

item #9-2

**City of Carson City
Agenda Report**

Date Submitted: 10/22/10

Agenda Date Requested: 11/04/10
Time Requested: Consent

To: Carson City Board of Supervisors

From: Health and Human Services Department (Marena Works)

Subject Title: Action to approve a subgrant award from the Nevada State Health Division in the amount of \$464,644 for the 2010 CDC Public Health Preparedness and Response for Bioterrorism cooperative agreement.

Staff Summary: This subgrant from the State Health Division allocates federal funding from the Centers for Disease Control and Prevention to upgrade local public health's preparedness and response to bioterrorism, outbreaks of infectious disease and other public health threats and emergencies. This is the fifth year of funding the Health Department has received from this five-year budget cycle. This funding is expected to expire on August 9, 2011.

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 the subgrant award from the Nevada State Health Division in the amount of \$464,644 for the 2010 CDC Public Health Preparedness and Response for Bioterrorism cooperative agreement.

Explanation for Recommended Board Action: This subgrant is used to upgrade local public health's preparedness and response to bioterrorism, outbreaks of infectious disease and other public health threats and emergencies. This funding from the CDC through the Nevada State Health Division is expected to expire on June 30, 2011.

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

Fiscal Impact: Match or in-kind contribution required

Explanation of Impact: CCHHS satisfies this requirement with an in-kind contribution from the City for rent and utilities. Expenses will be reimbursed under this subgrant award.

Funding Source: Centers for Disease Control and Prevention through the Nevada State Health Division

Alternatives: Do Not Approve

Supporting Material: Subgrant Award from the Nevada State Health Division

Prepared By: Marena Works

Reviewed By: Marena Works
(Department Head)

Date: 10/26/10

[Signature]
(City Manager)

Date: 10/26/10

[Signature]
(District Attorney)

Date: 10/26/10

[Signature]
(Finance Director)

Date: 10/26/10

Board Action Taken:

Motion: _____

1) _____

Aye/Nay

2) _____

(Vote Recorded By)

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Program #: CDC01-10
 Budget Account #: 3218
 Category #: 22
 GL #: 8501

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Health Planning & Emergency Response Nevada State Health Division		Subgrantee Name: Carson City Health and Human Services (CCHHS)	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 900 East Long Street Carson City, NV 89706	
Subgrant Period: August 10, 2010 through August 9, 2011		Subgrantees: EIN#: 88-6000189 Vendor#: T80990941J Dun & Bradstreet #: 073787152	
Reason for Award: 2010 CDC Public Health Preparedness and Response for Bioterrorism – Funds are intended to upgrade state and local public health jurisdictions' preparedness and response to bioterrorism, outbreaks of infectious diseases and other public health threats and emergencies.			
County(ies) to be served: () Statewide (X) Specific county or counties: Carson City, Lyon & Douglas			
Approved Budget Categories:			
1. Personnel	\$	291,472	
2. Contractual/Consultant	\$	121,635	
2. Travel	\$	15,000	
3. Supplies	\$	2,400	
4. Equipment	\$	0	
6. Other	\$	34,137	
7. Indirect	\$	0	
Total Cost		\$	464,644
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of a reimbursement request / invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$464,644 during the subgrant period.			
Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Centers for Disease Control and Prevention	100%	93.069	3U90TP916964-10W1
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, C and D of this subgrant award.			
Authorized Sub-grantee Official Title	Signature		Date
MAYOR Daniel P. Mackie, MPH Health Program Manager, PHP			13 OCT 10
Kyle Devine, MSW Health Program Manager II, PHP			10/13/10
Richard Whitley, MS Administrator, Health Division			

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, 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 Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health 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 Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. 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 not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b. In all cases an overriding requirement exists to retain records until 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.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health 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.
6. 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 offer for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. 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 there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. 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 Health Division, as required by 45 C.F.R 164.504 (e).
9. 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.

10. 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, council, 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, council, or board.

11. Health Division subgrants are subject to inspection and audit by representatives of the Health 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; and
 - d. determine reliability of financial aspects of the conduct of the project.

