

Item # 9-4B

**City of Carson City  
Agenda Report**

**Date Submitted:** 05/25/10

**Agenda Date Requested:** 6/4/10

**Time Requested:** Consent

**To:** Carson City Board of Supervisors

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

**Subject Title:** Action to approve the renewal of a subgrant award in the amount of \$51,791 from the Nevada Department of Health & Human Services, Substance Abuse and Treatment Agency, for funds to support tuberculosis treatment and prevention activities in Carson City.

**Staff Summary:** This grant will be used to supplement the tuberculosis treatment and prevention activities in Carson City.

**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 a subgrant award in the amount of \$51,791 from the Nevada Department of Health & Human Services, Substance Abuse and Treatment Agency, for funds to support tuberculosis treatment and prevention activities in Carson City.

**Explanation for Recommended Board Action:** This subgrant will be used to supplement tuberculosis treatment and prevention activities in Carson City.

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

**Fiscal Impact:** \$51,791

**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:** SAPTA subgrant

**Prepared By:** Marena Works

Reviewed By: Margaret Ann  
(Department Head)  
[Signature]  
(City Manager)  
Melanie Buckner  
(District Attorney)  
Nancy Pauls  
(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  
Mental Health and Developmental Services  
(hereinafter referred to as the DIVISION)  
Substance Abuse Prevention and Treatment Agency**

Subgrant #: 11117TX  
Budget Account #: 3170  
Category #: 28  
GL #: 8786, 8788

**NOTICE OF SUBGRANT AWARD  
TREATMENT SERVICES**

| <b>Agency:</b><br>Substance Abuse Prevention and Treatment Agency (SAPTA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Subgrantee Name:</b><br>Carson City Health and Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|--------|---------------------------|-----------------------------------|---------|-----------|------------------|------------------------------------|-------------|-----|------------------|--------------|----|-------|----------|----|---|-------------------|-----------|---------------|
| <b>Address:</b><br>4126 Technology Way, 2 <sup>nd</sup> Floor<br>Carson City, NV 89706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Address:</b><br>900 E Long Street<br>Carson City, NV 89706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <b>Subgrant Period:</b><br>July 1, 2010 - June 30, 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Subgrantee EIN#:</b> 88-6000189<br><br><b>Subgrantee Vendor#:</b> T80990941                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <b>Reason for Award:</b> To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <b>County(ies) to be served:</b> Carson City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <b>Approved Budget Categories:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1. Personnel</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 60%; text-align: right;">43,748</td> </tr> <tr> <td>2. Contractual/Consultant</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>3. Travel</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>4. Training</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>5. Operating</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">8,043</td> </tr> <tr> <td>6. Other</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;"><b>Total Cost</b></td> <td style="text-align: right;"><b>\$</b></td> <td style="text-align: right;"><b>51,791</b></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. Personnel  | \$               | 43,748 | 2. Contractual/Consultant | \$                                | 0       | 3. Travel | \$               | 0                                  | 4. Training | \$  | 0                | 5. Operating | \$ | 8,043 | 6. Other | \$ | 0 | <b>Total Cost</b> | <b>\$</b> | <b>51,791</b> |
| 1. Personnel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 43,748        |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| 2. Contractual/Consultant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0             |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| 3. Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0             |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| 4. Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0             |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| 5. Operating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8,043         |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0             |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <b>Total Cost</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>\$</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>51,791</b> |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <b>Disbursement of funds will be as follows:</b><br>Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$51,791 during the subgrant period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <b>Source of Funds:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Amount:</th> <th style="width: 15%;">% of Funds:</th> <th style="width: 15%;">CFDA#:</th> <th style="width: 35%;">Federal Grant #:</th> </tr> </thead> <tbody> <tr> <td>1. SAPT Block Grant – TB Services</td> <td style="text-align: center;">\$2,590</td> <td style="text-align: center;">5%</td> <td>93.959 B1 NVSAPT</td> </tr> <tr> <td>2. SAPT Block Grant – HIV Services</td> <td style="text-align: center;">\$49,201</td> <td style="text-align: center;">95%</td> <td>93.959 B1 NVSAPT</td> </tr> </tbody> </table> | Amount:       | % of Funds:      | CFDA#: | Federal Grant #:          | 1. SAPT Block Grant – TB Services | \$2,590 | 5%        | 93.959 B1 NVSAPT | 2. SAPT Block Grant – HIV Services | \$49,201    | 95% | 93.959 B1 NVSAPT |              |    |       |          |    |   |                   |           |               |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | % of Funds:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CFDA#:        | Federal Grant #: |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| 1. SAPT Block Grant – TB Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$2,590                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5%            | 93.959 B1 NVSAPT |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| 2. SAPT Block Grant – HIV Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$49,201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 95%           | 93.959 B1 NVSAPT |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| <b>Terms and Conditions</b><br>In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> <li>Expenditures must comply with appropriate state and/or federal regulations.</li> <li>This award is subject to the availability of appropriate funds.</li> <li>Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| Authorized Subgrantee Official<br>Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature         </div> <div style="width: 35%;">           Date         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| Deborah McBride, MBA<br>Agency Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |
| Mental Health and Developmental<br>Services Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |        |                           |                                   |         |           |                  |                                    |             |     |                  |              |    |       |          |    |   |                   |           |               |

