Recipient Profile

Recipient Information

Recipient UEI	E2N7LVJCNCW8
Recipient TIN	886000022
Recipient Legal Entity Name	State Of Nevada
Recipient Type	
FAIN	
CFDA No./Assistance Listing	
Recipient Address	101 N. Carson Street
Recipient Address 2	
Recipient Address 3	
Recipient City	Carson City
Recipient State/Territory	NV
Recipient Zip5	89701
Recipient Zip+4	
Recipient Reporting Tier	Tier 1. States, U.S. territories, metropolitan cities and counties with a population that exceeds 250,000 residents
Discrepancies Explanation	
Who approves the budget in your jurisdiction?	Legislature + Executive
Is your budget considered executed at the point of obligation?	No
Is the Recipient Registered in SAM.Gov?	Yes

Project Overview

reporting period?	Does your jurisdiction have projects to report as of this reporting period?	
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Project Name: Nursing Assistance Program

Project Identification Number	22NRSAP01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed less than 50%
Adopted Budget	\$20,739,792.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$20,739,792.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$20,739,792.00
Current Period Expenditures	\$0.00
Project Description	Facilitate and increase participation in the Nurse Apprenticeship Program to increase the healthcare workforce.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	13 Imp Industry outside the travel tourism or hospitality sectors specify
Secondary Impacted and/or Disproportionately Impacted populations	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Increase health care staffing in Critical Access Hospitals, Acute Care, and Skilled Nursing facilities by offering nursing students the opportunity to become employed to utilize skills they are certified to perform while still in nursing school.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	COVID-19 highlighted issues surrounding NV's healthcare workforce shortage. Funding and promoting the NAP and assisting healthcare facilities with employing nursing students will increase sustainability of the nursing workforce throughout the state.

Project Name: CRG - Goodwill of Southern Nevada

Project Identification Number	22GWSN01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Not Started

Adopted Budget	\$993,512.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Evidence-based training sprints: 1) healthcare sector strategies,2) employer/industry engagement,3) cohort training model, 4) industry-recognized credentials, and 5) integrated education, training in certified nursing assistant or medical assistants.

Project Name: CSAA COVID Vaccination Call Center

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Project Identification Number	22CSAA01
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
Status To Completion	Completed less than 50%
Adopted Budget	\$3,884,280.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$3,884,280.00
Total Cumulative Expenditures	\$1,105,070.51
Current Period Obligations	\$3,884,280.00
Current Period Expenditures	\$1,105,070.51
Project Description	Continue to provide vaccine scheduling support through inbound and outbound calls through the CSAA call center.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The Call Center can be reached 7 days per week from 7 AM to 8 PM.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	The Call Center ensures that all residents can navigate services and receive information related to the COVID vaccination.

Project Name: CRG - Family Council Support

Project Identification Number	22FCSPT01
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.12-Mental Health Services
Status To Completion	Not Started
Adopted Budget	\$153,764.00

Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	"To increase services and reduce wait times for mental health, substance use and abuse, trauma, and family strengthening services for individuals who have feelings of loneliness, anxiety, depression, or drug use due to the COVID-19 pandemic."
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"The objective of this project is to increase access to mental health, substance use and abuse, trauma, and family strengthening services through the addition of certified staff. "
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Additional individuals and families will be able to get services sooner and reduce the wait times and wait lists for these services.

Project Name: CRG - Bably's Bounty Diaper Bank/Baby Bundles

Project Identification Number	22BBNTY01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.37-Economic Impact Assistance: Other
Status To Completion	Not Started
Adopted Budget	\$201,802.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$201,802.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$201,802.00
Current Period Expenditures	\$0.00
Project Description	"To provide child safety and wellness items for families living at or under 130% Federal Poverty Level in Clark County. Baby bundles of needed diapering resources, car seats, and safe sleep environmments are provided."
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	2 Imp Low or moderate income HHs or populations
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"Low income families receive safety, wellness, and diapering resources. Car seats and safe sleep environments will prevent infant mortality."
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Families impacted by the pandemic economically and who are low income will be able to receive life-saving and health promoting interventions they would otherwise not be able to afford.

Project Name: SB 461 - Collaboration Center Foundation

Project Identification Number	22CLBCF01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.21-Medical Facilities for Disproportionately Impacted Communities
Status To Completion	Completed less than 50%
Adopted Budget	\$6,000,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$6,000,000.00
Total Cumulative Expenditures	\$168,981.97
Current Period Obligations	\$6,000,000.00
Current Period Expenditures	\$168,981.97
Project Description	"This project provides the costs of salaries, expands the pathways program case management, care coordination and wrap-around services, and provides for the reconfiguration and renovation of buildings on the Collaboration Center Foundation campus. The reconfiguration and renovations will allow for more therapy and treatment rooms, a kitchen and laundry area to be used for life skills and job training, and a developmental preschool to help provide early intervention and wrap around services to individuals with disabilities. "
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$5,101,667.00
Type of capital expenditures, based on the following enumerated uses	Medical equipment and facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	20 Dis Imp Other HHs or populations that experienced a disproportionate
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Individuals with disabilities are a disproportionately impacted community. The pandemic exacerbated the impact to these individuals due to not receiving services during the shut down and created a longer wait list for services.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"By increasing the capacity of the Collaboration Center Foundation facilities, it will allow more individuals to receive services and reduce the wait list to help an additional individuals with disabilities."

Project Name: COVID-19 Test Kits/Testing Call Center/ Testing Contract

Project Identification Number	22CVTST02
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.2-COVID-19 Testing
Status To Completion	Completed less than 50%
Adopted Budget	\$17,559,408.00
Program Income Earned	\$0.00

Program Income Expended	\$0.00
Total Cumulative Obligations	\$8,981,060.00
Total Cumulative Expenditures	\$2,609,255.00
Current Period Obligations	\$8,981,060.00
Current Period Expenditures	\$2,609,255.00
Project Description	Purchase at-home rapid antigen testing kits to be distributed throughout Nevada by community partners. Extend the testing site at the LCB building through Spring. Develop testing and therapeutic service support through the CSAA call center.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"At-home kits are available at locations statewide. Residents can call the 800# or visit NVHealthResponse to identify the locations of the kits in their communities. The LCB testing site has been offered to any residents, free of charge. This service will run through approximately May. The Call Center can be reached 7 days per week from 7 AM to 8 PM. "
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Testing for COVID is a key part of the public health response to the pandemic. Ensuring that residents have free and easy to use testing allows them to screen and isolate if positive. Having a call center helps keep the public informed.