12. 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 Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 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 AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

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

- See Attached Scope of Work
- Submit written Progress Reports to the Health Division electronically on or before:
 - March 30, 2011 Mid Year Progress Report (For the period of 8/10/10-2/28/11)
 - October 1, 2011 End of Year Progress Report (For the period of 3/1/11-8/9/11)
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 3U90TP916964-10W1 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 3U90TP916964-10W1 from the Centers for Disease Control and Prevention.

(Continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 291,472	<table border="0" style="margin-left: 20px;"> <tr> <td style="text-align: right;">\$49,130</td> <td>PHP Program Manager</td> <td style="text-align: right;">65%</td> </tr> <tr> <td style="text-align: right;">\$80,330</td> <td>Disease Prevention and Control Investigator</td> <td style="text-align: right;">100%</td> </tr> <tr> <td style="text-align: right;">\$60,542</td> <td>Health Communications Administrator</td> <td style="text-align: right;">100%</td> </tr> <tr> <td style="text-align: right;">\$15,260</td> <td>Health Educator / Disease Investigator</td> <td style="text-align: right;">28%</td> </tr> <tr> <td style="text-align: right;">\$86,210</td> <td>Fringe Benefits</td> <td></td> </tr> </table>	\$49,130	PHP Program Manager	65%	\$80,330	Disease Prevention and Control Investigator	100%	\$60,542	Health Communications Administrator	100%	\$15,260	Health Educator / Disease Investigator	28%	\$86,210	Fringe Benefits	
\$49,130	PHP Program Manager	65%															
\$80,330	Disease Prevention and Control Investigator	100%															
\$60,542	Health Communications Administrator	100%															
\$15,260	Health Educator / Disease Investigator	28%															
\$86,210	Fringe Benefits																
2. Contractual/Consultant	\$ 121,635	<p>Regional Planner; Environmental Health Consultant; Administrative Support (Fiscal); Administrative Support; and POD Exercise Support</p>															
2. Travel	\$ 15,000	<p>In-State Travel and Out-of-State Travel in accordance with Federal GSA Rates</p>															
3. Supplies	\$ 2,400	<p>Office Supplies</p>															
4. Equipment	\$ 0																
6. Other	\$ 34,137	<p>Blackberry (x3); Portable cages for animal emergency response; Supplies for Mass Prophylaxis, Vaccination and other Exercises; Great Basin Public Health Leadership Registration Fee; WebEOC Software Support Renewal</p>															
7. Indirect	\$ 0																
Total Cost	<u>\$ 464,644</u>																

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$46,464), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the federal funding agency. ****Redirect requests can only be submitted up to 60 days before the close of the subgrant period.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Requests for Reimbursements will be submitted monthly.

- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2011.
- Additional expenditure detail will be provided upon request from the Division.
- The maximum amount of funding available through this subgrant is \$464,644.

Additionally, the subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$464,644 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- Reserve the right to hold reimbursement under this subgrant until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment,

All reports of expenditures and requests for reimbursement processed by the Health Division 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 be 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 Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

☞ ***An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION D**

**NEVADA STATE HEALTH DIVISION
AUDIT INFORMATION REQUEST**

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.

2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year?
YES NO

3. When does your fiscal year end? 6/30

4. How often is your organization audited? Annual

5. When was your last audit performed? Nov 2009

6. What time period did it cover? 7/1/09 - 6/30/10

7. Which accounting firm conducted the audit? Kaboury, Armstrong & Co.

Nancy Paulson Dep. Finance Director 10/26/10
SIGNATURE TITLE DATE

Nevada Department of Health and Human Services

Health Division # 11056 CW
 Bureau Program # CDC01-10
 GL # 8501
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Health Planning & Emergency Response	Subgrantee Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 900 East Long Street Carson City, NV 89706
Subgrant Period: August 10, 2010 - August 9, 2011	Subgrantee EIN #: 88-6000189 Subgrantee Vendor #: T80990941J Dunn & Bradstreet #: 73787152

FINANCIAL REPORT AND REQUEST FOR FUNDS - BASE

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): _____ **Calendar Year:** _____

Approved Budget Category		A	B	C	D	E	F
		Approved Budget	Total Prior Requests	Current Request	Year To Date Total	Budget Balance	Percent Expended
1	Personnel	\$ 291,472.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 291,472.00	0%
2	Contract/Consultant	\$ 121,635.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 121,635.00	0%
3	Travel	\$ 15,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15,000.00	0%
4	Supplies	\$ 2,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,400.00	0%
5	Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	#DIV/0!
6	Other	\$ 34,137.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 34,137.00	0%
7	Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8	Total	\$ 464,644.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 464,644.00	0%

This report is true and correct to the best of my knowledge.