**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES**  
**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Substance Abuse Prevention and Treatment Agency, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. Subgrantee acknowledges the continuation of this subgrant is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources.
3. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditure(s) beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
4. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
5. Any changes to the approved subgrant that will result in an amendment must be received 90 days prior to the end of the subgrant period (no later than March 30<sup>th</sup>) and completed 60 days prior to the end of the subgrant period (no later than April 30<sup>th</sup>). Amendment requests received after the 90 day deadline will be denied.
6. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
  - b. In all cases an overriding requirement exists to retain records until notified in writing of resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

7. Subgrantee agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
8. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).
9. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.

10. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Division, as required by 45 C.F.R 164.504 (e).
11. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
12. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, counsel, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.
  - d. failure to comply will result in disqualification of future funding and/or termination of current funding.
13. Division subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
  - d. determine reliability of financial aspects of the conduct of the project; and
  - e. chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.850, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The subgrantee agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.
14. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL SIGNED AUDIT REPORT MUST BE SENT TO THE SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY, Attn: Grants and Projects Analyst, 4126 Technology Way, 2<sup>nd</sup> Floor, Carson City, NV 89706, within nine (9) months of the close of the Subgrantee's fiscal year. Failure to comply will result in disqualification of future funding and/or termination of current funding.

The Division's Policy requires that for subgrantees not required to have an audit under OMB A-133, a Limited Scope Audit on Agreed Upon Procedures must be conducted for that year by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. A copy of the limited scope report must be sent to the Substance Abuse Prevention & Treatment Agency, Attn: Grants & Projects Analyst, 4126 Technology Way, 2<sup>nd</sup> Floor, Carson City, NV, 89706, within nine (9) months of the close of the Subgrantee's fiscal year. Failure to comply will result in disqualification of future funding and/or termination of current funding.

15. Subgrantee shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. Subgrantee shall provide proof of worker's compensation

insurance as required by Nevada Revised Statutes Chapters 616A through 616D inclusive. Commercial general liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent contractors, completed operations, personal injury, products, civil lawsuits, Title VII actions and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). The Substance Abuse Prevention and Treatment Agency shall be named as the Certificate Holder on the Certificate of Liability Insurance.

16. **STATE LICENSURE/CERTIFICATION FROM THE STATE HEALTH DIVISION, BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE:** Programs funded by SAPTA are required to be in compliance with all state licensure and/or certification requirements. At the present time the Bureau of Health Care Quality and Compliance (HCQC) has authority in regards to residential substance abuse services including social model and modified medical detoxification, opioid maintenance therapy, and medical laboratories. Medical laboratory requirements are relevant if your program provides drug testing. Please be sure that these issues have been appropriately addressed by your agency and that the application reflects the most current information regarding HCQC's requirements. SAPTA will be confirming all information provided by subgrantees with HCQC staff. A copy of the current license should be submitted to SAPTA.
17. Subgrantee agrees to identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement that is applicable to the appropriate funding sources.
18. Subgrantees are required to report within 24 hours the occurrence of an incident, following SAPTA policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program. [NAC 458.153 3(e)]
19. Subgrantees shall adhere to the requirements of the Federal Funding Accountability and Transparency Act, wherein it stipulates that programs are not eligible for funding unless they have a Dun and Bradstreet Universal Number System (DUNS) number and maintain current registration with the Central Contractor Registry (CCR).
20. Subgrantee agrees to comply with the following:
  - 1) Provide a copy of letters of engagement, audit reports and management letters within 10 days of receipt and acceptance by the organization's governing authority. This includes a copy of any corrective action resulting from discrepancies identified by the audit;
  - 2) Be a "smoke, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
  - 3) Have documentation on file verifying Nevada Repository and FBI background checks were conducted on all staff, volunteers, and consultants, if subgrantee serves minors with funds awarded through this subgrant;
  - 4) Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting (GAAP) principles;
  - 5) Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures contained within:
    - a. 45 CFR Part 74,
    - b. OMB Circular A-133,
    - c. Funding source requirements,
    - d. All other federal rules related to federal funding,
    - e. Chapter 458 of the Nevada Revised Statutes,
    - f. Chapter 458 of the Nevada Administrative Code,
    - g. Mental Health and Developmental Services,
    - h. Substance Abuse Prevention and Treatment Agency,
    - i. All applicable state regulations and policies, and
    - j. All terms listed within this award.
21. Any condition listed within the subgrant award that is not met may result in SAPTA withholding payment of any request for reimbursement.