Project Name: COVID-19 Rapid Test Kits

Project Identification Number	22CVTST01
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.2-COVID-19 Testing
Status To Completion	Completed 50% or more
Adopted Budget	\$5,000,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$4,999,836.01
Total Cumulative Expenditures	\$4,868,664.00
Current Period Obligations	\$4,999,836.01
Current Period Expenditures	\$4,868,664.00
Project Description	This project provides funding to purchase COVID-19 Test Ktis to be distributed throughout the State for free.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	At-home kits are available at locations statewide. Residents can call the 800# or visit NVHealthResponse to identify the locations of the kits in their communities.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or	Testing for COVID is a key part of the public health response to the pandemic. Ensuring that residents have free and easy to use test kits allows them to screen and isolate if

Project Name: CRG - Food Bank of Northern Nevada - Equitable Outreach Program

Project Identification Number	22CRGFB01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.1-Household Assistance: Food Programs
Status To Completion	Not Started
Adopted Budget	\$629,026.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	This project provides funding to the Food Bank of Northen Nevada for their Equitable Outreach Program which focuses on increased awareness of and access to nutrition to improve health outcomes.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	4 Imp HHs that experienced increased food or housing insecurity
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	"Funding will be subwarded to the Food Bank of Northern Nevada to help address food insecurity exacerbated by the COVID-19 pandemic by providing outreach, establishing additional food pantries, and ensuring continuous food deliveries. "
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"The Food Bank of Northern Nevada will work with tribal communities, healthcare providers, food banks and schools to ensure the hardest hit communities have increased awareness and access to nutrition. "
Number of households served (by program if recipient establishes multiple separate household assistance programs)	0

Project Name: SNAMHS Master Plan

Project Identification Number	22LVMHC01
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$286,977.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$286,977.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$286,977.00

Current Period Expenditures	\$0.00
Project Description	The purpose of this project is to provide a study of the Las Vegas Mental Health Complex to determine current utilization, potential occupancy, identify repairs and renovations needed to meet current code requirements, and ensure long-term viability.

Project Name: Forestry Mobile Kitchens/Wash & Bathrooms

Project Identification Number	22MBKCH01
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$905,072.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	The purpose of this project is to provide funding to the Division of Forestry to replace mobile kitchens, washroom and bathrooms which were unable to be replaced due to funding being cut during the pandemic.

Project Name: Victims of Crime Service Providers

Project Identification Number	22VOCSP01
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$5,750,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$5,488,952.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$5,488,952.00
Current Period Expenditures	\$0.00
Project Description	The purpose of this project is to increase grants to victims of crime direct service providers to provide the additional funding these entities used to receive prior to the pandemic.

Project Name: AB 484 UI Modernization

Project Identification Number	22UIMOD01

Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$54,000,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$836,619.00
Total Cumulative Expenditures	\$163,120.15
Current Period Obligations	\$836,619.00
Current Period Expenditures	\$163,120.15
Project Description	The purpose of this project is to provide funding for staff and contract costs in order to update the Unemployment Insurance System.

Project Name: Agriculture Contract Grant Staff

Project Identification Number	22AGRST01
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$211,794.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$211,794.00
Total Cumulative Expenditures	\$20,116.32
Current Period Obligations	\$211,794.00
Current Period Expenditures	\$20,116.32
Project Description	This project allows the Department of Agriculture to contract with staff to oversee grant awards and programs related to food insecurity.

Project Name: ABLE TOTS

Project Identification Number	22ABLE01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.3-Household Assistance: Cash Transfers
Status To Completion	Completed 50% or more
Adopted Budget	\$11,995,734.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$11,995,734.00
Total Cumulative Expenditures	\$7,270,000.00
Current Period Obligations	\$6,995,734.00

Current Period Expenditures	\$2,990,000.00
Project Description	This project will fund disbursements of \$5,000 into a 529A account (ABLE Account) pursuant to NRS 427A.889 to assist persons with disabilities under the age of 18 who have been negatively or disparately impacted by the COVID-19 pandemic. Allowable expenditures would include education, housing, transportation, employment training and support, assistive technology, personal support services, health cares costs, financial management, and other qualified disability expenses.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	7 Imp Other HHs or populations that experienced a negative economic
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Deposit cash into ABLE accounts to help individuals with disabilities under the age of 18 who have been negatively impacted by the COVID-19 pandemic.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Applicants were requested to select one or more responses as to how the individual was negatively impacted by the COVID-19 impact - such as not being able to access services due to shutdowns, learning loss due to school shutdowns, and other applicable impacts. Additionally, applicants were required to respond to how the funds would be used to address the negative impact identified.
Number of households served (by program if recipient establishes multiple separate household assistance programs)	1,454

Project Name: Landlord Rental Assistance

22LLRAP01
2-Negative Economic Impacts
2.5-Household Assistance: Eviction Prevention
Completed less than 50%
\$5,000,000.00
\$0.00
\$0.00
\$4,000,000.00
\$4,000,000.00
\$0.00
\$4,000,000.00
"This project funds direct payments of rental assistance to landlords on behalf of tenants who have defaulted in payment of rent in the State of Nevada. Landlords will need to supply information and documentation sufficient to determine if the tenant has enrolled in a program for rental assistance or has not been responsive to any communication relating to a program for rental assistance, the landlord owns a single-family residence and is seeking rental assistance for at least one dwelling unit in the single family residence, the annual gross revenue from the premises rented totals \$4,000,000 or less, and the amount of rent owed."

pre-development costs, if applicable	\$0.00
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	7 Imp Other HHs or populations that experienced a negative economic
Secondary Impacted and/or Disproportionately Impacted populations	3 Imp HHs that experienced unemployment
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Housing assistance to landlords whose tenants are delinquent in rent and did not apply for rental assistance through another program in order to prevent eviction.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	"Due to the pandemic, there were several phases of shutdowns related to employment and several individuals were out of work and unable to pay for housing. This project ensures that tenants who have defaulted on payments to landlords have not previously applied for funding under other rental assistance programs and identifies the households behind on rent at risk of eviction."
Number of households served (by program if recipient establishes multiple separate household assistance programs)	27