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

**Carson City Health and Human Services (CCHHS)
 CDC Public Health Emergency Preparedness BP10E
 SUBGRANT #CDC01-10 (HD#11056)**

SECTION B

Scope of Work

August 10, 2010 through August 9, 2011



The purpose of Material Acquisition and Distribution is to ensure that during a public health emergency Nevada's health authorities are capable of acquiring, distributing, and dispensing medical assets quickly and efficiently to the citizens and visitors of Nevada. Achieving this mission will take a high level of coordination between the Nevada State Health Division and Local Health Authorities.

Objective:	Activities to achieve Objective (detailed information)	Date due by	Documentation
By July 2011, incorporate 100% of the local TAR SNS planning elements into CCHHS POD Ops Manual.	<ul style="list-style-type: none"> • Update deficiencies revealed during state SNS Program TAR reviews, trainings, and exercises. (Use TAR reports and AAR/IP's). • Conduct 1 multi-discipline planning/advisory group (LEPC) meeting annually that includes the following agencies/organizations: <ul style="list-style-type: none"> - CCHHS - Carson City Fire - Mental Health - FISH - Emergency Mgt. - WCSD Jail - Transportation - MRC - Carson City Sheriff - Red Cross - Home Health - CERT - Civic Org. - Private - NV Army Guard 	<ul style="list-style-type: none"> • 7/31/11 • 7/31/11 	<ul style="list-style-type: none"> - Signature page in POD plan - Meeting Minutes & Sign-in Sheets
By July 2011, conduct 4 call-down drills (1 every quarter) with personnel	<ul style="list-style-type: none"> • Identify discrepancies of call-down drill in CCHHS POD Ops Manual. • Conduct quarterly call-down drills (4 drills annually) with key 	<ul style="list-style-type: none"> • 7/31/11 • 11/08/10 	<ul style="list-style-type: none"> - Signature Page in POD Plan - Provide 1 AAR/IP

Goal: Demonstrate Carson City Health and Human Services (CCHHS) capability to coordinate with other local health authorities during a public health emergency by improving CCHHS Technical Assistance Review (TAR) score from an 88% to a 93%.

<p>that will fill key SNS functions.</p>	<p>response personnel assigned to the following functions during POD operations:</p> <ul style="list-style-type: none"> - IT Support - Security - POD Coordination - Inventory Management Coordination - Hospital Coordination - Public Information - Volunteer Coordination - Safety Coordination 	<ul style="list-style-type: none"> • 2/08/11 • 5/08/11 • 8/08/11 	<p>for each drill conducted. Document correction of drill discrepancies.</p>
<p>By July 2011, demonstrate CCHHS ability to use redundant communication equipment during a public health emergency.</p>	<ul style="list-style-type: none"> • Conduct quarterly communication drills (4 drills annually) that test communication networks (Web EOC, HAN, HavBed, and 800 MHz radio systems) between command and management locations (e.g. CCHHS Ops center and POD locations) and support agencies (e.g. CCHHS Ops center and the County EOC). • Provide training on the use of redundant communications (Web EOC, HAN, HavBed, and 800 MHz radio systems) to personnel that are assigned to the following functions: <ul style="list-style-type: none"> - IT Support - Security - POD Coordination - Inventory Management Coordination - Hospital Coordination - Public Information - Volunteer Coordination - Safety Coordination 	<ul style="list-style-type: none"> • 11/08/10 • 2/08/11 • 5/08/11 • 8/08/11 • 7/31/11 	<ul style="list-style-type: none"> - Provide 1 AAR/IP for each drill conducted. Document correction of discrepancies. - Provide training material, sign-in sheets, and agenda.
<p>By October 2010, demonstrate CCHHS ability to conduct a Public Information and Campaign (PIC) during public health emergency.</p>	<ul style="list-style-type: none"> • Develop and disseminate PIC messages for CCHHS annual POD exercise. • Attend the DSNS PIC training course in October 2010 	<ul style="list-style-type: none"> • 10/10/10 • 10/26/10 	<ul style="list-style-type: none"> - Provide PIC messages and proof of dissemination. - Provide sign-in sheets. Sign in sheets must contain signatures of

