

# NYE COUNTY AGENDA INFORMATION FORM

Action    
  Presentation    
  Presentation & Action

<b>Department: Health and Human Services</b>		<b>Agenda Date:</b>	
<b>Category: Consent Agenda Item</b>		<b>August 17, 2021</b>	
<b>Contact: Karyn Smith</b>		Phone: (775) 751-7096	Continued from meeting of:
<b>Return to: Karyn Smith</b>		<b>Location: 1981 E. Calvada Blvd. Ste 120</b>	Phone: 751-7096
<b>Action requested:</b> (Include what, with whom, when, where, why, how much (\$) and terms)			
Approval to: 1) Accept the FY 2020 Continuum of Care Program Grant Agreement with the United States Department of Housing and Urban Development (HUD) in the amount of \$57,266.00, to serve Nye County homeless residents with rental assistance and supportive services through intense case management. There is no County match required, 2) Execute the Grant Agreement; and 3) Fund from 10340 Grants.			
<b>Complete description of requested action:</b> (Include, if applicable, background, impact, long-term commitment, existing county policy, future goals, obtained by competitive bid, accountability measures)			
This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Nye County to serve Nye County Homeless residents with rental assistance and supportive services through intense case management.			
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.			
<b>Expenditure Impact by FY(s):</b> (Provide detail on Financial Form)			
<input type="checkbox"/> 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 <i>verified by ST 8-11-21</i>	Date
4.	Date	9. Finance	Date
5.	Date	10. County Manager	Date

Place on Agenda

ITEM # 23



U.S. Department of Housing and Urban Development  
 Office of Community Planning and Development  
 San Francisco Regional Office One Sansome Street, Suite 1200  
 San Francisco, CA 94104-4430

**Grant Number (FAIN): NV0139L9T022001**

**Tax ID Number: 88-6000111**

**DUNS Number: 064813926**

**CONTINUUM OF CARE PROGRAM (CDFA# 14.267)  
 GRANT AGREEMENT**

This Grant Agreement (“this Agreement”) is made by and between the United States Department of Housing and Urban Development (“HUD”) and Health and Human Services (the “Recipient”).

This Agreement, the use of funds provided under this Agreement (the “Grant” or “Grant Funds”), and the operation of projects assisted with Grant Funds are governed by title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the “Act”), the Continuum of Care Program rule at 24 CFR part 578 (the “Rule”), as amended from time to time, and the Fiscal Year (FY) 2020 Continuum of Care (CoC) Program Non-competitive Funding Notice, Notice CPD-21-01. Capitalized terms that are not defined in this Agreement shall have the meanings given in the Rule.

Only the project (those projects) listed below are funded by this Agreement. HUD’s total funding obligation for this grant is \$57,266, allocated between the projects listed below and, within those projects, between budget line items, as shown below.

<b>Project No.</b>	<b>Grant Term</b>	<b>Budget Period/Performance Period</b>	<b>Total Amount</b>
NV0139L9T022001	12	9/1/2021 - 8/31/2022	\$57,266

**allocated between budget line items as follows:**

a. Continuum of Care planning activities	\$0
b. Leasing	\$0
c. Rental assistance	\$27,240
d. Supportive Services	\$26,491
e. Operating costs	\$0
f. Homeless Management Information System	\$0
g. Administrative costs	\$3,535
h. Relocation costs	\$0
i. HPC homelessness prevention activities:	
Housing relocation and stabilization services	\$0
Short-term and medium term rental assistance	\$0

## **Pre-award Costs for Continuum of Care Planning**

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the start date of the award budget period performance period, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

### **These provisions apply to all Recipients:**

The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

The budget period performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period performance period (or final operating year for Supportive Housing Program (SHP) and Shelter Plus Care (S+C) grants being renewed for the first time) under the grant agreement being renewed. Eligible costs incurred between the end of Recipient's budget period performance period (or final operating year for SHP and S+C grants being renewed for the first time) under the grant agreement being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period performance period (or final operating year for SHP and S+C grants being renewed for the first time) under the grant that has been renewed.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the budget period performance period for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of Grant Funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

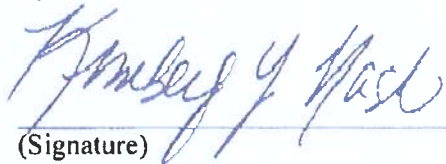
The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,  
Secretary of Housing and Urban Development**

By:



(Signature)

Kimberly Y Nash, Director  
(Typed Name and Title)

July 14, 2021  
(Date)

**RECIPIENT**

Health and Human Services  
(Name of Organization)

By:

(Signature of Authorized Official)

Debra Strickland, Chair, Board of County Commissioners  
(Typed Name and Title of Authorized Official)

(Date)

### INDIRECT COST RATE SCHEDULE

Agency/Dept./Major Function	Indirect cost rate	Direct Cost Base
	%	
	%	
	%	
	%	

This schedule must include each indirect cost rate that will be used to calculate the Recipient's indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.

For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied.

For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).