**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES  
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY  
NOTICE OF SUBGRANT AWARD**

**SECTION B**

**Treatment Services Additional Assurances**

Subgrantees providing **Treatment services** also agree to:

- 1) **ADMISSION PRIORITY:** Treatment admission prioritization for all programs receiving Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds, except for Civil Protective Custody Services, must be conducted in the following order:
  - a. Pregnant injection drug users
  - b. Pregnant substance abusers
  - c. Non-pregnant injection drug users
  - d. All others
- 2) **TUBERCULOSIS SERVICES:** On a routine basis, providers must make arrangements to have tuberculosis services available. Services are provided for SAPTA funded programs through arrangements with Southern Nevada Health District, H.O.P.E.S., Carson City Health District or the Frontier and Rural Public Health. Subgrantees not utilizing the aforementioned services must explain why they are not utilizing these providers, if they are currently funded. New subgrantees must utilize these providers. Services to each individual receiving treatment for substance abuse must include:
  - a. Counseling the individual with respect to tuberculosis.
  - b. Testing to determine if the individual has been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for the individual.
  - c. Providing for or referring the individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.
  - d. Programs will refer clients to a provider of TB services when such individuals are in need of substance abuse treatment and are denied admission to the program on the basis of lack of capacity.
  - e. Programs must implement protocols developed by SAPTA and the Nevada State Health Division, TB Control Officer to prevent the transmission of tuberculosis. Such protocols will address the following:
    - 1) Screening clients.
    - 2) Identification of those individuals who are at high risk of becoming infected.
    - 3) Meeting all state reporting requirements while adhering to federal and state confidentiality requirements including 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, 45 CFR 160, 162 and 164, as amended.
    - 4) Case management activities to ensure that individuals receive needed services.
    - 5) Programs will report all individuals with active TB to the state TB Control Officer as required by state law and in accordance with federal and state confidentiality requirements (including 42 CFR Part 2).
- 3) **HIV/AIDS EARLY INTERVENTION SERVICES:** Programs must make HIV early intervention services available at the sites where individuals are undergoing substance abuse treatment. Programs cannot place barriers to such services being provided on site. Such services must be undertaken voluntarily by, and with the informed consent, of the individual and undergoing such services will not be required as a condition of receiving services for substance abuse. Required services include:
  - a. Appropriate pretest counseling for HIV and AIDS.
  - b. Testing individuals for HIV and AIDS, including tests to confirm the presence of the disease, testing to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.
  - c. Appropriate post-test counseling.
- 4) **TREATMENT CAPACITY AND INTERIM SERVICES:** When 90% capacity has been reached in any service level by a funded program, a 90% Capacity Report by service level must be submitted in NHIPPS for the reporting week. Programs currently funded by SAPTA have to agree to continue reporting 90% capacity. Programs not previously funded must describe in detail how the information will be gathered and agree to conform to the following SAPTA's reporting requirements:

- a. Maintain a waiting list in NHIPPS using unique client identifiers, comprised of persons who meet criteria for treatment and the Federal Uniform Waiting List Requirements and SAPTA waiting list protocols. Only persons available to accept treatment are maintained on the waiting list.
  - b. Maintain weekly contact with persons on the waiting list and document such contact in a weekly Chart Note in NHIPPS. Programs currently funded by SAPTA must agree to track and document any required interim services that have been provided to a client using a Chart Note in NHIPPS.
  - c. Provide injection drug abuse clients either comprehensive treatment or interim services within 48 hours of the request for substance abuse services. Interim services can be for no longer than 120 days from the request for services and must include referrals for testing for or treatment of HIV or tuberculosis.
  - d. Take off the waiting list an individual who has requested treatment, is in need of treatment, and is awaiting treatment and not provide treatment within 14 or 120 days (whichever is applicable), for intravenous drug abuse, only in those circumstances when they meet one of the two following conditions:
    - 1) Such a person cannot be located for admission into treatment.
    - 2) The person refuses treatment when contacted that space is available.
  - e. Counseling and education about HIV and TB, the risks of needle sharing, the risks of transmission to sexual partners and infants and the steps that can be taken to ensure that HIV transmission does not occur.
  - f. Interim methadone maintenance permitted by the regulations.
  - g. Provide pregnant women either comprehensive treatment services or interim services within 48 hours of the request for services. Interim services must include counseling on the effects of alcohol and drug use on the fetus and referrals for prenatal care.
  - h. Programs must establish community linkages with a comprehensive resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referrals. Programs will coordinate alcohol and other drug prevention or treatment activities with the provision of other services such as health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.
  - i. All providers, except those that don't treat women, will make available services to pregnant women, publicize the availability of these services and the admission priority granted to pregnant women, either through street outreach programs or public service announcements.
  - j. Providers will use SAPTA funds, including the SAPT Block Grant funds as the "payor of last resort" for all services; therefore, programs should make every reasonable effort including the establishment of systems for eligibility determination, billing, and collection.
  - k. Programs will have in effect a system to protect from inappropriate disclosure of client records compliant with all applicable state and federal laws and regulations, including 42 CFR, Part 2. The system shall include, but not be limited to, the following provisions:
    - 1) Employee education about the confidentiality requirements.
    - 2) Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.
  - l. Programs will make continuing education in alcohol and other drug treatment available to employees who provide services.
- 5) **SLIDING FEE SCALE:** All programs are expected to submit a new or updated Sliding Fee Scale policy and appropriate documents to SAPTA for review and approval. Established requirements include the following:
- a. Policy documents that no person will be denied services due to ability to pay.
  - b. Based on family size of those residing in the household.
  - c. Based on family income level at time of admission.
  - d. Based on the federal poverty level (FPL up to 400%) or local median income level (must choose one to use consistently). Please refer to the FPL spreadsheet at the following website:  
<http://aspe.hhs.gov/poverty/>
  - e. Income verification by written documentation.
  - f. Must have a policy/procedure in place for "no documentation available" and/or other exceptions.
  - g. Collects reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any state compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program.



- h. Appropriate documentation of sliding fee scale availability policy is posted in the intake area and available in written form for all clients/citizens requesting it. The policy is available for anyone asking for a copy, and must be consistently applied to all clients seeking care.
  - i. Costs for services are based on program rates that can be justified and verified to SAPTA.
- 6) **DIVISION CRITERIA LEVELS OF SERVICE:** Subgrantees must implement Division Criteria when admitting and providing services to clients. In response to the various needs of the substance abuse treatment population, SAPTA supports other levels of care that have been reviewed and approved by the SAPTA Advisory Board. The inclusions of these levels of care allow programs to place clients in the most appropriate level of service at the time of admission; participate in the implementation of evidence-based treatment programs, strategies, policies, and practices; and use the Treatment Program Operating and Access Standards as the basis for program, workforce, and agency development.
- 7) **EVIDENCE BASED PRACTICE:** Subgrantees are required to implement the National Institute of Drug Abuse's (NIDA's) 13 principles of treatment.  
Please remember that NAC 458 requires certification for each funded level of service provided.
- 8) **RESTRICTIONS ON EXPENDITURE OF FUNDS:** Subgrantees will NOT expend SAPTA funds, including Federal Substance Abuse Prevention and Treatment Block Grant Funds for any of the following purposes:
- a. To provide in-patient hospital substance abuse services.
  - b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
  - c. To make purchases, including equipment, over \$1,000.
  - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
  - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
  - f. To make payments to intended recipients of health services.
  - g. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
  - h. To provide treatment services in penal or correctional institutions of the state.
  - i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
- 9) **SET ASIDE FOR PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN:** Subgrantees funded by monies set aside for treatment of pregnant women and women with dependent children from the SAPT Block Grant or State General Funds must specify the manner in which they will comply with federal requirements specific to receipt of this funding. Funding Requirements/Restrictions include:
- a. Use the federal funds as the "payor of last resort" for the services noted below to make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection to:
    - 1) Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any state compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program.
    - 2) Secure from clients payment for services in accordance with their ability to pay.
  - b. Admission to the program and continuation of services must be limited to pregnant women and women with dependent children. Women with dependent children seeking reunification with their children are eligible for admission.
  - c. Provide or arrange for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, and parenting and childcare while women are receiving treatment.
  - d. Provide therapeutic interventions for children in custody of women in treatment that may address their developmental needs and any issues of neglect, physical abuse, or any issues of sexual abuse.
  - e. Provide substance abuse treatment in a manner which treats the family as a unit and which admits both women and women with dependent children into treatment when appropriate.
  - f. Provide or arrange for sufficient case management and transportation services to ensure that pregnant women, and women and their children have access either directly or through formal referral to other governmental agencies or private not-for-profit organizations for the following services:

- 1) Primary medical care for women, including prenatal care.
  - 2) Primary pediatric care for dependent children, including immunization.
  - 3) Childcare to the extent necessary to allow women with dependent children to utilize primary medical care and to utilize treatment for abuse of alcohol and other drugs.
  - 4) Transportation to the extent necessary to allow pregnant women and women with dependent children to utilize primary medical care and to utilize treatment for abuse of alcohol and other drugs.
- g. Provide sufficient management of the cases of pregnant women or women with dependent children to ensure that the foregoing services are provided according to the assessed needs of the client:
- 1) Care coordination to assist in establishing eligibility for public assistance programs provided by federal, state, or local governments.
  - 2) Employment and training programs.
  - 3) Education and special education programs.
  - 4) Drug-free housing for women and their children.
  - 5) Prenatal care and other health care services.
  - 6) Therapeutic daycare for children.
  - 7) Head Start.
  - 8) Other early childhood programs.
- 10) Participate in the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peer review process;
  - 11) Use SAPTA funding as the funding source of last resort, when applicable, and not to exclude clients from treatment because of an ability to prepay any portion of the treatment process;
  - 12) Post a notice that no persons may be denied services due to ability to pay where clients, visitors, and persons requesting services may easily view it. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so;
  - 13) Allow employees 5 days per year to attend training courses and receive continuing education credits. Training must be relevant to the population served, and support the implementation of evidence-based practices; and
  - 14) Fully cooperate with all SAPTA sponsored studies including, but not limited to, utilization management audits, program compliance monitoring, reporting audits, complaint investigations, and evaluation studies.
  - 15) Certification must be current and fee paid prior to release of certificate in order to receive funding from the Division. Failure to comply may result in disqualification of future funding and/or termination of current funding.

#### **FUNDING SOURCE INFORMATION:**

- A. **Substance Abuse Prevention and Treatment Block Grant (SAPTBG):** According to SAPTBG, these funds are available to support all types of treatment and prevention for both alcohol and other drug abuse.
- B. **State General Funds:** These funds are available to support all types of treatment for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- C. **State Liquor Tax:** These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions" although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:
  - i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
  - ii. Priority will be given to:
    - a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.
    - b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES  
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY  
NOTICE OF SUBGRANT AWARD  
SECTION C**

Description of services, scope of work, deliverables and reimbursement

Carson City Health and Human Services, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Provide all services as identified in the scope of work (Attachment A).

**Subgrantee agrees to adhere to the following budget:**

APPROVED BUDGET CATEGORIES include:

|                       |           |               |
|-----------------------|-----------|---------------|
| Personnel             | \$        | 43,748        |
| Consultants/Contracts | \$        | 0             |
| Travel                | \$        | 0             |
| Training              | \$        | 0             |
| Operating             | \$        | 8,043         |
| Other                 | \$        | 0             |
| <b>Total Cost</b>     | <b>\$</b> | <b>51,791</b> |