Project Name: Community Food Access Grants

Project Identification Number	22CFAG01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.36-Aid to Other Impacted Industries
Status To Completion	Not Started
Adopted Budget	\$500,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	"This project will provide competitive grants to community organizations, food banks, public entities, and tribal entities engaged in food assistance activities in order to purchase food storage infrastructure (coolers, freezers, racking), food distribution infrastructure (trucks, pallet jacks, forklifts), and personnel costs in order to increase food access in under-served communities. By increasing the food infrastructure and personnel at these various partners, it will be able to get more food to those households, families, and individuals experiencing food insecurity."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00

Project Name: Roadmap Contract

Project Identification Number	22RDMP01
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses

Status To Completion	Completed less than 50%
Adopted Budget	\$1,401,701.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$1,401,701.00
Total Cumulative Expenditures	\$282,783.09
Current Period Obligations	\$0.00
Current Period Expenditures	\$276,381.27
Project Description	This project funds a contract with Innovative Emergency Management (IEM) who will work with Purdue Marion using the data gathered through the listening tours to establish the overall plan of the State will address the COVID-19 pandemic for recovery in conjunction with the Governor's Office. When instructed the contractor will also help vet and prioritize requests in line with the American Rescue Plan Act guidance and regulations.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00

Project Name: Community Engagement

Project Identification Number	22LSTTR01
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed 50% or more
Adopted Budget	\$779,073.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$779,073.00
Total Cumulative Expenditures	\$586,481.34
Current Period Obligations	\$16,248.00
Current Period Expenditures	\$16,247.91
Project Description	"This project funds travel for State Officials and a contract with Purdue Marion to go all over the state on a listening tour to gather ideas from the community on the needs that should be addressed and how to best use the American Rescue Plan Act, State Fiscal Recovery Funds to address the issues identified and exacerbated through the COVID-19 pandemic. The contractor will establish a portal for individuals, businesses, and community members to submit ideas and proposals for the use of funds as well as provide data through the use of surveys of the top priorities expressed."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00

Project Name: Governor's Finance Office Positions

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Project Identification Number	22GFOST01
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Adopted Budget	\$1,528,817.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$1,528,817.00
Total Cumulative Expenditures	\$254,212.05
Current Period Obligations	\$460,529.00
Current Period Expenditures	\$147,685.20
Project Description	"This project fund four to six full-time equivalent staff who are responsible for issuing subawards, allocation agreements with other state agencies, reporting to the Department of Treasury, reviewing proposals for use of funds, establishing authority within the State accounting system per state statutes and guidelines and overall administration of the American Rescue Plan Act – State Fiscal Recovery Funds. "
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00

Project Name: Governor's Office Positions

Project Identification Number	22GOVST01
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Adopted Budget	\$338,580.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$338,580.00
Total Cumulative Expenditures	\$51,869.27
Current Period Obligations	\$117,520.00
Current Period Expenditures	\$51,869.27
Project Description	"This project funds three full-time equivalent staff who are responsible for coordinating with stakeholders including contractors, state agencies, local governments, legislators, public health authorities and other partners in order to support the administration and implementation of the American Rescue Plan Act, State Fiscal Recovery Funds including prioritizing funding requests in line with the federal guidance."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00

Project Name: UI Trust Fund Advances

Project Identification Number	22UIADV01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.28-Contributions to UI Trust Funds
Status To Completion	Completed 50% or more
Adopted Budget	\$335,000,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$332,407,747.26
Total Cumulative Expenditures	\$332,407,747.26
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	"Due to the pandemic the amount of unemployed individuals grew at an astronomical pace and the Unemployment Insurance Trust Fund was unable to keep up with the number of claims filed. In order to continue to fund unemployment insurance claims, the State of Nevada received advances from the federal government. This project is to repay advances received by the Unemployment Compenstation Fund under Title XII of the Social Security Act, 42 U.S.C 1321 et. seq."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	3 Imp HHs that experienced unemployment
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	To pay back advances from the federal government to cover the additional costs of unemployment caused by the COVID-19 pandemic.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Total amount paid was the total amount of federal advances received.

Project Name: Clark Co Child Welfare Higher Level of Care

Project Identification Number	22CCCWF01
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	2.13-Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System
Status To Completion	Not Started
Adopted Budget	\$1,971,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$1,971,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$1,971,000.00

Current Period Expenditures	\$0.00
Project Description	"The resulting stress on families combined with the reduction in community based mental health services during the pandemic has led to an increase in the number of children suffering from mental health conditions and the general acuity of the mental health needs of the children served by the child welfare system. Generally, the higher the need of the child, the more difficult it can be to find an appropriate placement. When a placement is not located for a child in the care of Clark County Department of Family Services (CCDFS), children are temporarily placed in CCDFS's emergency shelter, Child Haven. Since Child Haven is an emergency shelter, it cannot provide the appropriate level of services necessary to treat youth with higher needs. This project would provide 6 beds at an intermediate care facility to allow for immediate placement of children and youth into an appropriate treatment level setting to avoid placement in the emergency shelter."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00

Project Name: Monoclonal Antibody/Therapeutic Clinics

Project Identification Number	22MCOTC01
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.6-Medical Expenses (including Alternative Care Facilities)
Status To Completion	Completed less than 50%
Adopted Budget	\$19,613,528.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$11,799,480.00
Total Cumulative Expenditures	\$4,031,410.00
Current Period Obligations	\$11,799,480.00
Current Period Expenditures	\$4,031,410.00
Project Description	Provide COVID therapeutics statewide, free of charge for those at risk of severe disease. This includes telehealth, monoclonal antibody treatments, oral antivirals, and Evusheld for pre-exposure.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Residents can call the 800# or visit NVHealthResponse to access the services. They will be pre-screened and if they qualify can seek services either at a fixed site or through a telehealth visit.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	These treatments have been shown to reduce the risk of severe disease and death by as much as 90%.

