Hem 4-3

## City of Carson City Agenda Report

| Date Submitted: 06/12/07                                                                                                             | Time Requested: Consent                        |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| To: Carson City Board of Supervisors                                                                                                 |                                                |
| From: Health and Human Services Department                                                                                           |                                                |
| Subject Title: Action to approve a grant award in Department of Human Resources, Health Divisio Carson City Community Health Clinic. |                                                |
| Staff Summary: This grant will be used, throughealth nursing activities at the Carson City Comm                                      |                                                |
| Type of Action Requested: (check one)  () Resolution (  (                                                                            | _) Ordinance<br>_) Other (Specify)             |
| Does This Action Require A Business Impact S                                                                                         | Statement: Yes _X No                           |
| Recommended Board Action: I move to approv                                                                                           | e a grant award in the amount of \$151,037 fro |

**Recommended Board Action:** I move to approve a grant award in the amount of \$151,037 from the Nevada Department of Human Resources, Health Division, for funds to support nursing activities at the Carson City Community Health Clinic.

Explanation for Recommended Board Action: Public health is rapidly evolving. The emergence of new diseases, the continued disparities in health between racial and ethnic groups, and the growing use of technology require that nurses have the skills to address these issues specific to their community with the best efficiency possible. Our goal is to provide professional public health nursing services to Carson City residents, particularly very young children, medically under-served pregnant women and the elderly in a manner that maintains their dignity, promotes their self-reliance and cultural integrity in order to enable individuals, families and communities to be healthy and productive. When the Board of Health was created, Carson City made a commitment to ensure these services would continue to be provided with the best efficiency possible, making them less fragmented.

This grant will be used to address a wide scope of public health issues and to improve the efficiency and availability of clinic services. Supporting nursing activities at the Carson City Community Health Clinic (CCCHC) would include services such as: family planning methods, reproductive health services and education to men, women, and adolescents; working towards the prevention of sexually transmitted diseases; provide testing and education for Tuberculosis and Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS); and to ensure that children within our community have access to adequate immunization resources.

Carson City is in a unique position because we have the ability to subgrant these dollars to a private provider within the community. This would allow Carson City the ability to affect change regarding public health activities within the clinic, without actually providing clinical services. The Carson City Health Department believes that they can enhance the level of service and create an integrated system, allowing patients more flexibility when seeking their health care needs.

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

Fiscal Impact: \$151,037, which will be reimbursed from the grant.

Explanation of Impact: Monies will be spent from the funding source prior to being reimbursed

Funding Source: State Grant (No match required)

Alternatives: Do Not Approve

Supporting Material: N/A

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| Prepared By: Dustin Boothe  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Reviewed By:                |      | Date: 0/14/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (Department Head)           | fich | Date: 6/14/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (City Menager)              |      | Date: 6-14-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (District Attorney)         | ·    | Date: 6-14-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (FirMance Director)         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Board Action Taken:         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Motion:                     | _ 1) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Aye/Nay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| (Vote Recorded By)          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

08022

## Department of Health and Human Services

**HEALTH DIVISION** 

(hereinafter referred to as the DIVISION)

Budget Account #: 3224 Category #: 04/18/23/25

GL# 8501

## NOTICE OF SUBGRANT AWARD

| Program Name: Community Health Nursing Program Bureau of Community Health Nevada State Health Division | Subgrantee Name: Carson City Public Health Clinic Carson City Health and Human Services                           |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Address:<br>4150 Technology Way, Suite #101<br>Carson City, NV 89706-2009                              | Address:<br>900 East Long Street<br>Carson City, NV 89706                                                         |
| Subgrant Period:<br>July 1, 2007 through June 30, 2008                                                 | Subgrantee EIN#: 88-6000189 Subgrantee Vendor#: T81073584                                                         |
| Reason for Award: The Bureau of Community Health                                                       | BCH) Carson City clinic has transitioned to Carson City ibilities, and services to be provided by Carson City HHS |

will be the same as those previously rendered by BCH, Community Health Nursing (CHN) Program, State of Nevada.

