SUBGRANT AMENDMENT # 1

Program Name: Northern Nevada Adult Mental Health Services  
Subgrantee Name: Washoe County Social Services

Address: 480 Galletti Way  
Sparks, Nevada 89431

Address: P.O. Box 11130  
Reno, Nevada 89520

Subgrant Period: March 1, 2017 through June 30, 2019  
Amendment Effective Date: Upon approval by all parties

This amendment reflects a change to:
☐ Scope of Work  ☒ Term  ☒ Budget

Reason for Amendment: To extend the term from February 28, 2019 to June 30, 2019. This amendment also adds additional funding for SFY18 and SFY 19.

Required Changes:

Current Language: The term of this subgrant is from March 1, 2017 through February 28, 2019. Total reimbursement will not exceed $518,349.00 during the subgrant period. See Section C of the original subgrant.

Amended Language: The term of this subgrant is from March 1, 2017 through June 30, 2019. Total reimbursement will not exceed $1,392,011.00 during the subgrant period. See Section C: Budget and Financial Reporting Requirements revised 09/08/17 which replaces the original.

<table>
<thead>
<tr>
<th>Budget Categories</th>
<th>Current Budget</th>
<th>Amended Adjustments</th>
<th>Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personnel</td>
<td>$474,776.00</td>
<td>$847,245.00</td>
<td>$1,322,021.00</td>
</tr>
<tr>
<td>2. Travel</td>
<td>$5,000.00</td>
<td>$13,125.00</td>
<td>$18,125.00</td>
</tr>
<tr>
<td>3. Operating</td>
<td>$23,573.00</td>
<td>$13,292.00</td>
<td>$36,865.00</td>
</tr>
<tr>
<td>4. Equipment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Contractual/Consultant</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>6. Training</td>
<td>$15,000.00</td>
<td>$0.00</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>7. Other</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$518,349.00</td>
<td>$873,662.00</td>
<td>$1,392,011.00</td>
</tr>
</tbody>
</table>

Incorporated Documents:
Section C: Budget and Financial Reporting Requirements revised 09/08/17
Exhibit A: Original Notice of Subgrant Award and all previous amendments

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Amber Howell  
WCSS  
Signature  
Date

Shelly Bryant  
Interim Agency Manager, NNAMHS  
for Amy Roukie, MBA  
Administrator,  
Division of Public & Behavioral Health
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD  

SECTION C  

Budget and Financial Reporting Requirements revised 09/08/17  

Any activities performed under this subgrant shall acknowledge the funding was provided through the Nevada State Division of Public and Behavioral Health through Nevada State General Fund and Liquor Tax.  

Subgrantee agrees to adhere to the following budget:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total cost</th>
<th>Detailed cost</th>
<th>Details of expected expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personnel</td>
<td>$1,322,021.00</td>
<td>$351,686.00</td>
<td>Mental Health Counselor II x 2 years = $351,686.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>123,090.00</td>
<td>Fringe @35% = $123,090.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$847,245.00</td>
<td>Additional hours needed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SFY 18 effective 10/1/17: $321,836</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SFY 19: $525,409</td>
</tr>
<tr>
<td>2. Travel</td>
<td>$18,125.00</td>
<td>$5,000.00</td>
<td>Travel as necessary for trainings outlined below and to support</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>circumstances that might require additional travel for client</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>response.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$13,125.00</td>
<td>Additional travel @ $625 per month x 21 mos. = $13,125</td>
</tr>
<tr>
<td>3. Operating</td>
<td>$36,865.00</td>
<td>$6,000.00</td>
<td>General office supplies and support items, printing, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$17,573.00</td>
<td>Necessary communication and technology supplies including camera</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ready phones, tablets and software licenses for same (Note: No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>per unit acquisition exceeds $5,000 which exempts this item from</td>
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<td></td>
<td></td>
<td></td>
<td>being equipment per CFR 200.33)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$6,552.00</td>
<td>Cell Phones @ $52 per month x 21 mos. X 6 FTE = $6,552.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$6,740.00</td>
<td>Laptops @ $1,685 x 4 = $6,740</td>
</tr>
<tr>
<td>4. Equipment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Contractual</td>
<td>$0.00</td>
<td>$0.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Training</td>
<td>$15,000.00</td>
<td>$15,000.00</td>
<td>Training (national and local) to ensure staff maintain knowledge</td>
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<tr>
<td></td>
<td></td>
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<td>and expertise on best and emerging practices related to the</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>treatment, assessment, referral and service delivery to this</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>population.</td>
</tr>
<tr>
<td>7. Other</td>
<td>$0.00</td>
<td>$0.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$1,392,011.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized.

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees 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).
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Invoices will be sent to the DPBH fiscal staff monthly for reimbursement.
- The maximum available through this subgrant is $1,392,011.00
  - **Budget Account 3255 will reimburse up to $100,000 for the total subgrant period.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Submit all invoices to the Business Office at NNAMHS electronically.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

**The Division agrees:**

- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, 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 Division, 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 subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on **actual** expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.