<p>By July 2011, CCHHS will demonstrate the capability to provide security for all components of a mass prophylaxis operation.</p>	<p>personnel assigned to PIC duties during an emergency.</p>	
<ul style="list-style-type: none"> Develop Site-Specific security plans for <u>each</u> POD site located within CCHHS jurisdiction. Develop and incorporate the following security policies / issues into the CCHHS POD Ops Manual: <ul style="list-style-type: none"> Specialized unit needs (canine, explosive ordnance disposal, tactical, traffic, etc. Additional lighting (necessity and/or identification of source Crowd control outside the facility Work with local law enforcement to develop security plans for transportation of medical materiel for the following purposes: <ul style="list-style-type: none"> Transport of materials from dispensing site to other sites that may need materiel. Escort of personnel to and from site venues 	<ul style="list-style-type: none"> 7/31/11 7/31/11 7/31/11 	
<p>By July 2011, CCHHS will demonstrate the capability to provide mass prophylaxis to 100% of their population during a public health emergency.</p>	<ul style="list-style-type: none"> Provide 1 site-specific security plan for each identified POD site (3 total) Provide site-specific security plans that incorporate all of the missing security policies *(All security plans must have signature pages that show Carson City Sheriffs Dept. agrees to the plan.) Provide transportation security plan. Provide site-specific POD plans for Lyon and Douglas County Provide site-specific POD 	<ul style="list-style-type: none"> 7/31/11 7/31/11 7/31/11 7/31/11

<p>By July 2011, CCHHS will increase the capability of their hospital, (Carson Tahoe Regional Healthcare) to acquire medical material during an emergency.</p>	<ul style="list-style-type: none"> • Increase the current number of Push-Partners (Carson City Nugget and Chromalloy) from 2 to 3. Finalize all MOU's by the end of the grant year. • Identify two individuals (primary and back-up) from Carson Tahoe Regional Healthcare (CTRH) that are authorized to request medical materiel on behalf of the hospital. • Train the identified hospital personnel on proper emergency medical materiel request procedures. • Exercise the emergency medical materiel request procedures annually with CTRH. 	<ul style="list-style-type: none"> • 7/31/11 • 7/31/11 • 7/31/11 	<p>plans.</p> <ul style="list-style-type: none"> - Provide MRC numbers - Provide MOU's for all Push-Partners - Provide a signed copy of attachment D from the Hospital Request Procedures - Provide sign-in sheets and training material - Provide AAR/IP
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Evaluation:

- Progress Reports will be submitted in narrative format to the Nevada State Health Division by:
 - July 31st, 2011 (for DSNS TAR Review)
 - April 30th, 2011 (Mid-Year Progress Report and Performance Measures) (For the period of 8/10/10 through 02/28/11)
 - November 9th, 2011 (End-of-Year Progress Report and Performance Measures) (For the period of 8/10/10 through 8/9/11)
- Reports will detail the progress man on the following activities:
 - **Local TAR SNS planning elements**
 - **Local TAR Management of SNS planning elements**
 - **Use of Redundant Communication**
 - **Public Information and Communication (PIC)**
 - **Security**
 - **Mass Dispensing**
 - **Hospital Coordination**
- If progress or objectives are **not** met, provide detailed information about the current progress, barriers, and corrective action taken to meet objectives
- Quarterly Site Visits may be conducted by the Technical Assistance Team to ensure fiscal accountability and programmatic achievement
- LHA's will be required to provide quarterly updates on programmatic progress, trainings, and exercises

Weapons of mass destruction involving chemical, biological, radiological, nuclear and explosive agents have become an increasing reality in the United States. These agents can cause disease, personal injury and/or death through a mass casualty exposure incident or person to person exposure. Naturally occurring diseases, such as influenza, can also create mass illnesses that affect large populations. Nevada recognizes that in order to prevent and minimize the effects of such a public health emergency, it may be necessary to provide mass immunization to the effected community.

