



State of Nevada  
Department of Health and Human Services  
**Division of Public & Behavioral Health**  
(Hereinafter referred to as the Department)

Agency Ref. #: **SG 25555-1**  
Budget Account: 3219  
Category: 13  
GL: 8503  
SubOrg: E2  
Job Number: 9332322V

## SUBAWARD AMENDMENT #1

<b>Program Name:</b> Epidemiology & Laboratory Capacity (ELC) Office of Public Health Investigations & Epidemiology (OPHIE) Joanne Malay / <a href="mailto:jmalay@health.nv.gov">jmalay@health.nv.gov</a>	<b>Subrecipient Name:</b> Department of Juvenile Justice Services Jack Martin / <a href="mailto:Jack.Martin@clarkcountyNV.gov">Jack.Martin@clarkcountyNV.gov</a>		
<b>Address:</b> 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	<b>Address:</b> Attn: Directors Office 601 N Pecos Las Vegas, NV 89101-2408		
<b>Subaward Period:</b> April 4, 2022 through July 31, 2024	<b>Amendment Effective Date:</b> Upon approval by all parties.		
<b>This amendment reflects a change to:</b> <input checked="" type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
<b>Reason for Amendment:</b> To reallocate funds, add additional funds, and changes to the scope of work			
<b>Required Changes:</b> <b>Current Language:</b> Total reimbursement through this subaward will not exceed \$796,220. See Section B, C and D of the original subaward. <b>Amended Language:</b> Total reimbursement through this subaward will not exceed <b>\$861,220</b> . See attached Section B, C and D revised on 6/23/2022.			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$0.00		\$0.00
2. Travel	\$0.00		\$0.00
3. Operating	\$0.00		\$0.00
4. Equipment	\$502,000.00	\$165,000.00	\$667,000.00
5. Contractual/Consultant	\$0.00		\$0.00
6. Training	\$0.00		\$0.00
7. Other	\$294,220.00	(\$100,000.00)	\$194,220.00
<b>TOTAL DIRECT COSTS</b>	\$796,220.00	\$65,000.00	\$861,220.00
8. Indirect Costs			
<b>TOTAL APPROVED BUDGET</b>	\$796,220.00	\$65,000.00	\$861,220.00
<b>Incorporated Documents:</b> Section B: Description of Services, Scope of Work and Deliverables revised on 6/23/2022 Section C: Budget and Financial Reporting Requirements revised on 6/23/2022 Section D: Request for Reimbursement Exhibit A: Original Notice of Subaward and all previous amendments			

**By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH 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.**

Name	Signature	Date
Jack Martin Director DJJS		
Lindsey Kinsinger OPHIE Manager		
for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION B  
Description of Services, Scope of Work and Deliverables**

The Clark County Department of Juvenile Justice Services (DJJS) is a comprehensive public service agency whose mission is to promote the safety and restoration of the community; hold juvenile offenders accountable for their behavior; and assist offenders and families in recognizing their potential by providing meaningful treatment, services, and programs.

Department of Juvenile Justice Services, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes: In an effort to mitigate the proliferation of the coronavirus amongst staff, juveniles, and the public, DJJS has implemented several processes that include cleaning, screening, COVID testing, quarantining, contact tracing, and implementation of infection control practices inside its facilities. The long-term success of those efforts will be largely predicated upon available funding to ensure proper and long-term application. The addition of video-capabilities will assist mitigation of the coronavirus amongst staff, inmates, and the public.

Department of Juvenile Justice Services, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

**Scope of Work for Clark County Department of Juvenile Justice Services (DJJS)**

**Goal 1:** Implement COVID-19 mitigation practices to minimize potential opportunities for exposure including video conferencing technology and other measures for attorney/client purposes, court appearances, family visiting, and programming.

