

NYE COUNTY AGENDA INFORMATION FORM

Action
 Presentation
 Presentation & Action

Department: Senior Nutrition		Agenda Date:	
Category: Consent Agenda Item		September 15, 2020	
Contact: Jennie Martin	Phone: 775-751-6292	Continued from meeting of:	
Return to: Jennie Martin	Location 1981 E. Calvada Blvd., Pahrump, NV	Phone: 751-6292	
Action requested: (Include what, with whom, when, where, why, how much (\$) and terms): Approval to: 1) Accept the SFY 2020 Notice of Subaward (NOSA) Amendment #1 from the Nevada Aging and Disability Services Division (ADSD) for a Budget Modification from Operating Expenses to Personnel Expenses in the amount of \$13,200.00 to provide meals to seniors in Beatty and Tonopah in Nye County; 2) Execute the Subaward; and 3) Fund from 10281 Senior Nutrition. Matching funds have been met.			
Complete description of requested action: (Include, if applicable, background, impact, long-term commitment, existing county policy, future goals, obtained by competitive bid, accountability measures) Approval and signature of SFY 2020 Notice of Sub-Award Amendment #1 Budget Modification from Nevada Aging and Disability Services Division to provide meals to seniors in Beatty and Tonopah in Nye County. Department 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)			
<input checked="" type="checkbox"/> No financial impact			

Routing & Approval (Sign & Date)

1. Dept Sr. Nutrition.	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
 Place on Agenda

MG ITEM # 24




State of Nevada
 Department of Health and Human Services
Aging and Disability Services Division

Agency Ref. #: 13-000-07-1X-20
 Budget Account: 3266
 Category: 13
 GL: 8581
 Job Number: 9304519M

SUBAWARD AMENDMENT # 1

Program Name: ADSD Planning, Advocacy and Community Services (PAC) Unit Grants Management Contact Name: Laurie Riley, LRiley@adsd.nv.gov	Subrecipient's Name: Nye County Senior Nutrition Contact Name: Commissioner John Koenig, Chairman / nveadmin@co.nye.nv.us																																												
Address: 3416 Goni Road, #D-132 Carson City, NV 89706	Address: P.O Box 392 Tonopah, NV 89049																																												
Subaward Period: 10/01/2019 – 09/30/2020 Subaward Type: Categorical	Amendment Effective Date: Upon approval by all parties.																																												
This amendment reflects a change to: <input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget																																													
Reason for Amendment: <u>Budget Modification</u>																																													
Required Changes: <table style="width: 100%;"> <tr> <td style="width: 25%;">Current Language:</td> <td>Total reimbursement through this subaward will not exceed \$66,666.00. See Sections C and H of the original subaward.</td> </tr> <tr> <td>Amended Language:</td> <td>Total reimbursement through this subaward will not exceed \$66,666.00. See attached Sections C and H revised on August 18, 2020.</td> </tr> </table>		Current Language:	Total reimbursement through this subaward will not exceed \$66,666.00. See Sections C and H of the original subaward.	Amended Language:	Total reimbursement through this subaward will not exceed \$66,666.00. See attached Sections C and H revised on August 18, 2020.																																								
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Incorporated Documents: Section C: Budget and Financial Reporting Requirements revised on August 18, 2020 Section H: Matching Funds Agreement revised on August 18, 2020																																													

By signing this Amendment, 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.

Authorized Sub-Recipient Official's Name, Title	Signature	Date
Commissioner John Koenig, Chairman		
Jeffrey S. Duncan, Chief II For Dena Schmidt, ADSD Administrator		08/18/2020

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

SECTION C - AMENDED

Budget and Financial Reporting Requirements

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 through Grant Number 13-000-07-1X-20 from the Aging and Disability Services Division (ADSD). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor ADSD.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 13-000-07-1X-20 from Aging and Disability Services Division (ADSD).

Subrecipient agrees to adhere to the following budget:

Applicant Name: Nye County Commissioners	Subaward & Service Type: Categorical: Congregate Meals
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**PROPOSED BUDGET NARRATIVE - FY20
Title III-C Nutrition Services**

