



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** June 2, 2022

Staff Contact: Nicki Aaker, Health and Human Services Director

Agenda Title: For Possible Action: Discussion and possible action regarding (1) a proposed ratification of the acceptance of a grant award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health, in the amount of \$276,098, reimbursed in two equal amounts of \$138,049 in Fiscal Year ("FY") 2022 and FY 2023, effective July 1, 2021, through June 30, 2023, and (2) Amendment No. 1 to the grant award, increasing the total amount of the grant to \$337,521, reimbursed in the amount of \$171,752 in FY 2022 and \$165,769 in FY 2023. (Nicki Aaker, NAaker@carson.org)

Staff Summary: Funding from this grant has been recurring since 2018. The purpose of this grant is to provide family planning and reproductive health services to help individuals who have difficulties in obtaining such services. The grant provides 100 percent funding; therefore, there is no match requirement. The Carson City Department of Health and Human Services ("CCHHS") received the sub-award for FY 2022 in July 2021. This item is for the Board of Supervisors ("Board") to ratify the acceptance of the grant which should have been previously submitted to the Board for approval. Amendment No. 1 increases the initial amount of the grant to provide accurate reimbursement under the appropriate categories.

Agenda Action: Formal Action / Motion **Time Requested:** Consent

Proposed Motion

I move to ratify the acceptance of the grant and approve the amendment to the grant award.

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

There are three stated goals for this funding: (1) to provide quality cultural and linguistically appropriate family planning services along with follow-up phone contact in accordance with nationally recognized standards of care, with an emphasis on low-income residents and other vulnerable populations, in an effort to reduce unplanned pregnancy and reproductive complications; (2) to prevent infertility related to sexually transmitted disease ("STD") and other complications of STDs for those same individuals per Centers for Disease Control STD testing and treatment guidelines; and (3) to improve birth outcomes through the introduction of preconception health care.

Funds will be used for personnel, operating expenses and training. This grant supplements the Title X (Family Planning) grant. Since funding was reduced within the Title X grant, this funding is imperative for the program.

CCHHS initially applied for this grant on November 18, 2017, and on January 1, 2018, received a sub-award of \$67,996 for an 18-month period. Since the initial application, CCHHS has not been required to submit formal applications for this grant and received sub-awards inconsistently, based on submittals of budgets and scope of work. It has come to staff's attention that, unintentionally, acceptance of this grant was not submitted to the Board for approval as required by the Carson City Grant Administration Policy. Therefore, this item is for the Board to ratify the acceptance of the grant, as well as to consider approval of the proposed Amendment No. 1. Measures have been taken internally to guard against this happening in the future.

Amendment No. 1 reflects an increase in the reimbursement amount because in April 2022, the State of Nevada approved a budget increase to provide accurate reimbursement under appropriate categories.

Applicable Statute, Code, Policy, Rule or Regulation

Carson City Grant Administration Policy

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: Grants Fund Salaries, Benefits and Operating Supplies under G680022021; 2756800-500101, 2756800-500102, 2756800-501202, and 2756800-501225.

Is it currently budgeted? Yes

Explanation of Fiscal Impact: Amount adjusted during first round of budget augmentations in January to include the full amount of \$276,098 available according to the award received; an additional \$108,602 was included in the FY 2023 budget - this is a total of \$384,700. The State of Nevada prefers that City staff not "DeAugment" budget accounts, so this will be adjusted when staff rolls forward remaining dollars from FY 2022 to FY 2023 (January 2023 timeframe) to true-up the actual award of \$337,521 less FY 2022 actual amount spent. Currently total award spent is \$99,527.

Alternatives

Do not ratify acceptance of the grant or approve the amendment, and/or provide alternative direction to staff.

