

NYE COUNTY AGENDA INFORMATION FORM

Action
 Presentation
 Presentation & Action

Department: Health and Human Services	Agenda Date:
Category: Consent Agenda Item	August 4, 2020

Contact: Karyn Smith	Phone: (775) 751-7096	Continued from meeting of:
Return to: Karyn Smith	Location: 1981 E. Calvada Blvd. Ste 120	Phone: 751-7096

Action requested: (Include what, with whom, when, where, why, how much (\$) and terms)

Approval to: 1) Accept the Amendment to the FY 2018 Emergency Solutions Grant – Homeless Prevention award that reduces the grant amount from \$10,000.00 to \$9,868.00. The \$132.00 budget modification has been reallocated to another agency that is able to expend funds due to COVID-19; 2) Execute the Amendment; and 3) Fund from 10340 Grants. There is no County match required.

Complete description of requested action: (Include, if applicable, background, impact, long-term commitment, existing county policy, future goals, obtained by competitive bid, accountability measures)

Nye County Health and Human Services will administer the programs that are funded through the ESG Grant and provide assistance for Nye County’s very low to low-income population that are at-risk of being homeless.

No County match is required. Staff recommends approval.

Any information provided after the agenda is published or during the meeting of the Commissioners will require you to provide 20 copies: one for each Commissioner, one for the Clerk, one for the District Attorney, one for the Public and two for the County Manager. Contracts or documents requiring signature must be submitted with three original copies.

Expenditure Impact by FY(s): (Provide detail on Financial Form)

No financial impact

Routing & Approval (Sign & Date)

1. Dept. Health and Human Services	Date	6.	Date
2.	Date	7. HR	Date
3.	Date	8. Legal	Date
4.	Date	9. Finance	Date
5.	Date	10. County Manager	Date

Verified by MG 01.22.20
 Place on Agenda
 MG ITEM # 19

Nevada Department of Business and Industry Housing Division
FY 2018 EMERGENCY SOLUTIONS GRANT
NOTICE OF SUB-RECIPIENT AWARD SECOND AMENDMENT
 CFDA Number 14.231
 Grant #E18-DC-32-0001

Reason for Award: EMERGENCY SOLUTIONS GRANT FUNDING FOR HOMELESS ASSISTANCE, HOMELESS PREVENTION, AND OTHER ELIGIBLE ACTIVITIES	
Program Name: EMERGENCY SOLUTIONS GRANT PROVIDED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	Address: 1830 E. College Pkwy, Ste. 200, Carson City NV 89706
Sub-recipient name: Nye County Health and Human Services	Address: 1981 E. Calvada Blvd N, #120 Pahrump, NV 89048
Project period: July 1, 2018 through June 30, 2020	
Approved cost categories, per budget amendment dated: July 2020	
Homeless Prevention – Rental Assistance	\$7,518
Homeless Prevention – Other Financial Assistance	\$1,000
Data Collection	\$1,350
Total Award	\$9,868
Disbursement schedule as follows: <i>At a minimum, sub-recipients must submit executed draw reimbursement requests monthly (unless prior approval is granted) which are to be accompanied by an HMIS ESG CAPER report, evidence of match contribution, and staff time sheets if salaries are charged to this grant.</i>	
Source of funds: 1. FEDERAL (HUD) 100%	
In accepting these grant funds, it is understood and agreed that:	
<ol style="list-style-type: none"> 1. This allocation is subject to the successful award of funding by HUD to the Nevada Housing Division. The Division shall make available funds for eligible costs incurred after the Project period reflected above; 2. Expenditures must comply with all applicable state and/or federal regulations; 3. The sub-recipient shall comply with the Additional Stipulations, Section 1, attached hereto and incorporated by reference; 4. Funds are subject to recapture and reallocation, as allowed in Part 576 of the Emergency Solutions Grant program, for failure to meet any of the following: 1) expenditure timeliness; 2) submission of reports and draw reimbursement requests by due dates; 3) lack of participation in HMIS and the CoC's centralized/coordinated assessment system (once available); and 4) failure to provide annual financial statements by deadlines reflected in this Notice. Sub-recipients will receive written notification of concerns and if applicable, the Division's intent to recapture funds. Notification will be provided 30 days in advance of recapture. Sub-recipients subject to recapture of grant funds shall also be subject to future funding sanctions; 5. The sub-recipient shall comply with the ESG Program Reporting Contents; and 6. The sub-recipient shall comply with the Place of Performance for Certification regarding Drug-free Workplace Requirements. 	
Authorized sub-recipient official:	
By: _____	Date: _____
Signature of person authorized to accept this Grant on behalf of the sub-recipient	
Printed Name	Telephone Number
Agency DUNs number: _____	
Administrator, Nevada Housing Division:	
By: _____	Date: _____
Stephen Aichroth, Administrator	