



Notice of Sub-Award

Program Name:

Subrecipient's Name:

Address:

Sub-Recipient Address:

Sub-award Period:

Subrecipient's:

EIN:

Vendor Number:

Approved Budget Category:

UEI:

1. Personnel
2. Travel
3. Operating
4. Equipment
5. Contractor
6. Training
7. Other

Total approved Budget:

D.E.M. USE ONLY
BA: _____ CAT: _____

Terms and Conitions

In accepting these Grant Funds it is understood that:

- A. This award is subject to the availability of appropriated funds.
- B. Expenditures will comply with any laws, regulations, policies, and procedures dictated by the Federal Department of Energy, State of Nevada, Division of Emergency Management and Homeland Security, and those of the subrecipient's jurisdiction. Failure to follow the applicable laws, regulations, policies, and procedures could result in the termination of the sub-award and the return of funds awarded to the Sub-recipient.
- C. Quarterly reimbursement request and Financial Reimbursements are due no later than the last day of each the quarter.

Job Number:
Function Code:

Incorporated Documents

- Section A: Scope Of Work
- Section B: Budget and Reporting Requirements

Name

Signature

Date