**REIMBURSEMENT** shall be on the following basis:

- A Request for Reimbursement will be submitted electronically via the Nevada Health Information Provider Performance System (NHIPPS), and will include only items contained within the subgrant documents, not to exceed \$51,791. Requests for advance of payment will not be considered or allowed.
- Subgrantee will enter all required data into NHIPPS and submit any required reporting prior to submitting an electronic reimbursement request.
- Subgrantee will submit, via NHIPPS, the Request for Reimbursement and a supporting schedule summarizing the total amount and type of expenditures made during the reporting period within 15 days following the end of each month. A request must be submitted as a zero dollar request if no expenses were incurred during the month.
- Subgrantee agrees that submittal of the electronic reimbursement request constitutes an electronic signature and indicates that all source documentation is approved and on file with original signature when required.
- Subgrantee must retain copies of approved travel claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of reimbursement requests. The amount requested cannot exceed the amount of the actual expenditure.
- Additional expenditure detail will be provided upon request from SAPTA. Any costs requested without sufficient approved backup will be denied until such support can be produced.
- The maximum amount that can be overspent within a category in your approved budget is 20%, not to exceed the total subgrant budget. Anything over that amount requires an amendment to your budget **prior** to any changes going into affect. Information for all amendments must be received 90 days **prior** to the end of the subgrant period and completed 60 days **prior** to the end of the subgrant period. Amendment requests received after the 90 day deadline will be denied.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees.
- Contracts, including lease agreements must be received by SAPTA prior to reimbursement payments.
- SAPTA has the right to withhold reimbursement if any of the terms of the subgrant are not met.

Additionally, the subgrantee agrees to provide:

- A final Request for Reimbursement to SAPTA within **20 days** of the CLOSE OF THE SUBGRANT PERIOD. Any unobligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

**SAPTA agrees to:**

- Process Requests for Reimbursement in a timely manner.
- Provide technical assistance to ensure compliance with subgrant and to maintain program integrity.
- SAPTA reserves the right to reject requests for reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by SAPTA.

**Both parties agree:** Program Compliance and Fiscal Monitors are a condition of receipt of SAPTA funding. Programs receiving SAPTA funding are required to participate in both the certification and the monitor processes. Failure to comply will result in disqualification of future funding and/or termination of current funding.

A monitor is regulatory in nature and the purpose of a SAPTA monitor is to accomplish the following:

- Verify that alcohol and drug abuse funds are being utilized as identified in grant award documents.
- Ensure that SAPTA funds programs in compliance with state and federal requirements and restrictions.
- Identify problems or difficulties at an early point in time.
- Coordinate the efficient delivery of services to Nevada's population.

All reports of expenditures and requests for reimbursement processed by SAPTA are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Mental Health and Developmental Services  
**Substance Abuse Prevention and Treatment Agency**  
 2011 Treatment Cycle  
**Scope of Work Form for HIV/TB Testing**

Instructions: Complete one form for the total organization that will serve as a summary of each location's units of service and clients. The number of clients should be the same as on the Budget Form. **COLUMN MAY NOT TOTAL**, as client may receive both services and different number of visits.

**Name of Service Organization:** Carson City Health & Human Services

| LOCATION OF SERVICE                   | NUMBER OF VISITS TO BE PROVIDED/FREQUENCY |          | NUMBER OF INDIVIDUALS SERVED |              |             |
|---------------------------------------|-------------------------------------------|----------|------------------------------|--------------|-------------|
|                                       |                                           |          | HIV                          | TUBERCULOSIS | TOTAL       |
| Community Counseling Center: Pratt St | outreach                                  | outreach | outreach                     | outreach     | Outreach    |
| Community Counseling Center: Long St  | 21                                        | weekly   | 232                          | 863          | 1095        |
| <b>TOTAL CLIENT VISITS</b>            |                                           |          | <b>232</b>                   | <b>863</b>   | <b>1095</b> |

**Budget Summary**

Attachment B

In the table below, break out your award by expense category and funding source. The funding source dollar amounts and total dollar amounts can be found on your notification letter. Also include the number of clients to be served by funding source as indicated on the form. The number of clients should be the same as on

**Organization Name:** Carson City Health & Human Services

SFY11

| BUDGET CATEGORIES                                  | SAPT - FEDERAL BLOCK GRANT |                  | TOTAL REQUEST    |
|----------------------------------------------------|----------------------------|------------------|------------------|
|                                                    | TB SERVICES                | HIV SERVICES     |                  |
| Personnel                                          | \$ 2,188                   | \$ 41,560        | \$ 43,748        |
| Consultants                                        | \$ -                       | \$ -             | \$ -             |
| Travel                                             | \$ -                       | \$ -             | \$ -             |
| Training                                           | \$ -                       | \$ -             | \$ -             |
| Operating                                          | \$ 402                     | \$ 7,641         | \$ 8,043         |
| Other                                              | \$ -                       | \$ -             | \$ -             |
| <b>Totals:</b>                                     | <b>\$ 2,590</b>            | <b>\$ 49,201</b> | <b>\$ 51,791</b> |
| <b>Number of UNDUPLICATED Clients to be Served</b> |                            |                  |                  |
| <b>COLUMN TOTAL</b>                                | <b>1,095</b>               |                  | <b>1,095</b>     |
| <b>ADULT</b>                                       | <b>751</b>                 | <b>197</b>       | <b>948</b>       |
| <b>ADOLESCENT</b>                                  | <b>112</b>                 | <b>35</b>        | <b>147</b>       |