Attachments:

[State Family Planning DO 1206_Amendment_Jul21-Jun23.pdf](#)

[State Family Planning DO 1206 Jul21-Jun23 executed.pdf](#)

Board Action Taken:

Motion: _____	1) _____	Aye/Nay
	2) _____	_____

(Vote Recorded By)



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

Agency Ref. #: 1206-1
 Budget/CAT: 3155/29
 GL: 8501
 SubOrg: 03
 Job Number: N/A

SUBAWARD AMENDMENT #1

Program Name: DHHS, Grants Management Unit, Account for Family Planning, Julia Peek, Deputy Administrator / jpeek@health.nv.gov	Subrecipient Name: Carson City Health and Human Services (CCHHS) Veronica Galas / vgalas@carson.org
Address: 4126 Technology Way, Suite 100 Carson City, Nevada 89706	Address: 900 East Long Street Carson City, NV 89706-3100
Subaward Period: 07/01/2021 through 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: To provide accurate reimbursement under appropriate categories.

Required Changes:

Current Language: Total reimbursement through this subaward will not exceed \$276,098.00. See Section B, C and D of the original subaward and or amendment #.

Amended Language: Total reimbursement through this subaward will not exceed \$337,521.00. See attached Section B, C and D **revised on 04/01/2022.**

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$272,860.00	\$59,414.00	\$332,274.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$2,788.00	\$1,884.00	\$4,672.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$450.00	\$0.00	\$450.00
7. Other	\$0.00	\$125.00	\$125.00
TOTAL DIRECT COSTS	\$276,098.00	\$61,423.00	\$337,521.00
8. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$276,098.00	\$61,423.00	\$337,521.00

Incorporated Documents:

Section B: Description of Services, Scope of Work and Deliverables **revised on Enter Date** (if applicable)

Section C: Budget and Financial Reporting Requirements **revised on Enter Date** (if applicable) *MUrban 05/13/2022*

Section D: Request for Reimbursement **revised on Enter Date** (if applicable)

Exhibit A: Original Notice of Subaward and all previous amendments

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.

Lori Bagwell, Mayor Carson City Health and Human Services	Signature	Date
Erika Pond, MPH Social Services Chief Grants Management Unit Department of Behavioral and Public Health		
For Julia Peek, MHA, CPM Deputy Administrator Division of Public and Behavioral Health		

Note: This document should not contain any red text when completed

Applicant Name:

Carson City Health and Human Services

BUDGET NARRATIVE -SFY22
(Form Revised August 2020)

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19. Large events (10 or more people in attendance) will require a written plan for COVID-19 compliance no less than 30 days prior to the date of the event, and must be emailed to gmu@dhhs.nv.gov.

Total Personnel Costs including fringe **Total:** **\$169,525**

List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Clinical Services Manager -00676	\$95,068.00	42.720%	10.000%	12	100.00%	\$13,568

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Part-time Public Health Nurse - 00736	\$35,700.00	3.410%	100.000%	12	100.00%	\$36,917

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Grants Analyst - 00764	\$58,190.00	50.174%	10.000%	12	100.00%	\$8,739

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Office Specialist - 00856	\$41,390.00	60.715%	65.000%	12	100.00%	\$43,238

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Judy Burlow, FT Public Health Nurse - 0434	\$94,223.00	51.260%	60.000%	3	25.00%	\$21,378

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Margaret Holloway, Advanced Practice Nurse Practitioner - 00792	\$90,424.00	51.266%	33.400%	12	100.00%	\$45,685

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$47,261	Total Salary Cost:	\$122,264
Total Budgeted FTE	2.10000		

Travel **Total:** **\$0**

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

\$0

<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	-
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

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

In-State Travel

\$0

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0

Justification: Who will travel and why

Operating **Total: \$1,752**

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 \$34.16 amount x 2 of FTE staff x 12 of mo.			\$820.00	
Additional Office supplies \$47 x 2 of FTE staff x 3 of mo.			\$282.00	
Family Planning and related preventive Health Brochures in Spanish \$50 per 100 Pamphlets x 12 sets of 100 purchased from Advancing Health Equity (ETR)			\$600.00	

Communications - Medical Interpretation Services
Telecommunication Clinic Rate \$25 / user x1 users /
month x2 months starting May 1st, 2022.

