -
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$ -
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$ -
Ground Transportation: \$ per r/trip x # of trips x # of staff					\$ -
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$ -
Parking: \$ per day x # of trips x # of days x # of staff					\$ -

*Revise as needed to include costs of multiple trips.

Justification:
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

In-State Travel	Cost	# of Trips	# of Days	# of Staff	\$
<i>Origin & Destination</i>					-
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$ -
Baggage fee: \$ amount per person x # of trips x # of staff					\$ -
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$ -
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$ -
Motor Pool: (\$ car/day + # miles/day x \$ rate per mile) x # trips x # days					\$ -
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$ -
Parking: \$ per day x # of trips x # of days x # of staff					\$ -

*Revise as needed to include costs of multiple trips.

Justification:
Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating **Total:** \$ -

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

Office supplies: \$ Amount x # of FTE staff x # of months	\$	-
Occupancy	\$	-
Communications	\$	-
Rent: \$ per month x 12 months x # of FTE	\$	-
Utilities: \$ per quarter x 4 quarters	\$	-
State Phone Line: \$ per month x 12 months x # of FTE	\$	-
Voice Mail: \$ per month x 12 months x # of FTE	\$	-
Conference Calls: \$ per month x 12 months	\$	-
Long Distance: \$ per month x 12 months	\$	-
Email: \$ per month x 12 months x # of FTE	\$	-

Justification:

Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.

Equipment

Total: \$ -

List Equipment 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. All other equipment costing less than \$5,000 should be listed under Supplies.

Describe equipment

\$ -

Contractual

Total: \$ -

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

*Reverse this formula as needed to include each Contractor listed

Name of Contractor/Subrecipient:

\$ -

Method of Selection: Explain, i.e. sole source or competitive bid

Period of Performance: July 1, 2018 - June 30, 2019

Scope of Work: Define Scope of Work

*Sole Source Justification: Define if sole source method, not needed for competitive bid

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

*Add additional Contractor/Subrecipients here with justification or delete this row.

\$ -

Other

Total: \$ -

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.

Printing Services: \$ amount/month x 12 months

\$ -

Copier/Printer Lease: \$ amount/month x 12 months	\$	-
Property and Contents Insurance per year	\$	-
Car insurance: \$ per month x 12 months	\$	-
Postage: \$ per month x 12 months	\$	-
Audit	\$	-
Justification. Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.		

TOTAL DIRECT CHARGES	\$	398,849.00
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Indirect	Total:	\$	-
Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculate 10%. Applicants may override this formula only to request a lower indirect rate.			
Identify Indirect Expenses	\$	-	
Add more as necessary and adjust formula in F112 to reflect changes.	\$	-	
TOTAL BUDGET	Total:	\$	398,849.00



State of Nevada
 Department of Health and Human Services
Division of Child & Family Services
 (hereinafter referred to as the Department)

Agency Ref. #: 21027-22-027
 Budget Account: 3147
 Category: 15
 GL: _____
 Job Number: 21027A21

NOTICE OF SUBAWARD

Program Name: Community Recovery Grant DCFS Grants Management Unit DCFSGrants@dcs.nv.gov	Subrecipient's Name: County of Douglas dba China Spring Youth Camp Wendy Garrison wgarrison@douglas.nv.gov
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009	Address: Mailing Address: PO Box 218, Minden, NV 89423-0218 Physical Address: 225 China Spring Rd., Gardnerville, NV 89410
Subaward Period: July 1, 2023, through June 30, 2025	Subrecipient's: EIN: <u>88-8000031</u> Vendor #: <u>T40174400</u> Unique Entity ID: <u>KE6GF37F6F95</u>

Purpose of Award: Provide services to youth 12-18 and their families in the sixteen counties serviced by the Camp (all Counties except Clark) with substance use and mental health issues to reduce recidivism into the juvenile justice system Position Restoration for 5 separate positions.

Region(s) to be served: Statewide Specific County or counties Washoe and Rural counties

Approved Budget Categories:	
1. Personnel	\$797,698.00
2. Travel/Training	\$0.00
3. Operating	\$0.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Other	\$0.00
TOTAL DIRECT COSTS	\$797,698.00
7. Indirect Costs	\$0.00
TOTAL APPROVED BUDGET	\$797,698.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 797,698.00
Cumulative Prior Awards this Budget Period:	\$ 0
Total Federal Funds Awarded to Date:	\$ 797,698.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0
Amount Required Prior Awards:	\$ 0
Total Match Amount Required:	\$ 0
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Federal Budget Period: 03/03/2021 through 12/31/2024	
Federal Project Period: 03/03/2021 through 12/31/2026	

FOR AGENCY USE, ONLY

Source of Funds	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
American Rescue Plan Act of 2021, US Treasury-Coronavirus State Fiscal Recovery Funds	100	21.027	SLFRP2634	SLRFP2634	June 4, 2021

Agency Approved Indirect Rate: 0.00%

Subrecipient Approved Indirect Rate: 0.00%

Terms and Conditions:

In accepting these grant funds, it is understood that:

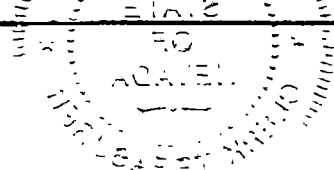
- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
- Subrecipient must comply with all applicable Federal regulations.
- Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:

Section A: Grant Conditions and Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;

Section E: Audit Information Request;
 Section F: Current/Former State Employee Disclaimer;
 Section G: DHHS Confidentiality Addendum;
 Section H: ARPA General Provisions and Assurances
 Section I: ARPA Terms and Conditions

Authorized Subrecipient Official's Name and Title	Signature	Date
Jenna Sexton, Interim Director	<i>Jenna Sexton</i>	01/18/24
Michael Guerra Grant and Projects Analyst II	<i>Michael Guerra</i>	1-18-24
For Marla McPade-Williams Administrator, Division of Child & Family Services	<i>Marla McPade-Williams</i>	1/19/24



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 9th day of August 20²⁴

By Jacque [Signature] Deputy