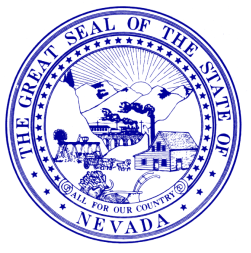
|  |  |  |
| --- | --- | --- |
| State of Nevada  Department of Health and Human Services  **Division of Child & Family Services** | Subaward # |  |
| Budget Account: |  |
| Category: |  |
| Job Number: |  |

**SUBAWARD AMENDMENT #\_\_\_**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grants Management Unit (GMU)** | | | | | | |
| (Chafee) Chafee Independent Living  (FAFFY) Transition from Foster Care  (ETV) Educational Training Voucher  (IVB-2) Title IVB-2, Caseworker Visitation  (IVB2-FF) Title IVB-2, Family First Transition Act  (AI) Adoption Incentive | | (CJA) Children's Justice Act  (CANS) Child Abuse and Neglect  (CDR) Child Death Review  (DR) Differential Response  (CTF) Children’s Trust Fund | | | (CBCAP) Community Based Child Abuse  (ARPA) American Rescue Plan Act 2021  (FVPSA)Family Violence Prevention and Services Act  (FVPSA) ARPA  (ML) Aid to Certain Victims of Crime | |
| **Email to:** DCFS Grants Management Unit | | | **Subrecipient Name:** | | | |
| [DCFSgrants@dcfs.nv.gov](mailto:DCFSgrants@dcfs.nv.gov) | | |  | | | |
| **Address:**  4126 Technology Way, Suite 100  Carson City, Nevada 89706 | | | **Address:**  **Contact Person**: | | | |
| **Subaward Period:** July 1, 2024-June 30, 2025 | | | **Amendment Effective Date: (**Upon approval by all parties) | | | |
| **This amendment reflects a change to:**  Scope of Work  Term  Budget | | | | | | |
| **Reason for Amendment:** To provide accurate reimbursement under appropriate categories.  **Reference** GIR-25-19- SUBAWARD AMENDMENTS | | | | | | |
| **Required Changes:** | | | | | | |
|  | | | | | | |
| **Approved Budget Categories** | **Current Budget** | | | **Amended Adjustments** | | **Revised Budget** |
|  | | | | | | |
| **Incorporated Documents:**  Exhibit A: Original Notice of Subaward and all previous amendments | | | | | | |

#### By signing this Amendment, the Authorized Subrecipient Official or their designee, Grants and Projects Analyst II, and Division of Child and Family Services 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.

|  |  |  |
| --- | --- | --- |
| Authorized Subrecipient Official | **Signature** | **Date** |
| Grants and Projects Analyst II |  |  |
| Deputy Administrator, Division of Child and Family Services |  |  |

**NOTICE OF SUBAWARD ADDITIONAL FEDERAL FUNDING SHEET (OPTIONAL) (GMU UISE ONLY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Federal Award Computation** | | | | | |
| Total Obligated by this Action:  Cumulative Prior Awards this Budget Period:  Total Federal Funds Awarded to Date:  Match Required  Y  N  Amount Required this Action:  Amount Required Prior Awards:  Total Match Amount Required:  Research and Development (R&D)  Y  N  **Federal Budget Period:**  Start Date through End Date  **Federal Project Period:**  Start Date through End Date  **FOR AGENCY USE ONLY** | | | | $  $  $  $  $  $ | 0.00 0.00  0.00    0.00  0.00 0.00 |
| **Source of Funds:** Must include name of Federal Agency and Grant name. One Federal funding source per table. Indicate %. | **% Funds:** | **CFDA:** | **FAIN:** | **FEDERAL GRANT #:** | |
|  | | | | | |
| **Federal Grant Award Date by Federal Agency: Insert Date of Federal Award to DCFS** | | | | | |
|  | | | | | |