Project Name: Children's Mental Health Mobile Crisis Response - Surge Capacity

Project Identification Number	22MBCRS01
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.12-Mental Health Services
Status To Completion	Not Started
Adopted Budget	\$1,425,010.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$1,425,010.00
Total Cumulative Expenditures	\$65,129.47
Current Period Obligations	\$1,425,010.00
Current Period Expenditures	\$65,129.47
Project Description	"The Mobile Crisis Response Team supports youth and families of youth under the age of 18 showing signs of behavioral or mental health issues that pose a threat to the child's stability within their home, school, or community, including but not limited to: anger, self injury, school problems, suicidal or homicidal thoughts or behavior, extreme parent/child conflict, peer conflict such as bullying, seeing or hearing things, and depression/anxiety. The pandemic has exacerbated the need for these services and the current Mobile Crisis Team is unable to meet the demand. This project increases staffing to address the critical need and administer services to prevent individuals from going to the emergency room due to lack of resources or knowledge of available resources."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00

Project Name: VAXNV Days

Project Identification Number	22VAXNV01
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.1-COVID-19 Vaccination
Status To Completion	Completed 50% or more
Adopted Budget	\$5,100,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$5,100,000.00
Total Cumulative Expenditures	\$4,544,700.00
Current Period Obligations	\$1,500,000.00
Current Period Expenditures	\$1,040,000.00
Project Description	"VAX Nevada Days incentivized individuals 12 years of age and older to get the safe and effective COVID-19 vaccine by offering prizes through a drawing including cash, college savings accounts, state park annual entrance permits, and

	fishing licenses. By ensuring as many eligible Nevadans as possible get the vaccine it will help protect our communities and State from the COVID-19 pandemic."
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$0.00
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	To provide incentives for the residents of Nevada to get vaccinated against COVID-19.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	All residents of Nevada who received the COVID-19 vaccination were entered into a drawing to help incentivize all residents to get vaccinated. Prizes included cash from \$1,000 to a \$1,000,000 grand prize, state park passes, and fishing licenses.

Project Name: PPE Warehouse and Staff

Project Identification Number	22PPEWR01
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$1,710,648.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$1,710,648.00
Total Cumulative Expenditures	\$1,116,517.59
Current Period Obligations	\$0.00
Current Period Expenditures	\$1,116,517.59
Project Description	This project funds the staff and lease costs for the northern and southern personal, protective equipment (PPE) warehouses in addition to travel and logistical costs associated with disbursing the PPE throughout the state.

Project Name: Office of Small Business Advocacy

Project Identification Number	22OSMBA01
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$387,479.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$270,163.00
Total Cumulative Expenditures	\$12,125.94
Current Period Obligations	\$270,163.00

Current Period Expenditures	\$12,125.94
Project Description	This project funds a portion of personnel, operating, and travel expenses for the Office of Small Business Advocacy which will fill a critical gap in the State's small business ecosystem and infrastructure. The Office will provide Nevada's small business owners an advocate within state government to call when they need assistance, who can in turn interface with state and local governments to solve problems or find answers on the small businesses' behalf. Additionally, the Office will improve the efficacy of economic relief programs by helping Nevada small business owners, who do not have teams of lawyers and consultants at their disposal, gain access to COVID-19 relief programs and will collect data to inform policy makers of the statewide needs of small business owners, as well as opportunities to further strengthen the small business ecosystem.

Project Name: Position Restoration - Non NSHE

Project Identification Number	22NNSTR01
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$27,130,417.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$27,130,417.00
Total Cumulative Expenditures	\$2,359,417.28
Current Period Obligations	\$0.00
Current Period Expenditures	\$2,359,417.28
Project Description	This project provides funding for positions (other than at the Nevada System of Higher Education) that were held vacant, forced to take furloughs, or eliminated due to budget reductions caused by the COVID-19 pandemic.

Project Name: Position Restoration - NSHE

Project Identification Number	22NSSTR01
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$93,182,197.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$93,182,197.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00

Current Period Expenditures	\$0.00
Project Description	This project restores the funding for Nevada System of Higher Education positions that were held vacant or eliminated due to the need for budget reductions caused by the COVID-19 Pandemic.

Subrecipients

Subrecipient Name: Premier Medical Distribution

TIN	
Unique Entity Identifer	NMWSY25JQ127
POC Email Address	
Address Line 1	12393 S. Gateway Park Pl
Address Line 2	
Address Line 3	
City	Draper
State	UT
Zip	84020
Zip+4	2363
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: NICUSA

TIN	481124536
Unique Entity Identifer	
POC Email Address	
Address Line 1	P.O. Box 505263
Address Line 2	
Address Line 3	
City	St. Louis
State	МО
Zip	63150
Zip+4	5263
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: "CSAA Insurance Services, Inc."

TIN	464417209
Unique Entity Identifer	
POC Email Address	
Address Line 1	3055 Oak Road
Address Line 2	
Address Line 3	
City	Walnut Creek

State	CA
Zip	94597
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Abbott

TIN		
Unique Entity Identifer	D3FZUQ1C1AW9	
POC Email Address		
Address Line 1	"30 S Keller Rd, Suite 100"	
Address Line 2		
Address Line 3		
City	Orlando	
State	FL	
Zip	32810	
Zip+4	6295	
Entity Type	Contractor	
Is the Recipient Registered in SAM.Gov?	Yes	

Subrecipient Name: Baby's Bounty

TIN	
Unique Entity Identifer	PKH3XCW7SSK9
POC Email Address	
Address Line 1	3400 W. Desert Inn Rd. Ste. 24
Address Line 2	
Address Line 3	
City	Las Vegas
State	NV
Zip	89102
Zip+4	8355
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Family Support Center

TIN	
Unique Entity Identifer	H5J3XM3TYH63
POC Email Address	
Address Line 1	1200 E. Winnemucca Blvd. Suite B

Address Line 2	
Address Line 3	
City	Winnemucca
State	NV
Zip	89445
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Carpenter Sellers Del Gatto

TIN	
Unique Entity Identifer	HDJNM55NQ561
POC Email Address	
Address Line 1	8882 Spanish Ridge Ave
Address Line 2	
Address Line 3	
City	Las Vegas
State	NV
Zip	89148
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Reliable Healthcare Services

TIN	880275263
Unique Entity Identifer	
POC Email Address	
Address Line 1	"8871 W. Flamingo Rd., Ste 104"
Address Line 2	
Address Line 3	
City	Las Vegas
State	NV
Zip	89147
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Collaboration Center Foundation