\$50.00

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:

\$0

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

\$0.00

Contractual

\$0

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.

Name of Contractor, Subrecipient:

Total

\$0

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

Period of Performance: xx/xx/xxxx-xx/xx/xxxx

Scope of Work: Define scope of work - What will be the specific services/tasks that will be completed and specific deliverables? How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s)?

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

Budget

Personnel

\$0.00

Travel

\$0.00

Total Budget

-

-

\$0.00

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

Training

Total:

\$450

List all cost associated with Training, including justification of expenditures.

Registration for the Public Health Nurse and Clinical Services Manager to Attend Virtual Nation Reproductive Health Conference August 10-14- \$225 x 2 Individuals

\$450.00

Other

Total:

\$25

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: \$ 25/quarter. x 1 quarter	\$25
Copier/Printer Lease: \$ amount/mo. x 12 months	\$0
Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0

State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0
Long Distance: \$ per mo. x 12 months	\$0
Email: \$ per mo. x 12 months x # of FTE	\$0

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 deliverable.

TOTAL DIRECT CHARGES **\$171,752**

Indirect Charges **Indirect Rate: 0.000%** **\$0**

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.

TOTAL BUDGET **Total: \$171,752**

Applicant Name: Carson City Health and Human Services

Form 2

PROPOSED BUDGET SUMMARY

(Form Revised August 2020)

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

FUNDING SOURCES	GMU	MCH G68002201 7	VFC G68002200 5	SAPTA G68002201 1	CS G68002000 2	Other Fundin g	Other Fundin g	Progra m Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$171,752	\$3,741	\$5,345	\$3,029	\$3,419				\$187,286

**EXPENSE
CATEGORY**

Personnel	\$169,525	\$3,741	\$5,345	\$3,029	\$3,419				\$185,059
Travel	\$0								\$0
Operating	\$1,752								\$1,752
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$450								\$450
Other Expenses	\$25								\$25
Indirect	\$0								\$0

TOTAL EXPENSE	\$171,752	\$3,741	\$5,345	\$3,029	\$3,419	\$0	\$0	\$0	\$187,286
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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BUDGET NARRATIVE SFY23

(Form Revised August 2020)

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19. Large events (10 or more people in attendance) will require a written plan for COVID-19 compliance no less than 30 days prior to the date of the event, and must be emailed to gmu@dhhs.nv.gov.

Total Personnel Costs **including fringe Total: \$162,749**

List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Clinical Services Manager -00676	\$96,731.00	42.720%	10.000%	12	100.00%	\$13,805

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Grants Analyst - 00764	\$60,808.00	50.174%	10.000%	12	100.00%	\$9,132

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Office Specialist - 00856	\$43,253.00	60.715%	60.000%	12	100.00%	\$41,708

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Judy Burlow, FT Public Health Nurse - 0434	\$94,223.00	51.280%	26.915%	12	100.00%	\$38,365

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Margaret Holloway, Advanced Practice Nurse Practitioner - 00792	\$90,424.00	53.141%	43.140%	12	100.00%	\$59,739

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$43,703	Total Salary Cost:	\$119,046
Total Budgeted FTE	2.10000		

Travel	Total:	\$0
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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						\$0
<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	-	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0	

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

\$0

In-State Travel

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0	
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0	

Justification: Who will travel and why

Operating Total: \$2,920

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 \$96.66 amount x 2 of FTE staff x 12 of mo.			\$2,320.00			
Communications - Medical Interpretation Services Telecommunication Clinic Rate \$25 / user x2 users / month x12 months starting July 1st, 2022.			\$600.00			

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: \$0

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 \$0.00

Contractual \$0

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.

Name of Contractor, Subrecipient: Total \$0

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

Period of Performance: xx/xx/xxxx-xx/xx/xxxx

Scope of Work: Define scope of work - What will be the specific services/tasks that will be completed and specific deliverables? How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s)?

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

Budget

Personnel \$0.00

Travel		\$0.00
Total Budget	-	\$0.00

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

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Training	Total:	\$0
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List all cost associated with Training, including justification of expenditures.