5% of applicants requested funding should be utilized for TB services at \$3.00 a unit.

## Attachment B

SFY 11

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## BUDGET REQUEST AND JUSTIFICATION FORM

Attachment B

Organization Name: Carson City Health &amp; Human Services

TB-HIV

SFY 11

**PAYROLL TAXES AND FRINGE BENEFITS:**

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are only for the percentage of time devoted to the project. Complete subcategory total. Detail all payroll taxes and fringe benefits on the appropriate lines. Enter GROUP INS in the REQUEST column as a total value and list the rate per staff and number of staff in the Justification.

|                                                                                                      | Applicable Salary | Rate (%) | REQUEST   |
|------------------------------------------------------------------------------------------------------|-------------------|----------|-----------|
| FICA                                                                                                 |                   |          |           |
| WORKERS' COMP                                                                                        | 27,364            | 3.45%    | 944       |
| UNEMP. INS                                                                                           |                   |          |           |
| OTHER:                                                                                               | 27,364            | 20.50%   | 5,610     |
| OTHER:                                                                                               | 27,364            | 1.45%    | 397       |
| OTHER:                                                                                               |                   |          |           |
|                                                                                                      | # of FTE/ Staff * | Cost/FTE |           |
| GROUP INS (Health, Life, Disability, etc.)                                                           | 0.14              | 30,645   | 4,255     |
| * The # of FTE/Staff should be proportionate with the % of the # of FTE's within Salaries and Wages. |                   |          |           |
| SUB-CATEGORY TOTAL                                                                                   |                   |          | \$ 11,206 |

**JUSTIFICATION:**

|                                                   |  |                              |           |
|---------------------------------------------------|--|------------------------------|-----------|
| Add salaries and wages and payroll taxes/benefits |  | <b>TOTAL PERSONNEL COSTS</b> | \$ 43,748 |
|---------------------------------------------------|--|------------------------------|-----------|



## Attachment B

TB-HIV

SFY 11

| CONSULTANTS/CONTRACT SERVICES: (Time Needed x Rate = Requirements)<br>List all consultant/contract personnel in order of priority need. (Consultant travel and expenses should be included in this section.)<br>Remember to list the rate and times for each consultant. Use the Fixed Price column for fixed rate contracts only, do not use the<br>Rate and Hours columns with a Fixed Rate contract. |            |              |       | REQUEST   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-------|-----------|
|                                                                                                                                                                                                                                                                                                                                                                                                         | Fixed Rate | RATE (\$/Hr) | HOURS |           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |            |              |       |           |
| <b>TOTAL CONSULTANTS/CONTRACTS</b>                                                                                                                                                                                                                                                                                                                                                                      |            |              |       | <b>\$</b> |
| <b>JUSTIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                   |            |              |       |           |

## Attachment B

SFY 11

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |           |          |       |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|----------|-------|---------|
| <p><b>TRAVEL COSTS:</b> This is for staff travel related to program activities. Per mile cost and per diem rates should not exceed the current state rates. Current in-state rates can be obtained from SAPTA. Show the basis of computation (i.e., cost per night for lodging x number of nights = total lodging expense). A signed Travel Claim is required when travel expenses are being claimed. Receipts are mandatory for lodging, rental cars, shuttle, taxi and parking. Training-related expenses (i.e. registration, airfare, per diem, mileage, etc.) should be listed under the "Training" category.</p> |         |           |          |       | REQUEST |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mileage | Rate/mile | Per Diem | Other |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |           |          |       |         |
| TOTAL TRAVEL COSTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |           |          |       | \$      |
| JUSTIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |           |          |       |         |

## BUDGET REQUEST AND JUSTIFICATION FORM

Attachment B

Organization Name: Carson City Health &amp; Human Services

TB-HIV

SFY 11

**TRAINING:** Registration fees/conference/training costs should be included in this section. Remember to include travel items (i.e., airfare, per diem, mileage, etc.) and other expenses related to training. Receipts are mandatory for lodging, rental cars, shuttle, taxi and parking. Reimbursement cannot be made without the original receipt(s). A signed Travel Claim is required when training-related travel expenses are being claimed.