TIN	

Unique Entity Identifer	HCD2HAJGJLH3
POC Email Address	
Address Line 1	2505 Anthem Village Dr. Ste E
Address Line 2	
Address Line 3	
City	Henderson
State	NV
Zip	89052
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Nevada Rural Hospital Partners Foundation

TIN	
Unique Entity Identifer	RMHDH78NSE38
POC Email Address	
Address Line 1	"4600 Kietzke Lane, Suite I-209"
Address Line 2	
Address Line 3	
City	Reno
State	NV
Zip	89502
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: GTMI Corporation - Las Vegas Infusion Pharmacy

TIN	453720025
Unique Entity Identifer	
POC Email Address	
Address Line 1	"1510 W. Sunset Road, Suite 120"
Address Line 2	
Address Line 3	
City	Henderson
State	NV
Zip	89014
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: AMBL IEM

TIN	
Unique Entity Identifer	SY51D4QXPEY1
POC Email Address	
Address Line 1	565 E. Hillsboro Blvd.
Address Line 2	
Address Line 3	
City	Deerfield Beach
State	FL
Zip	33441
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Elite Health

TIN	530150081
Unique Entity Identifer	
POC Email Address	
Address Line 1	"560 Mill Street, Suite 306"
Address Line 2	
Address Line 3	
City	Reno
State	NV
Zip	89502
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Nevada State Board of Pharmacy

TIN	
Unique Entity Identifer	N417AYXS9CC1
POC Email Address	
Address Line 1	"985 Damonte Ranch Parkway, Suite 206"
Address Line 2	
Address Line 3	
City	Reno
State	NV
Zip	89521

Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Clark County Department of Family Services

TIN	
Unique Entity Identifer	R2KNLZPUQH54
POC Email Address	
Address Line 1	121 S. Martin Luther King Blvd.
Address Line 2	
Address Line 3	
City	Las Vegas
State	NV
Zip	89106
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: HAT LTD Partnership - Manpower

TIN	880276654
Unique Entity Identifer	
POC Email Address	
Address Line 1	PO Box 200139
Address Line 2	
Address Line 3	
City	Dallas
State	TX
Zip	75320
Zip+4	0139
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

Subrecipient Name: Immunize Nevada

TIN	462266350
Unique Entity Identifer	YE2MXAZLAQL5
POC Email Address	heidi@immunizenevada.org

Address Line 1	1050 E. Flamingo Rd
Address Line 2	Suite 102
Address Line 3	
City	Las Vegas
State	NV
Zip	89119
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Clark County of Nevada

TIN	
Unique Entity Identifer	DF4MDGFTBJB4
POC Email Address	
Address Line 1	500 S Grand Central Pkwy
Address Line 2	6 Floor
Address Line 3	
City	Las Vegas
State	NV
Zip	89155
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Purdue Marion and Associates

TIN	
Unique Entity Identifer	
POC Email Address	gina@purduemarion.com
Address Line 1	1333 N. Buffalo
Address Line 2	Suite 220
Address Line 3	
City	Las Vegas
State	NV
Zip	89128
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Innovative Emergency Management (IEM)

TIN	
Unique Entity Identifer	
POC Email Address	heather.hilliard@iem.com
Address Line 1	2801 Slater Road
Address Line 2	Suite 200
Address Line 3	
City	Morrisville
State	NC
Zip	27560
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

Subawards

Subward No: SPWD Contract #114620

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$286,977.00
Subaward Date	2/9/2022
Place of Performance Address 1	8882 Spanish Ridge Ave
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Las Vegas
Place of Performance State	NV
Place of Performance Zip	89148
Place of Performance Zip+4	
Description	"Contractor will provide a master plan for the Southern Nevada Mental Health Complex. The plan will assess current program services and gaps in services, identify major repairs or renovations for current code requirements and long-term viability, and make recommendations for demolition of structures that are not suitable for long term use."
Subrecipient	Carpenter Sellers Del Gatto
Period of Performance Start	3/8/2022
Period of Performance End	6/30/2023
Primary Sector	Other
Purpose of Funds	The purpose of the funding is to provide a study of the Southern Nevada Mental Health Complex.

Subward No: PO 321822-26

Subaward Type	Contract: Blanket Purchase
Subaward Obligation	\$4,999,836.01
Subaward Date	1/7/2022
Place of Performance Address 1	12393 S Gateway Park Pl
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Draper
Place of Performance State	UT
Place of Performance Zip	84020
Place of Performance Zip+4	2363
Description	"Puchase of 588,216 test kits to be provided to various community organzations and state agencies in order to provide free test kits to anyone who may need one."

Subrecipient	Premier Medical Distribution
Period of Performance Start	1/7/2022
Period of Performance End	6/30/2022
Primary Sector	emergency response
Purpose of Funds	The purpose of the funding is to purchase COVID-19 Test Kits.

Subward No: PO 321822-39 -40

Subaward Type	Contract: Blanket Purchase
Subaward Obligation	\$2,508,750.00
Subaward Date	3/23/2022
Place of Performance Address 1	12393 S Gateway Park Pl
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Draper
Place of Performance State	UT
Place of Performance Zip	84020
Place of Performance Zip+4	2363
Description	"Puchase of 504,016 test kits to be provided to various community organzations and state agencies in order to provide free test kits to anyone who may need one."
Subrecipient	Premier Medical Distribution
Period of Performance Start	3/23/2022
Period of Performance End	6/30/2022
Primary Sector	emergency response
Purpose of Funds	The purpose of the funding is to purchase COVID-19 Test Kits.

Subaward Type	Contract: Blanket Purchase
Subaward Obligation	\$3,548,397.00
Subaward Date	2/1/2022
Place of Performance Address 1	Po Box 505263
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	St Louis
Place of Performance State	МО
Place of Performance Zip	63150
Place of Performance Zip+4	5263
Description	Contractor will provide testing services in Carson City Nevada.

Subrecipient	NICUSA
Period of Performance Start	2/1/2022
Period of Performance End	4/30/2022
Primary Sector	emergency response
Purpose of Funds	The purpose of the funding is to provide a testing site.

