TO BE COMPLETED BY **ADSD ONLY**

Application Number:		Date & Time Received:		By Mail / In-Person / Email	Received By:		Revision #:	

Nevada Aging and Disability Services Division (ADSD)

Application for Subaward - Short Form - Emergency Requests

To be used only with ADSD approval

APPLICANT INFORMATION

1. TYPE OF APPLICATION:
New Applicant or Type of Service
Continuation of ADSD Subaward
Subaward #: **Continuation**

2. AMOUNT REQUESTED:
$91,210.00

3. TYPE OF ORGANIZATION:
For-Profit Non-Profit Governmental

4. APPLICANT INFORMATION

SUBRECIPIENT

Name:	Clark County Social Service
Address:	1600 Pinto Lane
City, State:	Las Vegas, Nevada
ZIP Code:	89106
County:	Clark

Subrecipient Contact Information

First & Last Name:	Randy Reinoso
Title:	Assistant Director
E-Mail:	RKR@ClarkCountyNV.gov
Phone Number:	702-455-5722
Fax Number:	

PROGRAM

Name:	COVID-19 Nutrition Support
Address:	1600 Pinto Lane
City, State:	Las Vegas, Nevada
ZIP Code:	89106
County:	Clark

Program Director Contact Information

First & Last Name:	Donalda Binstock
Title:	Social Work Supervisor
E-Mail:	Donalda.Binstock@ClarkCountyNV.gov
Phone Number:	702-455-8634
Fax Number:	

PAYMENT ADDRESS (specific to program & the vendor #:)

State Vendor #: T810269204

Check box if address is the same as Subrecipient Address

Address:	
City, State:	
ZIP Code:	

EMPLOYER IDENTIFICATION NUMBER (EIN):
88-6000028

DATA UNIVERSAL NUMBERING SYSTEM (DUNS)
083782953

5. SOURCE FOR FUNDING:
ADSD may pre-fill this box, or will advise on the funding source.
TBD (ADSD)

6. TYPE OF SERVICE TO BE FUNDED:
(One service per application unless otherwise directed, e.g., transportation, respite, event, etc.)
Nutrition Services

7. AREAS TO BE SERVED BY PROJECT:
(List city, town, county or statewide service areas)
Clark County

8. PRIORITY POPULATIONS:
(e.g., age 60 and older, rural, minority, frail, homeless, etc.)
- highly vulnerable seniors at risk for COVID-19 exposure
- rural
-

9. TYPE OF SUBAWARD:
Choose one subaward type from this drop down menu:

10. SUMMARIZE SERVICES to be provided, specific to this proposal, if funds are awarded: (Use Bullets)

(Only include services that would be ADSD-funded. Examples for various services: ride to medical appointment, ride to social activities, wash dishes, change linens, meal preparation, training, one-on-one counseling, two phone calls per week, grocery shopping, respite care, etc.)
- meal delivery service
- home-delivered meals
-
-
-
-
-
-

11. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Authorized Representative (Print or Type)

First Name: Randy **Last Name:** Reinoso

Title: Assistant Director

July 23, 2021

Signature of Authorized Representative **Date**