REQUEST

TOTAL TRAINING COSTS \$

JUSTIFICATION:

## BUDGET REQUEST AND JUSTIFICATION FORM

Attachment B

Organization Name: Carson City Health &amp; Human Services

TB-HIV

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| <b>OPERATING COSTS:</b> Include in this section requests to support all of the following: building space, utilities, telephone, postage, printing and copying, publication, desktop and consumable office supplies, drugs and biologicals, food expenses, and other. For each building location(s) include number of square feet, cost per square feet for rent/lease for administration and counseling. For utilities, include such items as water, heat, gas and electricity where such costs are not included in the rent/lease. For telephone, include the cost of monthly service and toll charges by site. For drug and biological costs use the average cost per month. For food expenses breakout the number of meals/snacks served per day, the number of clients served per day, and the average cost per meal/snack. Certification fees, insurance costs and limited scope audit expenses are classified as operating | REQUEST         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Operating supplies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| Office supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1,100           |
| Educational materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 845             |
| Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 500             |
| Printing and toner expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1,250           |
| Medical supplies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| Gloves, syringes, swabs, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2,554           |
| Tubersol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 665             |
| HIV lab test (LabCorps)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1,129           |
| <b>TOTAL OPERATING COSTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>\$ 8,043</b> |
| <b>JUSTIFICATION:</b><br>Operating supplies:<br>Office supplies - normal operating supplies for supporting SAPTA grant staff<br>Advertising - advertising of free HIV/TB clinic testing<br><br>Medical supplies:<br>Gloves, syringes, etc. - miscellaneous supplies required when administering TB/HIV tests<br>Tubersol - diagnostic test for TB exposure<br>HIV rapid tests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |

## BUDGET REQUEST AND JUSTIFICATION FORM

Attachment B

Organization Name: Carson City Health &amp; Human Services

TB-HIV

SFY 11

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>OTHER COSTS:</b> Provide a description and the purpose/need for each item. The only items that are placed under the "other" category are your A-133 Audit expenses and indirect cost rate with a cognizant agency. Show the calculation for the cost and provide supporting information. (Total Federal Funding, Federal Funding received by SAPTA, the total of the A-133 Audit expense and the percent being requested within this budget for the A-133 Audit.) | <b>REQUEST</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
| <b>TOTAL OTHER COSTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>\$ -</b>    |
| <b>JUSTIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |

|                                                                     |                      |                  |
|---------------------------------------------------------------------|----------------------|------------------|
| Add: Personnel, Consultants, Travel, Training, Operating, and Other | <b>TOTAL REQUEST</b> | <b>\$ 51,791</b> |
|---------------------------------------------------------------------|----------------------|------------------|

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Agency or created by Subgrantee from that confidential information is destroyed or returned, if feasible, to Agency pursuant to Clause VI (4).

III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Subgrantee hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Agency for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBGRANTEE

Subgrantee shall be permitted to use and/or disclose information accessed, viewed or provided from Agency for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. USE OR DISCLOSURE OF INFORMATION

Subgrantee may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Subgrantee; to carry out legal responsibilities of Subgrantee; and to provide data aggregation services relating to the health care operations of Agency. Subgrantee may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
3. The Subgrantee has obtained written approval from the Agency.

VI. OBLIGATIONS OF SUBGRANTEE

1. **Agents and Subrecipients.** Subgrantee shall ensure by subcontract that any agents or subrecipients to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subgrantee and are contained in Agreement.
2. **Appropriate Safeguards.** Subgrantee will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.

3. **Reporting Improper Use or Disclosure.** Subgrantee will immediately report in writing to Agency any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subgrantee will return or destroy all confidential information created or received by Subgrantee on behalf of Agency. If returning or destroying confidential information at termination of Agreement is not feasible, Subgrantee will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subgrantee maintains will not be used or disclosed.

**IN WITNESS WHEREOF,** Subgrantee and the Agency have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

SUBGRANTEE/ORGANIZATION

AGENCY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Deborah McBride

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Agency Director

\_\_\_\_\_  
Title