Subward No: CETS 24851 Amend #2

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Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$2,823,408.00
Subaward Date	2/1/2022
Place of Performance Address 1	3055 Oak Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Walnut Creek
Place of Performance State	СА
Place of Performance Zip	94597
Place of Performance Zip+4	
Description	Contractor will provide contract tracing and disease investigation as well as establish a call center specifically related to testing and provide information to Nevada citizens about where they can get tested and when to get tested.
Subrecipient	"CSAA Insurance Services, Inc."
Period of Performance Start	2/1/2022
Period of Performance End	8/30/2022
Primary Sector	emergency response
Purpose of Funds	"The purpose of the funding is to provide contact tracing, disease investigation, and provide information related to how and when to get tested."

Subward No: RXQ 406

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$100,505.00
Subaward Date	3/14/2022
Place of Performance Address 1	30 S Keller Rd Suite 100
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Orlando
Place of Performance State	FL
Place of Performance Zip	32810
Place of Performance Zip+4	6295
	"Purchase of 400,000 BinaxNOW COVID test kits to be

Description	provided to community testing sites."
Subrecipient	Abbott
Period of Performance Start	3/14/2022
Period of Performance End	6/30/2022
Primary Sector	emergency response
Purpose of Funds	The purpose of the funding is to buy BinaxNOW COVID-19 Test kits.

Subward No: 22CLBCF01

Subaward Type	Grant: Reimbursable
Subaward Obligation	\$6,000,000.00
Subaward Date	6/4/2021
Place of Performance Address 1	8390 W. Windmill Ln
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Las Vegas
Place of Performance State	NV
Place of Performance Zip	89113
Place of Performance Zip+4	
Description	"Renovations of buildings to include additional therapy rooms, kitchen and laundry area to help with life skills and job training, and ability to provide services to additional individuals with disabilities to reduce the wait list. "
Subrecipient	Collaboration Center Foundation
Period of Performance Start	7/1/2021
Period of Performance End	6/30/2023
Primary Sector	Other
Purpose of Funds	Thr purpose of these funds is to provide renovations of buildings on the Collaboration Center Foundation Campus.

Subward No: SG 25587

Subaward Type	Grant: Reimbursable	
Subaward Obligation	\$201,802.00	
Subaward Date	3/20/2022	
Place of Performance Address 1	3400 W. Desert Inn Rd. Ste. 24	
Place of Performance Address 2		
Place of Performance Address 3		
Place of Performance City	Las Vegas	
Place of Performance State	NV	
Place of Performance Zip	89102	
Place of Performance Zip+4	8355	

Description	Subrecipient will provide diapers through their diaper bank and baby bundles which include a car seat and safe sleeping space to low income families in need to help address child safety and wellness.
Subrecipient	Baby's Bounty
Period of Performance Start	4/1/2022
Period of Performance End	3/31/2023
Primary Sector	Other
Purpose of Funds	The purpose of the funding is to provide diapers and baby bundles to low income households.

Subward No: CETS 23902 Amend #2

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$3,884,280.00
Subaward Date	1/19/2021
Place of Performance Address 1	3055 Oak Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Walnut Creek
Place of Performance State	СА
Place of Performance Zip	94597
Place of Performance Zip+4	
Description	Contractor will provide a call center to provide information to Nevada citizens regarding vaccinations including where they can receive vaccinations at a location near them.
Subrecipient	"CSAA Insurance Services, Inc."
Period of Performance Start	1/19/2021
Period of Performance End	6/30/2022
Primary Sector	emergency response
Purpose of Funds	The purpose of the funding is to provide COVID-19 vaccination information.

Subward No: SG 25596

Subaward Type	Grant: Reimbursable
Subaward Obligation	\$20,739,792.00
Subaward Date	3/1/2022
Place of Performance Address 1	"4600 Kietzke Lane, Suite I-209"
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Reno
Place of Performance State	NV
Place of Performance Zip	89502

Place of Performance Zip+4	
Description	"Subrecipient will partner with the Board of Nursing , nursing schools, and eligible Critical Access Hospitals, Acute Care, and Skilled Nursing facilities to hire nursing students into their Nurse Apprentice Programs to increase the workforce and allow nursing students to practice the skills they have learned and become certified in."
Subrecipient	Nevada Rural Hospital Partners Foundation
Period of Performance Start	3/1/2022
Period of Performance End	2/28/2025
Primary Sector	health care
Purpose of Funds	The purpose of the funding is to promote and increase participation in the Nursing Apprentice Program.

Subward No: VAXNVDAYS21

Grant: Reimbursable
\$3,600,000.00
6/10/2021
1050 E. Flamingo Road
Suite 102
Las Vegas
NV
89119
Every person who received the COVID-19 vaccination was entered into a drawing to win cash, fishing licenses, state park passes or college savings account. Immunize Nevada provided the payments of cash to individuals and provided the fishing license and state park passes to winners with the help of the Department of Wildlife and State Parks Division.
Immunize Nevada
6/10/2021
6/30/2022

Subaward Type	Contract: Blanket Purchase	
Subaward Obligation	\$1,425,010.00	
Subaward Date	1/1/2022	
Place of Performance Address 1	"8871 W. Flamingo Rd., Ste 104"	
Place of Performance Address 2		
Place of Performance Address 3		
Place of Performance City	Las Vegas	

Place of Performance State	NV
Place of Performance Zip	89147
Place of Performance Zip+4	
Description	Contracted healthcare and case workers will provide mobile crisis response to assess for safety in community settings of fmaily choice and provide short term stabilization to mediate community availability to start long-term therapeutic services.
Subrecipient	Reliable Healthcare Services
Period of Performance Start	2/1/2022
Period of Performance End	6/30/2023
Primary Sector	behavioral health work
Purpose of Funds	The purpose of the funds is to hire contract healthcare and case workers.

Subward No: CETS 24949

Subaward Type	Contract: Blanket Purchase
Subaward Obligation	\$8,457,480.00
Subaward Date	2/7/2022
Place of Performance Address 1	565 E. Hillsboro Blvd.
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Deerfield Beach
Place of Performance State	FL
Place of Performance Zip	33441
Place of Performance Zip+4	
Description	Contractor will establish place and provide all personnel and supplies necessary to administer mAB treatments to individuals who qualify at not cost to the individual.
Subrecipient	AMBL IEM
Period of Performance Start	2/7/2022
Period of Performance End	5/9/2022
Primary Sector	emergency response
Purpose of Funds	The purpose of the funds is to provide monoclonal antibody treatments.