Other	Total:	\$100
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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.

Printing Services: \$ 25/quarter. x 4 quarters	\$100
Copier/Printer Lease: \$ amount/mo. x 12 months	\$0
Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0
Long Distance: \$ per mo. x 12 months	\$0
Email: \$ per mo. x 12 months x # of FTE	\$0

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 deliverable.

TOTAL DIRECT CHARGES	\$165,769
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Indirect Charges	Indirect Rate:	0.000%	\$0
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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.

TOTAL BUDGET	Total:	\$165,769
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PROPOSED BUDGET SUMMARY

(Form Revised August 2020)

A									
PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS									
FUNDING SOURCES	GMU	MCH G680022017	VFC G680022005	SAPTA G680022011	CS G680020002	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$165,769	\$21,378	\$14,965	\$12,114	\$13,678				\$227,904
EXPENSE CATEGORY									
Personnel	\$162,749	\$21,378	\$14,965	\$12,114	\$13,678				\$224,884
Travel	\$0								\$0
Operating	\$2,920								\$2,920
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$100								\$100
Indirect	\$0								\$0
TOTAL EXPENSE	\$165,769	\$21,378	\$14,965	\$12,114	\$13,678	\$0	\$0	\$0	\$227,904
These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Indirect Cost	\$0							Total Agency Budget	\$227,904
								Percent of Subrecipient Budget	73%



State of Nevada
 Department of Health and Human Services
Grants Management Unit
 (hereinafter referred to as the Department)

Agency Ref. #: DO 1206
 Budget Account: 3155
 GL / Category: 8501 /29
 Job Number: N/A
 SubOrg: 03

NOTICE OF SUBAWARD

Program Name/Source of Funds Account for Family Planning Julia Peek, Deputy Administrator / jpeek@health.nv.gov	Subrecipient's Name: Carson City Health and Human Services (CCHHS) Veronica Galas / vgalas@carson.org
Address: 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	Address: 900 East Long Street Carson City, Nv, 89706-3100
Subaward Period: 07/01/2021 through 6/30/2023	Subrecipient's: EIN: <u>88-6000189</u> Vendor #: <u>T80990941J</u> Dun & Bradstreet: <u>098635237</u>

Purpose of Award: Provide family planning and reproductive health services to help individuals with difficulties obtaining such services.

Region(s) to be served: Statewide Specific county or counties: Carson City County and all those seeking services at CCHHS from other counties

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$272,860.00	Total Obligated by this Action:	\$ 0.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$2,788.00	Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 0.00
6. Training	\$450.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$0.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$276,098.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	0.00
8. Indirect Costs	\$0.00	Must be completed for federal grant funding sources. If multiple federal sources apply, fill out the optional Subaward Additional Funding Sheet.	0.00
TOTAL APPROVED BUDGET	\$276,098.00	Federal Budget Period: Start Date through End Date	0.00
		Federal Project Period: Start Date through End Date	

Source of Funds: State General Fund: Account for Family Planning	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
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Agency Approved Indirect Rate: N/a **Subrecipient Approved Indirect Rate:** N/A

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 30th 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; mu 7/7/2021 Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement (optional: only if matching funds are required)
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Lori Bagwell, Mayor Carson City Health and Human Services	Signature <i>Lori Bagwell</i>	Date 7/13/21
Connie Lucido, Chief Grants Management Unit Department of Behavioral and Public Health	<i>Connie Lucido</i>	7/15/21
For Julia Peek, MHA, CPM Deputy Administrator Division of Public and Behavioral Health	<i>Julia Peek</i>	7/15/2021

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating, or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state, or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) as amended, and Section 504 of the Rehabilitation Act of 1973, P.L. 93-112, (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); as amended, and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
6. Compliance with Title II and Title III of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, by the ADA Amendment Act of 2008 (42 U.S.C.12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36), Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

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9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
- Any attempt to influence the outcome of any federal, state, or local election, referendum, initiative, or similar procedure, through in-kind or cash contributions, endorsements, publicity, or a similar activity.
 - Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative, or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state, or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state, or local legislation;
 - The enactment or modification of any pending federal, state, or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
- Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature, or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

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

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SECTION B

Description of Services, Scope of Work and Deliverables

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

Carson City Health and Human Services, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for: Carson City Health and Human Services
 (form amended 2.4.2021)

Goal 1: To provide quality cultural and linguistically appropriate family planning services along with follow up phone contact in accordance with nationally recognized standards of care, with an emphasis on low-income residents and other vulnerable populations in an effort to reduce unplanned pregnancy and reproductive complications.

Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (Indicator)	Evaluation Tool
1.1.1 Support current Family Planning Program through use of State Family Planning funds to employ bilingual staff to better serve clients that are of Limited English proficiency seen Annually at Carson City Health and Human Services.	1. Employ an Office Specialist bilingual in Spanish and English to provide culturally and linguistically competent registration, explanation of available services, interpretation during visits with non-bilingual staff and client check out. 2. Employ a part-time Public Health Nurse to provide culturally and linguistically competent family planning and other preventive health services 3. Provide cultural and linguistically appropriate Family Planning services, with emphasis on low-income and vulnerable populations: services to 1,000 Hispanic or Latino clients, to include 435	1. Provide cultural and linguistically appropriate Family Planning services, with emphasis on low-income and vulnerable populations: services to 1,000 Hispanic or Latino clients, to include 435 clients with limited English proficiency. At least 70% of program participants will be below 100% of the Federal Poverty Level. 2. Follow up with all Hispanic clients seen for services within 1 month of each visit to answer questions, offer clarification, and provide Family Planning and other related preventive health services follow up based on the services offered in the prior visit	Provide a quarterly report to the state by the 15th of each month following the end of a quarter for services provided: SFY22 Due dates: 10/15/21 (i.e.; July through September reporting) 1/15/22 4/15/22 7/15/22 SFY23 Due dates: 10/15/22 1/15/23 4/15/23 7/15/23	Hispanic females and males between the ages of 15 - 44 individuals who seek care at Carson City Health and Human Services Family planning clinic	1. Identification of bilingual staff and hours worked providing culturally and linguistically appropriate services. 1. Number of clients served. 2. Number of clients served with limited English proficiency and thus required an interpreter. 3. Number of clients enrolled in Women's Health Connection 4. Racial and ethnic make-up of clients served. 5. Income and insurance status of clients served.	Program Data from the Electronic Health Record

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clients with limited English proficiency. At least 60% of program participants will be below 100% of the Federal Poverty Level.			
Enroll eligible women in Women's Health Connection			
		6. Birth control method of clients serviced	
		7. Number of follow up phone calls made to identified clients,	

GOAL 2: Prevent sexually transmitted disease-related infertility and other complications of STDs for clients seen in Goal # 1 per Centers for Disease Control Sexually Transmitted Disease (STD) testing and treatment guidelines.

Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
2.1 Prevent sexually transmitted disease-related infertility and other complications of Sexually Transmitted Diseases by screening 90% of Hispanic and Latino female clients aged 25 and under for Chlamydia.	<p>1. Assess each Hispanic female client aged 25 years and younger of age for previous Sexually Transmitted disease testing.</p> <p>2. Provide Chlamydia (CT) testing per national guidelines</p> <p>3. Provide HIV testing per national guidelines</p>	<p>1. At least 90% of female Hispanic clients aged 24 years and younger will receive testing for CT at least once annually.</p> <p>2. At least 90 of Hispanic clients aged 15-44 will receive HIV testing per National Standards</p>	<p>Provide a quarterly report to the state by the 15th of each month following the end of a quarter for services provided:</p> <p>SFY22 Due dates: 10/15/21 (i.e., July through September reporting) 1/15/22 4/15/22 7/15/22</p> <p>SFY23 Due dates: 10/15/22 1/15/23 4/15/23 7/15/23</p>	<p>For CT Testing: Hispanic females between the ages of 24 years and younger who seek care at Carson City Health and Human Services Family planning clinic</p> <p>For HIV testing: All Hispanic clients between the ages of 15-44 who seek care at Carson City Health and Human Services Family planning clinic</p>	<p>Number of Hispanic females between the ages of below the age of 25 tested for Chlamydia</p> <p>Number of clients between 15 – 44 years of the age tested for HIV</p>	<p>Program Data from the Electronic Health Record</p>

GOAL 3: Improve birth outcomes through the introduction of preconception health care.

Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
3.1 Improve birth outcomes through the introduction of preconception health care; provide preconception health	<p>1. Assess each Hispanic client's age 15-44 for Reproductive life planning.</p>	<p>At least 90% of Hispanic clients age 15-44 will be assessed for reproductive life planning.</p>	<p>Provide a quarterly report to the state by the 15th of each month following the end of a quarter for services provided:</p>	<p>Hispanic females and males between the ages of 15 - 44 individuals who seek care at Carson City Health and Human</p>	<p>Number of Hispanic males and females assessed for reproductive health planning.</p>	<p>Program Data from the Electronic Health Record</p>

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<p>care to 90% of Hispanic and Latino women and men of childbearing age.</p>	<p>SFY22 Due dates: 10/15/21 (i.e.; July through September reporting) 1/15/22 4/15/22 7/15/22</p> <p>SFY23 Due dates: 10/15/22 1/15/23 4/15/23 7/15/23</p>	<p>Services Family planning clinic</p>	<p>Number of Hispanic men and women</p>	
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SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 3155 from the General State Fund, Account for Family Planning Grant.

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

Subrecipient agrees to adhere to the following budget:

**Applicant Name: Carson City Health
and Human Services**

**BUDGET NARRATIVE - SFY 22
(Form Revised August 2020)**

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19. Large events (10 or more people in attendance) will require a written plan for COVID-19 compliance no less than 30 days prior to the date of the event, and must be emailed to gmu@dhhs.nv.gov.

Total Personnel Costs	including fringe	Total:	\$136,179
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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	Percent of Months worked Annual	Amount Requested
Clinical Services Manager - 00676	\$95,068.00	42.720%	10.00%	12	100.00%	\$13,568

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Part-Time Public Health Nurse, 00736	\$35,700.00	3.410%	100.00%	12	100.00%	\$36,917

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Advanced Practice Registered , 00792	\$87,781.00	53.640%	25.00%	12	100.00%	\$33,717

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Office Specialist, 00856	\$41,390.00	60.715%	65.00%	12	100.00%	\$43,238

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Grants Analyst, 00764	\$58,190.00	50.174%	10.00%	12	100.00%	\$8,739

*Insert details to describe position duties as it relates to the funding (specific program objectives)

***Insert new row for each position funded or delete this row.**

Total Fringe Cost	\$36,304	Total Salary Cost:	\$99,875
Total Budgeted FTE	2.10000		

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Travel	Total:	\$0
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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						\$0
<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0	

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

In-State Travel						\$0
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0	
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0	

Justification: Who will travel and why

Operating	Total:	\$1,420
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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.

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Office supplies \$34.16 amount x 2 FTE staff x 12 mo.			\$820.00			
Family Planning and related preventive Health Brochures in Spanish \$50 per 100 Pamphlets x 12 sets of 100 purchased from Advancing Health Equity (ETR)			\$600.00			
Long Acting Birth Control			\$0.00			

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:	\$0
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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 \$0.00

Contractual	Total:	\$0
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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.

Name of Contractor, Subrecipient: Total \$0

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

Period of Performance: xx/xx/xxxx-xx/xx/xxxx

Scope of Work: Define scope of work - What will be the specific services/tasks that will be completed and specific deliverables? How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s)?

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

Budget

Personnel	\$0.00
Travel	\$0.00
Total Budget	\$0.00

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

Training	Total:	\$450
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List all cost associated with Training, including justification of expenditures.