| County(ies) to be served: ( ) Statewide (X) Specific | county or counties; Carson City |
|------------------------------------------------------|---------------------------------|
|------------------------------------------------------|---------------------------------|

| Approved Budget Cate     | gorles:           |   |  |
|--------------------------|-------------------|---|--|
| 1. Personnel             | \$ 127,437        | * |  |
| 2. Travel                | \$ 0              |   |  |
| 3. Operating             | \$ 3,000          |   |  |
| 4. Equipment             | \$ 1,500          |   |  |
| 5. Contractual/Consultar | nt \$ 6,000       |   |  |
| 6. Training              | \$ 2,600          |   |  |
| 7. Other                 | \$ 10,500         |   |  |
| Tota                     | l Cost \$ 151,037 |   |  |

## 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 \$ 151 037 00 during the subgrant period.

| Source of Funds:                       | % of Funds: | CFDA#: | Federal Grant #: |
|----------------------------------------|-------------|--------|------------------|
| Office of Population Affairs-          | 52%         | 93.217 | FPHPA091175-31   |
| 2. Maternal & Child Health Block Grant | 10%         | 93,994 | 1B04MC021419     |
| 3. SAPTA Sub-grant                     | 15%         | 93,959 | 04114TX          |
| Temporary Assistance for Needy         | 23%         | 93,558 |                  |
| Families Interlocal Contract (TANF)    |             |        |                  |

### **Terms and Conditions**

In accepting these grant funds, it is understood that:

- Expenditures must comply with appropriate state and/or federal regulations.
- 2. This award is subject to the availability of appropriate funds.

| Linda Ritter<br>City Manager                       | In Sections A, B, and C of this subgrant aw | E COLLEGE | Defia |
|----------------------------------------------------|---------------------------------------------|-----------|-------|
| Pamela Graham, BS, RN, LNC<br>Program Manager      |                                             |           |       |
| Deborah McBride, MBA<br>Bureau Chief               |                                             |           |       |
| Alex Haartz, MPH<br>Administrator, Health Division |                                             |           |       |

#### Department of Health and Human Services

# A A A A A HEALTH DIVISION

MEETING DATE ( ( ) (hereinafter referred to as the DIVISION) TEM# 4-3

Health Division

Budget Account #: Category #:

3224 04/18/23/25

GL #:

8501

#### NOTICE OF SUBGRANT AWARD

Program Name: Subgrantee Name: Community Health Nursing Program Carson City Public Health Clinic Bureau of Community Health Carson City Health and Human Services Nevada State Health Division Address: Address: 4150 Technology Way, Suite #101 900 East Long Street Carson City, NV 89706-2009 Carson City, NV 89706 Subgrant Period: 88-6000189 Subgrantee EIN#: July 1, 2007 through June 30, 2008 Subgrantee Vendor#: T81073584 Reason for Award: The Bureau of Community Health (BCH) Carson City clinic has transitioned to Carson City Health and Human Services (HHS). The duties, responsibilities, and services to be provided by Carson City HHS will be the same as those previously rendered by BCH, Community Health Nursing (CHN) Program, State of Nevada. County(ies) to be served: ( ) Statewide (X) Specific county or counties: Carson City Annroyed Buildet Categories

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| 1. Personnel               | \$   | 127,437                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2. Travel                  | \$   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3. Operating               | \$   | 3,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4. Equipment               | \$   | 1,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 5. Contractual/Consultant  | \$ . | 6,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 6. Training                | \$   | 2,600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 7. Other                   | \$   | 10,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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Total Cost \$ 151,037

#### 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 \$ 151.037 .00 during the subgrant period.

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| Source of Funds:                              | % of Funds:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Office of Population Affairs                  | 52%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Maternal & Child Health Block Grant           | 10%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                   |
| 3. SAPTA Sub-grant                            | 15%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Temporary Assistance for Needy                | 23%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Families Interlocal Contract (TANF)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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#### **Terms and Conditions**

In accepting these grant funds, it is understood that:

- 1. Expenditures must comply with appropriate state and/or federal regulations.
- 2. This award is subject to the availability of appropriate funds.

Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

| . 1 | Linda Ritter                                        | Signature                | Date .   | 1 |
|-----|-----------------------------------------------------|--------------------------|----------|---|
|     | City Manager                                        |                          |          |   |
|     | Pamela Graham, BS, RN, LNC<br>Program Manager       | of Cooper for Pam Graham | 6 Into 7 |   |
|     | Deborah McBride, MBA<br>Bureau Chief /3/            | Dehah Mobide             | 06-14-07 |   |
|     | Alex Haartz, MPH ### Administrator, Health Division |                          |          |   |

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HD Template: Updated 01-24-07