Personnel Costs	Fringe Only:	\$2,670.12	Total:	\$39,306.00	
List staff, positions, salaries/rate of pay, fringe rate, percent of direct-service time to be spent on the project and the number of months to calculate the amount requested.					
A. Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN)					
B. Provide a breakdown of the type of fringe benefits provided, such as health insurance, Medicare, FICA, worker's compensation, retirement, etc. -AND- Describe position duties as they relate to the funding and program objectives. Expand rows as needed.	Annual Salary	Fringe Rate	% of Time	Months	
				Amount Requested	
A. Jillian Serrano, Site Manager (Beatty) PCN 4372	\$14,300.00	10.92%	0.00%	12.00	\$0.00
B. FICA 7.65%, NV UE 1.45%, NV CEP .05%, Worker's Comp. 1.77% (Total 10.92%) Position duties include oversight, operations and employee management, nutrition education, social activity development and facilitation, outreach, monitor budgets and food/supplies inventories; prepare and submit weekly food orders; develop monthly menus per nutritional DRIs and submit to ADSD for revisions/final approval; fill-in as cook and/or dishwasher/janitor when those staff are absent or positions are vacant. Rate of Pay: 25 hrs wk x \$11.00/hr x 52 wks = \$14,300 + 10.92% Fringe = \$15,862 Total Annual Cost					
A. Jim Powers, Cook (Beatty) PCN 9675	\$18,200.00	10.92%	64.66%	12.00	\$13,053.00
B. FICA 7.65%, NV UE 1.45%, NV CEP .05%, Worker's Comp. 1.77% (Total 10.92%) Position duties include knowledge and practice of food safety procedures; FIFO, meal prep, cooking and serving; assist Site Manager with weekly food orders and monthly menu preparation in accordance with DRIs. Rate of Pay: 35 hrs wk x \$10.00/hr x 52 wks = \$18,200 + 10.92% Fringe = \$20,187 Total Annual Cost					
A. Robert Anderson, Dishwasher/Janitorial (Beatty) PCN 5880	\$12,025.00	10.92%	0.00%	12.00	\$0.00
B. FICA 7.65%, NV UE 1.45%, NV CEP .05%, Worker's Comp. 1.77% (Total 10.92%) Position duties include knowledge and practice of food safety, dishwashing, FIFO procedures; assist cook with meal prep and serving; check in food order deliveries; assist with kitchen and site clean-up. Rate of Pay: 25 hrs wk x \$9.25/hr x 52 wks = \$12,025 + 10.92% Fringe = \$13,338 Total Annual Cost					
A. Barbara Jean Roberts, Site Manager (Tonopah) PCN 8539	\$14,300.00	10.92%	0.00%	12.00	\$6,400.00
B. FICA 7.65%, NV UE 1.45%, NV CEP .05%, Worker's Comp. 1.77% (Total 10.92%) Position duties include oversight, operations and employee management, nutrition education, social activity development and facilitation, outreach; monitor budgets and food/supplies inventories; prepare and submit weekly food orders; develop monthly menus per nutritional DRIs and submit to ADSD for revisions/final approval; fill-in as cook and/or dishwasher/janitor when those staff are absent or positions are vacant. Rate of Pay: 25 hrs wk x \$11.00/hr x 52 wks = \$14,300 + 10.92% Fringe = \$15,862 Total Annual Cost					
A. Marlana Dufour, Cook (Tonopah) PCN 9528	\$18,200.00	10.92%	64.66%	12.00	\$17,453.00
B. FICA 7.65%, NV UE 1.45%, NV CEP .05%, Worker's Comp. 1.77% (Total 10.92%) Position duties include knowledge and practice of food safety procedures; FIFO, meal prep, cooking and serving; assist Site Manager with weekly food orders and monthly menu preparation in accordance with DRIs. Rate of Pay: 35 hrs wk x \$10.00/hr x 52 wks = \$18,200 + 10.92% Fringe = \$20,187 Total Annual Cost					
A. Thomas Shea, Dishwasher (Tonopah) PCN 0502	\$9,820.00	10.92%	0.00%	12.00	\$2,400.00
B. FICA 7.65%, NV UE 1.45%, NV CEP .05%, Worker's Comp. 1.77% (Total 10.92%) Position duties include knowledge and practice of food safety, dishwashing, FIFO procedures; assist cook with meal prep and serving; check in food order deliveries; assist with kitchen and site clean-up. Rate of Pay: 25 hrs wk x \$9.25/hr x 52 wks = \$12,025 + 10.92% Fringe = \$13,338 Total Annual Cost					