Subaward Type	Contract: Blanket Purchase
Subaward Obligation	\$1,872,000.00
Subaward Date	2/7/2022
Place of Performance Address 1	"1510 W. Sunset Road, Suite 120"
Place of Performance Address 2	

Place of Performance Address 3	
Place of Performance City	Henderson
Place of Performance State	NV
Place of Performance Zip	89014
Place of Performance Zip+4	
Description	Contractor will establish place and provide all personnel and supplies necessary to administer mAB treatments to individuals who qualify at not cost to the individual.
Subrecipient	GTMI Corporation - Las Vegas Infusion Pharmacy
Period of Performance Start	2/7/2022
Period of Performance End	2/5/2023
Primary Sector	emergency response
Purpose of Funds	The purpose of the funds is to provide monoclonal antibody treatments.

Subward No: CETS 25731

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Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$770,000.00
Subaward Date	2/15/2022
Place of Performance Address 1	"560 Mill Street, Suite 306"
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Reno
Place of Performance State	NV
Place of Performance Zip	89502
Place of Performance Zip+4	
Description	Contractor will establish place and provide all personnel and supplies necessary to administer mAB treatments to individuals who qualify at not cost to the individual.
Subrecipient	Elite Health
Period of Performance Start	2/15/2022
Period of Performance End	4/12/2022
Primary Sector	emergency response
Purpose of Funds	The purpose of the funds is to provide monoclonal antibody treatments.

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$700,000.00
Subaward Date	2/15/2022
Place of Performance Address 1	"560 Mill Street, Suite 306"

Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Reno
Place of Performance State	NV
Place of Performance Zip	89502
Place of Performance Zip+4	
Description	Contractor will establish place and provide telehealth consultation visits in order to prescribe oral antivirals for individuals who have tested positive for COVID-19.
Subrecipient	Elite Health
Period of Performance Start	2/15/2022
Period of Performance End	4/12/2022
Primary Sector	emergency response
Purpose of Funds	The purpose of the funds is to provide telehealth visits and oral antiviral treatments.

Subward No: 21027-22-001

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Subaward Type	Grant: Reimbursable
Subaward Obligation	\$1,971,000.00
Subaward Date	12/21/2021
Place of Performance Address 1	121 S. Martin Luther King Blvd.
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Las Vegas
Place of Performance State	NV
Place of Performance Zip	89106
Place of Performance Zip+4	
Description	Fund six (6) beds in an intermediate care facility for children and youth with autism or intellectual and developmental delays
Subrecipient	Clark County Department of Family Services
Period of Performance Start	1/1/2022
Period of Performance End	6/30/2023
Primary Sector	social services work
Purpose of Funds	Thr purpose of these funds is to provide funding to the Clark County Department of Family Services to create additional beds for individuals with higher levels of care in order to prevent them from being placed in the emergency facility (Child Haven) which does not provide the services needed.

Subward No: 99SWC-NV21-7577

Subaward Type	Contract: Blanket Purchase

Subaward Obligation	\$293,041.00
Subaward Date	9/20/2021
Place of Performance Address 1	209 E. Musser Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Carson City
Place of Performance State	NV
Place of Performance Zip	89701
Place of Performance Zip+4	
Description	This is a master service agreement for temporary staffing services. This contract is used to hire temporary staff who help administer the State Fiscal Recovery Funds.
Subrecipient	HAT LTD Partnership - Manpower
Period of Performance Start	9/20/2021
Period of Performance End	12/31/2026

Subward No: CETS #24485

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$762,825.00
Subaward Date	7/13/2021
Place of Performance Address 1	1333 N. Buffalo
Place of Performance Address 2	Suite 220
Place of Performance Address 3	
Place of Performance City	Las Vegas
Place of Performance State	NV
Place of Performance Zip	89128
Place of Performance Zip+4	
Description	The purpose of the contract is to gather information from the community to determine the areas of highest priority. The information compiled will help to drive the overall roadmap the State will follow for recovery.
Subrecipient	Purdue Marion and Associates
Period of Performance Start	7/13/2021
Period of Performance End	6/30/2022

Subward No: CETS #24726

Subaward Type	Contract: Definitive Contract
Subaward Obligation	\$1,401,701.00
Subaward Date	10/12/2021
Place of Performance Address 1	2801 Slater Road
Place of Performance Address 2	Suite 200

Place of Performance Address 3	
Place of Performance City	Morrisville
Place of Performance State	NC
Place of Performance Zip	27560
Place of Performance Zip+4	
Description	The purpose of the contract is to use the information from the community engagement contract to form a roadmap for the State to follow for recovery from the pandemic. Additionally, the contractor will help prioritize proposals received so that the highest, most immediate needs are met first.
Subrecipient	Innovative Emergency Management (IEM)
Period of Performance Start	10/12/2021
Period of Performance End	6/30/2022

Subward No: 1270.AB486.RNT2022

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$4,000,000.00
Subaward Date	7/1/2021
Place of Performance Address 1	500 S Grand Central Pkwy
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Las Vegas
Place of Performance State	NV
Place of Performance Zip	89155
Place of Performance Zip+4	
Description	he purpose of the program is to provide assistance to landlords who have tenants that have been negatively impacted by the COVID-19 pandemic and are at risk of being evicted The objective is to prevent evictions while helping landlords pay their own mortgages and bills due to delinquent tenants.
Subrecipient	Clark County of Nevada
Period of Performance Start	7/1/2021
Period of Performance End	9/30/2025

Expenditures

Expenditures for Awards more than \$50,000

Expenditure: EN-00266389

Project Name	COVID-19 Rapid Test Kits
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	1/7/2022
Expenditure End	3/31/2022
Expenditure Amount	\$4,868,664.00

Expenditure: EN-00266391

Project Name	COVID-19 Test Kits/Testing Call Center/ Testing Contract
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	3/14/2022
Expenditure End	3/31/2022
Expenditure Amount	\$100,505.00

Project Name	COVID-19 Test Kits/Testing Call Center/ Testing Contract
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	3/23/2022
Expenditure End	3/31/2022
Expenditure Amount	\$2,508,750.00

Project Name	SB 461 - Collaboration Center Foundation
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	7/1/2021
Expenditure End	3/31/2022
Expenditure Amount	\$168,981.97