Goal: demonstrate Carson City Health and Human Services (CCHHS) ability to successfully execute a mass vaccination operation.

Objective:	Activities to achieve Objective (detailed information)	Date due by	Documentation
<p>By December 2010, CCHHS will demonstrate the ability to communicate between their Department Operations Center (DOC) and remote POD sites by using 3 different types of communications modalities (R.A.I.L.S)</p>	<p>• Conduct a redundant communications drill during the Fall 2010 POD exercise, that tests the capability of the CCHHS DOC to communicate with a POD site by using different communication modalities, that must include 3 of the following:</p> <ul style="list-style-type: none"> - Satellite Phones - Ham/Amateur Radio - Web EOC - E-Mail - UHF/VHF/ 800 MHz Radio - NXT Communicator 	<ul style="list-style-type: none"> • 12/31/10 	<ul style="list-style-type: none"> - Provide AAR/IP
<p>By December 2010, CCHHS will incorporate at least 2 different agencies that participate as volunteers during their annual POD exercise</p>	<p>• Develop partnerships with at least 2 different agencies that can provide volunteers during the annual POD exercise. The following is a suggested list of potential agencies the CCHHS can partner with.</p> <ul style="list-style-type: none"> - Lions Club - Red Cross - Meals-on-Wheels - Church Groups - American Legion - Parent/Teacher Associations - Veterans of Foreign Wars - Rotary Club 	<ul style="list-style-type: none"> • 12/31/10 	<ul style="list-style-type: none"> - Provide POD sign-in sheet that identifies where volunteers are from or provide MOU with partnering agency

<p>By December 2010, CCHHS will improve their Patient Per Hour (PPH) through-put at their 2010 POD exercise to 500 PPH. This number was identified in CCHHS 2009 POD AAR/IP, pg 23.</p>	<ul style="list-style-type: none"> • Recruit additional personnel to operate the POD • Explore alternate methods of dispensing that will increase patient through-put • Test plans that establish the criteria, authorization, and procedures to alter clinical dispensing model to increase patient through-put 	
<p>By December 2010, CCHHS will demonstrate the ability to tracking pharmaceuticals within their POD. WCHD POD will report an accurate vaccine count to the WCHD DOC that is within a 5% margin of error.</p>	<ul style="list-style-type: none"> • Utilize WebEOC to track inventory at the POD site • Train POD inventory staff in POD functions as per their Job Action Sheet • Implement CCHHS chain of custody procedures. 	
<p>Evaluation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Progress Reports will be submitted in narrative format to the Nevada State Health Division by: <ul style="list-style-type: none"> ▪ July 31st, 2011 (for DSNS TAR Review) ▪ April 30th, 2011 (Mid-Year Progress Report and Performance Measures) (For the period of 8/10/10 through 02/28/11) ▪ November 9th, 2011 (End-of-Year Progress Report and Performance Measures) (For the period of 8/10/10 through 8/9/11) <input type="checkbox"/> Reports will detail the progress on the following activities: <ul style="list-style-type: none"> ▪ Local TAR SNS planning elements ▪ Local TAR Management of SNS planning elements ▪ Use of Redundant Communication ▪ Public Information and Communication (PIC) ▪ Security ▪ Mass Dispensing ▪ Hospital Coordination <input type="checkbox"/> If progress or objectives are not met, provide detailed information about the current progress, barriers, and corrective action taken to meet objectives <input type="checkbox"/> Quarterly Site Visits may be conducted by the Technical Assistance Team to ensure fiscal accountability and programmatic achievement 		

□ LHA's will be required to provide quarterly updates on programmatic progress, trainings, and exercises