Registration for the Public Health Nurse and Clinical Services Manager to Attend Virtual National Reproductive Health Conference August 10-14 - \$225 x 2 Individuals	\$450
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Other	Total:	\$0
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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.

Copier Costs: amount/mo. x 12 months	\$0
Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0
Long Distance: \$ per mo. x 12 months	\$0
Email: \$ per mo. x 12 months x # of FTE	\$0

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 deliverable.

TOTAL DIRECT CHARGES

\$138,049

Indirect Charges

Indirect Rate:

\$0

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.

TOTAL BUDGET

Total:

\$138,049

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Form 2

Applicant Name: Carson City Health and Human Services
PROPOSED BUDGET SUMMARY - SFY 22
(Form Revised August 2020)

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

FUNDING SOURCES	GMU	General Fund	MCH	VFC	Sapta TB	Title X	AHEP	PHP	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$138,049	\$62,413	\$29,091	\$12,211	\$4,369	\$127,908	\$17,477	\$26,216	\$45,507	\$463,241

EXPENSE CATEGORY

Personnel	\$136,179	\$62,413	\$29,091	\$12,211	\$4,369	\$127,908	\$17,477	\$26,216	\$45,507	\$461,371
Travel	\$0									\$0
Operating	\$1,420									\$1,420
Equipment	\$0									\$0
Contractual/Consultant	\$0									\$0
Training	\$450									\$0
Other Expenses	\$0									\$450
Indirect	\$0									\$0

TOTAL EXPENSE	\$138,049	\$62,413	\$29,091	\$12,211	\$4,369	\$127,908	\$17,477	\$26,216	\$45,507	\$463,241
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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	\$463,241
Percent of Subrecipient Budget	30%

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Applicant Name: Carson City Health and Human Services

**BUDGET NARRATIVE - SFY 23
(Form Revised August 2020)**

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19. Large events (10 or more people in attendance) will require a written plan for COVID-19 compliance no less than 30 days prior to the date of the event, and must be emailed to gmu@dhhs.nv.gov.

Total Personnel Costs	including fringe	Total:	\$136,681
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Clinical Services Manager - 00676	\$96,731.00	42.720%	10.00%	12	100.00%	\$13,805

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Part-Time Public Health Nurse, 00736	\$35,700.00	3.410%	100.00%	12	100.00%	\$36,917

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Advanced Practice Registered , 00792	\$91,731.00	53.140%	25.00%	12	100.00%	\$35,119

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Office Specialist, 00856	\$43,253.00	60.715%	60.00%	12	100.00%	\$41,708

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Grants Analyst, 00764	\$60,808.00	50.174%	10.00%	12	100.00%	\$9,132

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

	Total Fringe Cost	\$36,343		Total Salary Cost:	\$100,338	
	Total Budgeted FTE	2.05000				

Travel	Total:	\$0
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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.

<u>Title of Trip & Destination such as</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<i>CDC Conference: San Diego, CA</i>					\$0

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

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

In-State Travel

\$0

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0

Justification: Who will travel and why

Operating	Total:	\$1,368
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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 \$57 amount x 2 FTE staff 12 x mo.		\$1,368		
Rent: \$ per/mo. x 12 months x # of FTE		\$0.00		
Communications		\$0.00		

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:	\$0
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

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 \$0.00

Contractual	\$0
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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.

Name of Contractor, Subrecipient: Total **\$0**

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

Period of Performance: xx/xx/xxxx-xx/xx/xxxx

Scope of Work: Define scope of work - What will be the specific services/tasks that will be completed and specific deliverables? How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s)?

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

Budget

Personnel	\$0.00
Travel	\$0.00
Total Budget	\$0.00

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

Training	Total:	\$0
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List all cost associated with Training, including justification of expenditures.

Describe training \$0.00

Other	Total:	\$0
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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.

Printing Services: \$ amount/mo. x 12 months	\$0
Copier/Printer Lease: \$ amount/mo. x 12 months	\$0
Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Long Distance: \$ per mo. x 12 months	\$0
Email: \$ per mo. x 12 months x # of FTE	\$0

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 deliverable.

