

Item # 9-4A

**City of Carson City  
Agenda Report**

**Date Submitted:** 05/18/10

**Agenda Date Requested:** 6/3/10  
**Time Requested:** Consent

**To:** Carson City Board of Supervisors

**From:** Health and Human Services Department (Marena Works)

**Subject Title:** Action to approve an amendment to the Vaccination For Children, Immunization Program subgrant award for the total amount of \$110,000 from the Nevada Department of Health & Human Services, Bureau of Child, Family & Community Wellness, for funds to support immunization activities in the Carson City, Douglas, and Lyon County areas.

**Staff Summary:** This grant will be used to supplement the immunization activities in the Carson City, Douglas, and Lyon County areas.

**Type of Action Requested:** (check one)  
 Resolution  Ordinance  
 Formal Action/Motion  Other (Specify)

**Does This Action Require A Business Impact Statement:**  Yes  No

**Recommended Board Action:** I move to approve Vaccine For Children, Immunization Program subgrant amendment in the amount of \$110,000 from the Nevada Department of Health & Human Services, Bureau of Child, Family & Community Wellness, for funds to support immunization Activities.

**Explanation for Recommended Board Action:** This subgrant will be used to supplement the immunization activities in the Carson City, Douglas, and Lyon County areas.

**Applicable Statue, Code, Policy, Rule or Regulation:** N/A

**Fiscal Impact:** \$110,000

**Explanation of Impact:** Expenses will be reimbursed under this sub-grant award.

**Funding Source:** State Grant (No match required)

**Alternatives:** Do Not Approve

**Supporting Material:** Subgrant Amendment

**Prepared By:** Marena Works

**Reviewed By:** *[Signature]*  
(Department Head)  
*[Signature]*  
(City Manager)  
*Melania Puketa*  
(District Attorney)  
*Nancy Paulso*  
(Finance Director)

Date: 5/25/10  
Date: 5/25/10  
Date: 5.25.10  
Date: 5/25/10

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_  
2) \_\_\_\_\_

Aye/Nay  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

**Nevada Department of Health and Human Services**  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10169-1  
 HD Contract #:  
 Budget Account #: 3213  
 Category #: 19,20  
 GL #: 8501

**SUBGRANT AMENDMENT #1**

<b>Program Name:</b> Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division		<b>Subgrantee Name:</b> Carson City Health & Human Services (CCHHS)	
<b>Address:</b> 4150 Technology Way, Suite #101 Carson City, NV 89706-2009		<b>Address:</b> 900 E. Long Street Carson City, NV 89706	
<b>Original Subgrant Period:</b> January 1, 2010 through December 31, 2010		<b>Subgrantee EIN#:</b> 88-6000189	<b>Subgrantee Vendor#:</b> T80990941 J
		<b>Subgrantee DUNS #:</b> 073787152	
<b>Source of Funds:</b>	<b>% of Funds:</b>	<b>CFDA#:</b>	<b>Federal Grant #:</b>
1. Centers for Disease Control & Prevention	100 %	93.268	5H23IP922549-08

**Amendment #1:** This amendment does not affect the subgrant scope of work. This amendment does not affect the subgrant period. This amendment increases the approved subgrant budget by \$81,084, from \$28,916 to \$110,000.

Change from: Approved Budget Categories

	3568	Total	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
1. Personnel	\$ 23,022	23,022	
2. Equipment	\$ 0	0	
3. Supplies	\$ 1,530	1,530	
4. Travel	\$ 1,904	1,919	
5. Other	\$ 2,460	2,435	
<b>Total Cost</b>	<b>\$ 28,916</b>	<b>28,916</b>	

**Disbursement of funds will be as follows:**

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$28,916.00** during the subgrant period.

Change to: Approved Budget Categories

	3568	Total	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long as the adjustment does not move funds to or from personnel, the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. A formal request to move funds to or from personnel may be submitted to the Health Division.
1. Personnel	\$ 92,240	92,240	
2. Supplies	\$ 6,120	6,120	
3. Equipment	\$ 0	0	
4. Travel	\$ 2,484	2,484	
5. Other	\$ 9,156	9,156	
<b>Total Cost</b>	<b>\$ 110,000</b>	<b>110,000</b>	

**Disbursement of funds will be as follows:**

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$110,000** during the subgrant period.

Change from: **Approved Budget**

	3568		
Personnel	\$ 23,022	Program Manager	10,087
		Public Health Nurse	6,126
		Total Salaries	16,213
		Fringe @ 42%	6,809
		<b>Total Personnel</b>	<b>23,022</b>
Supplies	\$ 1,530	Supplies	1,530
		<b>Total Supplies</b>	<b>1,530</b>
Travel	\$ 1,904	<b>Mileage</b>	
		40 mi/week X 13 weeks X \$0.5/mi	260
		<b>Total Mileage</b>	<b>260</b>
		<b>Out-of-State Travel</b>	
		National Immunization Conference (NIC)	
		Atlanta, GA, April 2010, 5 days/4 nights	
		Airfare \$500	500
		Lodging \$161/night X 4 nights	644
		Per diem \$56/day X 5 days	280
		Transportation \$30/day X 5 days	150
		Parking \$14/day X 5 days	70
		<b>Total Out-of-State Travel</b>	<b>1,644</b>
		<b>Total Travel</b>	<b>1,904</b>
Other	\$ 2,460		
		NIC Registration	250
		Cell Phone/Blackberry	210
		Advertising	500
		Program support @ \$500/mo X 3 mo	1,500
		<b>Total Other</b>	<b>2,460</b>
<b>Total Budget</b>	<b>\$ 28,916</b>		

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Equipment purchased with these funds belongs to the federal 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/subgrantees 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).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work.
- The maximum available through this subgrant is \$28,916.
- 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 Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**Change to: Approved Budget**

	3568		
Personnel	\$ 92,240	Program Manager	40,348
		Public Health Nurse	24,610
		Total Salaries	64,958
		Fringe @ 42%	27,282
		<b>Total Personnel</b>	<b>92,240</b>
Supplies	\$ 6,120	Supplies	6,120
		<b>Total Supplies</b>	<b>6,120</b>
Travel	\$ 2,484	Mileage	
		40 mi/week X 42 weeks X \$0.5/mi	840
		<b>Total Mileage</b>	<b>840</b>
		<b>Out-of-State Travel</b>	
		National Immunization Conference (NIC)	
		Atlanta, GA, April 2010, 5 days/4 nights	
		Airfare \$500	500
		Lodging \$161/night X 4 nights	644
		Per diem \$56/day X 5 days	280
		Transportation \$30/day X 5 days	150
		Parking \$14/day X 5 days	70
		<b>Total Out-of-State Travel</b>	<b>1,644</b>
		<b>Total Travel</b>	<b>2,484</b>
Other	\$ 9,156	NIC Registration	250
		Cell Phone/Blackberry @ \$70/mo X 12 mo	840

		Printing/Education	2,646
		Program support @ \$500/mo X 12 mo	6,000
		<b>Total Other</b>	<b>9,156</b>
<b>Total Budget</b>	<b>\$ 110,000</b>		

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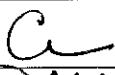
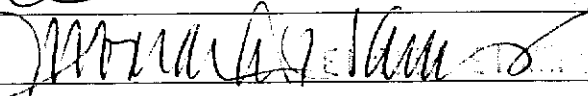
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By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	Signature	Date
Carson City Health & Human Services		
Christine N. Smith Program Manager		5/11/10
Deborah A. Harris, MA, CPM Bureau Chief		5/11/10
Richard Whitley, MS Administrator, Health Division	