Operations COOP

A Continuity of Operations Plan (COOP) will ensure Nevada's Health Authorities are prepared to maintain operations in the event of an influenza pandemic. This plan will ensure that Nevada's Health Authorities have the ability to continue performing their most essential functions and activities during emergencies. Developing a COOP will facilitate an organized recovery for Nevada's Health Authorities following an emergency. Developing a COOP will give Nevada's Health Authorities the opportunity to identify and address multiple issues that may arise during a H1N1 pandemic, such as loss of infrastructure and resources, absenteeism, and decreased productivity. In the event of a H1N1 pandemic or other public health emergency, essential public health services will likely be disrupted due to unprecedented increases in absenteeism. Nevada's Health Authorities need to identify its most essential functions, cross-training strategies, and outsourcing options to develop mechanisms to mitigate as much of the disruption of essential services as possible.

Goal: Complete agency specific COOP plan to ensure durability of essential public health functions during a pandemic or biological event.

Objective:	Activities to achieve Objective (detailed information)	Date due by	Documentation
Complete the "All Hazards" COOP plan for public health programs within Carson City. Ensure this plan includes a pandemic flu plan and is capable of sustaining essential services during a pandemic influenza or biological event.	Use the most current federal template for the COOP to complete the COOP plan for Carson City Health and Human Services (CCHHS) and ensure the following issues are addressed within this plan: MOAs for resource sharing; policies and procedures for telecommuting; order of succession for key organizational leadership; delegation of authority protocols; protocols for employee care; infection control policies and procedures; social distancing; alternate work schedules; alternate work locations; and, sick leave policies during a pandemic or biological event.	<ul style="list-style-type: none"> • 2/10/2011 	<ul style="list-style-type: none"> - CCHHS COOP Plan
Add a pandemic influenza component to the CCHHS 'Public Information and Communication (PIC)	Ensure that this CCHHS COOP Plan is synchronized with Carson City's Emergency Operations Plan (EOP), and the CCHHS POD Plan, CCHHS SNS Plan, etc. Expand the current version of the CCHHS PIC Plan to include pre-canned messages for a pandemic influenza scenario	<ul style="list-style-type: none"> • 2/10/2011 • 7/2011 	<ul style="list-style-type: none"> - CCHHS COOP Plan - CCHHS PIC Plan

<p>Program (i.e. Creation of MOAs between Counties).</p>			
<p>Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation and quarantine for biological, chemical, and nuclear, radiological, agricultural and food threats.</p>	<p>CCHHS Disease Control Investigator, assisted by the Health Educator/Disease Investigator, environmental health and other health department staff, will coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation and quarantine for biological, chemical, and nuclear, radiological, agricultural and food threats.</p>	<ul style="list-style-type: none"> 8/2010 - Ongoing 	<p>- NEDDS data and other reports, such as AAR-IPs</p>

CDC Performance Measures

Performance Measures are an important tool for CCHHS to demonstrate essential public health emergency preparedness and response capabilities. To ensure a timely and effective response to an incident, CCHHS must demonstrate their capability to immediately, with no advanced notice, assemble public health staff with senior incident management roles. The ability to quickly notify and assemble such staff is a critical first step in initiating or activating a public health response regardless of the scale of the incident or event.

<p>Goal: Demonstrate the capability to notify primary, secondary, and tertiary staff to cover all incident management functional roles during a complex incident</p>	<p>Objective: Activities to achieve Objective (detailed information)</p>
<p>Date due by</p>	<p>Documentation</p>