TOTAL DIRECT CHARGES	\$138,049
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Indirect Charges	Indirect Rate:	\$0
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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.

TOTAL BUDGET	Total:	\$138,049
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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD

Form 2

Applicant Name: Carson City Health and Human Services

PROPOSED BUDGET SUMMARY - SFY 23

(Form Revised August 2020)

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

FUNDING SOURCES	GMU	General Fund	MCH	VFC	Sapta TB	Title X	AHEP	PHP	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$138,049	\$63,505	\$29,840	\$12,425	\$4,566	\$132,619	\$50,986	\$18,264	\$27,395	\$477,649

EXPENSE CATEGORY

Personnel	\$136,681	\$63,505	\$29,840	\$12,425	\$4,566	\$132,619	\$50,986	\$18,264	\$27,395	\$476,281
Travel	\$0									\$0
Operating	\$1,368									\$1,368
Equipment	\$0									\$0
Contractual/Consultant	\$0									\$0
Training	\$0									\$0
Other Expenses	\$0									\$0
Indirect	\$0									\$0

TOTAL EXPENSE	\$138,049	\$63,505	\$29,840	\$12,425	\$4,566	\$132,619	\$50,986	\$18,264	\$27,395	\$477,649
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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	\$477,649
Percent of Subrecipient Budget	29%

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
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 program from which this funding was appropriated and shall be returned to the program upon termination of this agreement. All equipment purchased with these funds is subject to the requirements and conditions set forth in 2CFR200.313 (including, but not limited to, equipment use, maintenance, inventory, management, and/or disposal). All equipment and high-risk items (i.e., cameras, laptops, televisions) must be inventoried annually and made available for review upon request.
- 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 program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

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 \$276,098
- Total reimbursement for SFY 22 will not exceed \$138,049
- Total reimbursement for SFY 23 will not exceed \$138,049.
- Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Required documents from the Request for Reimbursement (RFR) Workbook; and
- 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 the program or Bureau 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. CDC.
- 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:

- The site visit/monitoring will occur once every two years, unless more visits are deemed necessary.
- 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 basis, based on the terms of the subaward agreement, no later than the 15th of the following month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Agency Ref. #: _____
Budget Account: _____
GL / Category: _____
Draw #: _____

**SECTION D
Request for Reimbursement**

Program Name/Source of Funds	Subrecipient Name:
Address:	Address:
Subaward Period:	Subrecipient's: EIN: Vendor #:

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DEPARTMENT USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____ Date _____

SECTION E

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?

YES

NO

3. When does your organization's fiscal year end?

June 30th

4. What is the official name of your organization?

Carson City

5. How often is your organization audited?

Annually

6. When was your last audit performed?

Sept 2018 - May 2019

7. What time-period did your last audit cover?

July 1, 2019 - June 30 2020

8. Which accounting firm conducted your last audit?

Piercy, Bowler, Taylor + Kerh (New BDO)

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

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD

SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Peroneal Palao, Clinical Services Manager 7/12/21

Name

Services

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

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

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD
SECTION G

Confidentiality Addendum
BETWEEN

Nevada Department of Health and Human Services
 Hereinafter referred to as "Department"

and

Carson City Health and Human Services
 Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Department and Subrecipient.

WHEREAS, Subrecipient may have access, view or be provided information, in conjunction with goods or services provided by Subrecipient to Department that is confidential and must be treated and protected as such.

NOW, THEREFORE, Department and Subrecipient agree as follows:

I. DEFINITIONS

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Department or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Department pursuant to Clause VI (4).

III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed, or made available by Department for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT

Subrecipient shall be permitted to use and/or disclose information accessed, viewed, or provided from Department for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

V. USE OR DISCLOSURE OF INFORMATION

Subrecipient may use information as stipulated in the primary agreement if necessary, for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Department. Subrecipient may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the Department.

VI. OBLIGATIONS OF SUBRECIPIENT

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.
2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Department any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Department. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

IN WITNESS WHEREOF, Subrecipient and the Department have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

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