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. Enhance communication opportunities in confinement facilities to assist the individuals residing in these facilities to connect with loved ones as well as extended supports systems.	1. Acquire equipment for distance communication in confinement facilities	6/30/22 through end of grant 7/31/24	1. Purchase request

**Goal 2:** Purchase of additional supplies to sanitize and clean the confinement facilities.

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. Obtain supplies to enhance cleaning efforts in confinement facilities to mitigate the spread of COVID-19.	1. Purchase personal protective equipment (i.e., masks, gloves) 2. Purchase Abbott test kits 3. Provide deep cleaning services within the confinement facility	6/30/22 through end of grant 7/31/24	1. Purchase request

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

**SECTION C**  
**Budget and Financial Reporting Requirements**  
**revised on 6/23/2022**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services 6 NU50CK000560-03-01 from The Center for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Department nor The Center for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6 NU50CK0000-03-01 from The Center for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$0</b>
<b>Travel</b>		<b>Total:</b>	<b>\$0</b>
<b>Operating</b>		<b>Total:</b>	<b>\$0</b>
<b>Equipment</b>		<b>Total:</b>	<b>\$667,000</b>

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.

Video/Wi-Fi infrastructure to include new  
servers/switches wireless access points  
and controllers

\$667,000.00

<b>Contractual</b>	<b>\$0</b>
-	

<b>Training</b>	<b>Total:</b>	<b>\$0</b>
<b>Other</b>	<b>Total:</b>	<b>\$194,220</b>

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.

purchase cleaning supplies, N-95  
masks, PPE suits, surgical masks,  
gloves, disinfectant supplies, air filtration  
system, infrared thermometers,  
providing deep cleaning services within  
the confinement facility.

\$194,220

Justification: *Reallocating \$100,000 from "Other" to "Equipment" and adding deep cleaning services to "Other". PPE = \$129,220 + Deep Cleaning Services = \$65,000 Total Other = \$194,220*

<b>TOTAL DIRECT CHARGES</b>	<b>\$861,220</b>
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<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>0.000%</b>	<b>\$0</b>
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Indirect Methodology: N/A, indirect is not being requested.

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$861,220</b>
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**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Applicant Name: Clark County Department of Juvenile Justice Services (DJJS)  
PROPOSED BUDGET SUMMARY - SFY22**

**Form 2**

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

<b>FUNDING SOURCES</b>	<b>ELC</b>	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$861,220	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$861,220

**EXPENSE CATEGORY**

Personnel	\$0								\$0
Travel	\$0								\$0
Operating	\$0								\$0
Equipment	\$667,000								\$667,000
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$194,220								\$194,220
Indirect	\$0								\$0

TOTAL EXPENSE	\$861,220	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$861,220
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$0
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Total Agency Budget	\$861,220
Percent of Subrecipient Budget	#DIV/0!

**B. Explain any items noted as pending:**


**C. Program Income Calculation:**

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**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not **exceed \$861,220**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred;
- Purchase requests, or contract with vendors for services
- 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:**

- To provide technical assistance upon request from the Subrecipient;
  - Provide prior approval of reports or documents to be developed;
  - Forward reports to the Centers for Disease Control and Prevention
- 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 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 15<sup>th</sup> 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 Subaward.

**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**NOTICE OF SUBAWARD**  
**SECTION D**  
**Request for Reimbursement**  
**revised on 6/23/2022**

Agency Ref #: **SG 25555-1**  
 Budget Account: 3219  
 GL: 8503  
 Draw #: \_\_\_\_\_

<b>Program Name:</b> Epidemiology & Laboratory Capacity Office of Public Health Investigations & Epidemiology Joanne Malay / <a href="mailto:jimalay@health.nv.gov">jimalay@health.nv.gov</a>	<b>Subrecipient Name:</b> Department of Juvenile Justice Services Jack Martin / <a href="mailto:Jack.Martin@clarkcountyNV.gov">Jack.Martin@clarkcountyNV.gov</a>
<b>Address:</b> 4150 Technology Way STE 300 Carson City, NV 89706-2009	<b>Address:</b> Attn: Directors Office 601 N Pecos Las Vegas, NV 89101-2408
<b>Subaward Period:</b> April 4, 2022 through July 31, 2024	<b>Subrecipient's:</b> <b>EIN:</b> 886000028 <b>Vendor #:</b> T81026920C

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(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	\$667,000.00	\$0.00	\$0.00	\$0.00	\$667,000.00	0.0%
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	\$194,220.00	\$0.00	\$0.00	\$0.00	\$194,220.00	0.0%
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$861,220.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$861,220.00</b>	<b>0.0%</b>

I, a duty 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 DIVISION 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