Expenditure: EN-00266392

Project Name	CSAA COVID Vaccination Call Center
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	1/19/2022
Expenditure End	3/31/2022
Expenditure Amount	\$1,105,070.51

Expenditure: EN-00261855

Project Name	VAXNV Days
Subaward ID	SUB-0159094
Subaward No	VAXNVDAYS21
Subaward Amount	\$3,600,000.00
Subaward Type	Grant: Reimbursable
Subrecipient Name	
Expenditure Start	6/10/2021
Expenditure End	3/31/2022
Expenditure Amount	\$3,504,700.00

Project Name	Children's Mental Health Mobile Crisis Response - Surge Capacity
Subaward ID	

Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$65,129.47

Project Name	Monoclonal Antibody/Therapeutic Clinics
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	2/15/2022
Expenditure End	3/31/2022
Expenditure Amount	\$562,500.00

Expenditure: EN-00266387

Project Name	Monoclonal Antibody/Therapeutic Clinics
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	2/15/2022
Expenditure End	3/31/2022
Expenditure Amount	\$637,000.00

Project Name	Monoclonal Antibody/Therapeutic Clinics
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	

Expenditure Start	2/7/2022
Expenditure End	3/31/2022
Expenditure Amount	\$12,750.00

Project Name	Monoclonal Antibody/Therapeutic Clinics
Subaward ID	
Subaward No	
Subaward Amount	\$0.00
Subaward Type	
Subrecipient Name	
Expenditure Start	2/7/2022
Expenditure End	3/31/2022
Expenditure Amount	\$2,819,160.00

Expenditure: EN-00365078

Project Name	Governor's Finance Office Positions
Subaward ID	SUB-0282864
Subaward No	99SWC-NV21-7577
Subaward Amount	\$293,041.00
Subaward Type	Contract: Blanket Purchase Agreement
Subrecipient Name	
Expenditure Start	9/20/2021
Expenditure End	3/31/2022
Expenditure Amount	\$71,810.63

Expenditure: EN-00035974

Project Name	Community Engagement
Subaward ID	SUB-0013588
Subaward No	CETS #24485
Subaward Amount	\$762,825.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	
Expenditure Start	7/13/2021
Expenditure End	12/31/2021
Expenditure Amount	\$570,233.43

Project Name	Roadmap Contract
Subaward ID	SUB-0013585
Subaward No	CETS #24726
Subaward Amount	\$1,401,701.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	
Expenditure Start	10/12/2021
Expenditure End	3/31/2022
Expenditure Amount	\$282,783.09

Project Name	Landlord Rental Assistance
Subaward ID	SUB-0282865
Subaward No	1270.AB486.RNT2022
Subaward Amount	\$4,000,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	
Expenditure Start	7/1/2021
Expenditure End	3/31/2022
Expenditure Amount	\$4,000,000.00

Aggregate Expenditures for Awards less than \$50,000

Expenditure: EN-00365080

Project Name	Governor's Office Positions
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$0.00
Total Period Obligation Amount	\$6,559.00

Expenditure: EN-00365077

Project Name	Governor's Finance Office Positions
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$19,988.74
Total Period Obligation Amount	\$19,989.00

Project Name	Governor's Finance Office Positions
Subaward Type (Aggregates)	Aggregate of Direct Payments

Total Period Expenditure Amount	\$4,126.43
Total Period Obligation Amount	\$4,127.00

Project Name	Community Engagement
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$5,496.04
Total Period Obligation Amount	\$5,496.13

Expenditure: EN-00266229

Project Name	Community Engagement
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$3,576.62
Total Period Obligation Amount	\$3,576.62

Payments To Individuals

Expenditure: EN-00261709

Project Name	ABLE TOTS
Total Period Expenditure Amount	\$7,270,000.00
Total Period Obligation Amount	\$11,995,734.00

Expenditure: EN-00261738

Project Name	VAXNV Days
Total Period Expenditure Amount	\$1,040,000.00
Total Period Obligation Amount	\$1,500,000.00

Expenditure: EN-00365176

Project Name	UI Trust Fund Advances
Total Period Expenditure Amount	\$332,407,747.26
Total Period Obligation Amount	\$332,407,747.26

Expenditure: EN-00365075

Project Name	Governor's Office Positions
Total Period Expenditure Amount	\$51,869.27
Total Period Obligation Amount	\$332,021.00

Project Name	Governor's Finance Office Positions
Total Period Expenditure Amount	\$158,286.25

Project Name	Community Engagement
Total Period Expenditure Amount	\$7,175.25
Total Period Obligation Amount	\$7,175.25

Report

Revenue Replacement

Is your jurisdiction electing to use the standard allowance of up to \$10 million, not to exceed your total award allocation for identifying revenue loss?	
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2020

Base Year General Revenue	\$7,505,934,000.00
Year End Date	12/31/2020
Growth Adjustment Used	5.600%
Actual General Revenue	\$7,057,453,000.00
Estimated Revenue Loss Due to Covid-19 Public Health Emergency	\$1,086,485,000.00
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No
Please provide an explanation of how revenue replacement funds were allocated to government services	Funds are still in the process of being allocated to government services. As proposals are received they are reviewed to determine if they should be funded through the revenue loss and qualify as government services or if they qualify under the Final Rule and should be funded through the other State Fiscal Recovery Funds. As of March 31, 2022, \$183,564,584 has been identified to be allocated to government services.

2021

Base Year General Revenue	\$7,505,934,000.00
Year End Date	12/31/2021
Growth Adjustment Used	5.60%
Actual General Revenue	\$0.00
Estimated Revenue Loss Due to Covid-19 Public Health Emergency	\$0.00
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No
	The amount of Revenue Loss has not yet been calculated for calendar year 2021.
Please provide an explanation of how revenue replacement funds were allocated to government services	As proposals are received they are reviewed to determine if they should be funded through the revenue loss and qualify as government services or if they qualify under the Final

	Rule and should be funded through the other State Fiscal Recovery Funds
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Ineligible Activities: Tax Offset Provision

Revenue-reducing Covered Changes from date of award through July 31, 2021	\$0.00
Revenue-reducing Covered Changes from August 1, 2021 – September 30, 2021	\$0.00

Overview

Total Obligations	\$546,671,679.27
Total Expenditures	\$365,917,601.24
Total Number of Projects	30
Total Number of Subawards	21
Total Number of Expenditures	26