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

Operating	Total: \$27,360.00
<p>Include specific facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.</p>	
Enter Description(s) Below:	Amount:
Beatty - Telephone + Internet: 12 months x \$215 @ 35% = \$903	\$0.00
Beatty - Electric: 12 months x \$800.00 @ 65% = \$8240	\$8,000.00
Beatty - Propane: 12 months x \$525 @ 35% = \$2205	\$620.00
Beatty - Water: 12 months x \$80 @ 35% = \$336	\$0.00
Beatty - Raw Foods + Food Service Supplies: 12 months x \$1300 @ 65% = \$10,140	\$11,540.00
Beatty - Supplies (Office, Paper, Cleaning): 12 months x \$330 @ 35% = \$1386	\$0.00
Tonopah - Telephone + Internet: 12 months x \$215 @ 75% = \$1677	\$0.00
Tonopah - Electric: 12 months x \$800 @ 35% = \$3360	\$3,500.00
Tonopah - Propane: 12 months x \$525 @ 65% = \$4085	\$5,000.00
Tonopah - Water: 12 months x \$80 @ 65% = \$624	\$0.00
Tonopah - Raw Foods + Food Service Supplies: 12 months x \$1300 @ 35% = \$5480	\$700.00
Tonopah - Supplies (Office, Paper, Cleaning): 12 months x \$330 @ 65% = \$2574	\$0.00
Beatty + Tonopah Insurance - General Liability: 12 months x \$130 = \$1560	\$0.00
Justification: (Enter below, expand row as needed) Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.	
<p>All budget items listed here are necessary for the ongoing daily operations for each center to meet the goals, expectations and specifications of the program. Utilities, supplies and insurance coverage are vital components essential for providing nutritious meals in a congregate setting, further enhancing opportunities for social interaction and engagement.</p>	
TOTAL DIRECT PROJECT COSTS	\$66,666.00
Administrative Expenses or Federal Indirect Cost Rate (FICR)	Total: \$0.00
<p>Administrative expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed below, depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Administrative expenses do not apply to equipment or fixed-fee subawards. Reference the Requirements and Procedures for Grant Programs (RPGPs) GR - 20'.</p>	
<p>Choose ONE type of rate according to funding source and provide calculation or explanations:</p>	
1. State Funding: 8% (ILG, State Volunteer, State Transportation funding) - NOT APPLICABLE TO THIS FUNDING OPPORTUNITY	RATE:
2. Federal Funding: 10% of Modified Direct Costs (maximum allowable rate)	10.00%
3. Federal Indirect Cost Rate (FICR): Identify approved FICR & attach letter to application. In cell below, describe how the total indirect amount was calculated based on letter guidance and exceptions. Expand row as needed.	
FICR Calculation:	
TOTAL BUDGET REQUEST	\$66,666.00

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

Applicant Name: Nye County Commissioners	Type of Service: Categorical; Congregate Meals
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PROPOSED BUDGET SUMMARY - FY20

Title III-C Nutrition Services

PATTERN BOXES ARE FORMULA DRIVEN. Enter info in orange cells.

A. FUNDING SOURCES	ADSD Funds	MATCH *	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	TOTAL
PENDING OR SECURED	Pending	Secured						
ENTER TOTAL FUNDING	\$66,666.00	\$11,766.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$78,432.00

EXPENSE CATEGORY

Personnel	\$39,306.00	\$3,266.00						\$42,572.00
Travel/Training	\$0.00							\$0.00
Operating	\$27,360.00	\$8,500.00						\$35,860.00
Equipment	\$0.00							\$0.00
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00
Indirect	\$0.00							\$0.00
TOTAL EXPENSE	\$66,666.00	\$11,766.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$78,432.00
These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Indirect Cost	\$0.00	Total Program Budget	\$78,432.00
Indirect % of Budget	10.00%	ADSD Percent of Program Budget	85%

B. Comments regarding budget summary, if applicable.
The Budget Summary presented herein accurately reflects the projected true costs associated with congregated operations of the Beatty and Tonopah Senior Center and are based on average current costs and those incurred over the last three years.

C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.
Match will be met and is secured by Nye County budget allocation for \$42,500 FY20.

D. List potential amounts and sources of program income (required), and describe if the project plans to have a sliding fee scale or voluntary contributions.
Potential sources of Program Income is anticipated to come by way of voluntary consumer donations and is estimated to be approximately \$1500/month or \$18000/year; the project will not include a sliding fee scale.

- 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 or state 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).

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

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 \$66,666.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- 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 Aging and Disability Services Division 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. Administration for Community Living (ACL).
- 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:

- Aging and Disability Services Division will conduct programmatic and financial monitoring of the project on an annual basis or as determined necessary based on a risk assessment.
- 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 or quarterly basis, based on the terms of the subaward 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.

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
NOTICE OF SUBAWARD**

SECTION H - AMENDED

Matching Funds Agreement

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Nye County Senior Nutrition (referred to as "Subrecipient").

Program Name	ADSD / PAC Grants Management	Subrecipient Name	Nye County Senior Nutrition
Federal Grant Number	1901NVOACM-01	Subaward Number	13-000-07-1X-20
Federal Amount	\$66,666.00	Contact Name	Commissioner John Koenig, Chairman
State Amount	N/A	Address	P.O Box 392 Tonopah, NV 89049
Non-Federal (Match) Amount	\$11,766.00		
Total Award	\$66,000.00		
Performance Period	10/01/2019 – 09/30/2020		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded	\$66,666.00
Required Match Percentage	17.649% (15% of award and non-federal amount)
Total Required Match	\$11,766.00

Approved Budget Category		Budgeted Match	
1	Personnel	\$	3,266.00
2	Travel	\$	0.00
3	Operating	\$	8,500.00
4	Contract/Consultant	\$	0.00
5	Training	\$	0.00
6	Other	\$	0.00
7	Indirect Costs	\$	0.00
	Total	\$	11,766.00

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