<p>By July 2011, CCHHS will demonstrate the ability to provide an effective and coordinated response to a complex incident by convening 100% of their command ICS team, which can make decisions about appropriate response measures and interacts with other response agencies.</p>	<ul style="list-style-type: none"> • Maintain a roster (updated quarterly) of pre-identified staff that would fill core Incident Command System (ICS) functional roles during a public health emergency. The following are the 8 ICS functional roles: <ul style="list-style-type: none"> - Incident Commander - Liaison Officer - Safety Officer - Public Information Officer - Finance Section Chief - Logistics Section Chief - Operations Section Chief - Planning Section Chief • Test CCHHS staff notification system twice a year, with at least one staff notification drill being unannounced and occurring outside of normal business hours. • Conduct one staff assembly drill. This drill can be announced and conducted during business hours. This drill must assemble 100% of the core ICS staff (identified above) needed to make decisions about appropriate response measures. This group must convene within 60 minutes of notification. 	<ul style="list-style-type: none"> • 7/31/11 • 7/31/11 • 7/31/11 	<ul style="list-style-type: none"> - Provide a roster of pre-identified staff with a cover page that is signed to verify it is updated quarterly. - Provide an AAR/IP for each staff notification drill. One AAR/IP must identify that the drill was conducted outside of normal business hours. - Provide an AAR/IP that identifies 100% of the core ICS staff assembled within 60 minutes
<p>Evaluation:</p> <ul style="list-style-type: none"> □ Progress Reports will be submitted in narrative format to the Nevada State Health Division by: <ul style="list-style-type: none"> ▪ July 31st, 2011 (for DSNS TAR Review) 			

CARSON CITY HEALTH AND HUMAN SERVICES
PUBLIC HEALTH PREPAREDNESS STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON PHP DUTIES
 For the Period September 1, 2010 through July 30, 2011
 Subgrant # CDC01-10; Federal Grant # 3U90TP916964-10W1

I certify that the % of time (level of effort) have stated is true and correct				
Employee Name	Title	% time (level of effort) spent on PHP duties	Employee Signature	Date Certified
Angela Barosso	PHP Program Manager	65%	<i>Angela Barosso</i>	10/26/10
Dustin Boothe	Disease Prevention & Control Investigator	100%	<i>Dustin Boothe</i>	10/26/10
Carol Godtfredsen	Health Communications Administrator	100%	<i>Carol Godtfredsen</i>	10-26-10
Courtney Bloomer	Health Educator / Disease Investigator	28%	<i>Courtney Bloomer</i>	10/26/10

All duties performed by these employees support the objectives/deliverables of the federal award.

Angela Barosso	PHP Manager	<i>Angela Barosso</i>	10/26/10
Funding Recipient Name	Title	Signature	Date

Kafoury, Armstrong & Co., CPA's performed an annual Single Audit of several federal grant programs, which are administered by the Nevada State Health Division for the fiscal year ended June 30, 2008. Included in the audit was the Centers for Disease Control and Prevention, Investigations and Technical Assistance, CFDA 93.283. Finding 8-03: Adequate procedures were not in place at the Nevada State Health Division to ensure costs charged to the Federal Programs (specifically salaries and benefits) were supported by the required documentation and certifications.

As a result of this finding, the Health Division, Public Health Preparedness Program, is requiring all sub-grantees to submit semi-annual time and effort certifications for all employees funded (in whole or in part) by CDC (CFDA # 93.069) or ASPR (CFDA# 93.889) preparedness funds

- Pursuant to the CDC BP 10E Grant Guidance:
- 1) PHEP awardees are required to adhere to all applicable federal laws and regulations, including OMB Circular A-87 and semiannual certification of employees who work solely on a single federal award. Per OMB Circular A-87, compensation charges for employees who work solely on a single federal award must be supported by periodic certifications that the employees worked solely on that program during the certification period.
 - 2) These certification forms must be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Awardees must be able to document that the scope of duties and activities of these employees are in alignment and congruent with the intent of the PHEP cooperative agreement to build public health response capacity and to rebuild public health infrastructure in state and local public health agencies. These certification forms must be retained in accordance with 45 Code of Federal Regulation, Part 92.42.

Nevada State Health Division
Public Health Preparedness
Match Certification

Date:

10/26/10

External Funding Source:

Centers for Disease Control (CDC)- Public Health Emergency
Preparedness (PHEP)

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient:

Carson City Health & Human Services

Project Title:

2010 CDC Public Health Preparedness and Response for
Bioterrorism - H1N1 (PHER) Extension

Project Grant #:

3U90TP916964-10W1

Duration:

From: August 10, 2010

To: August 9, 2011

Total cost sharing/matching cost contribution: \$46,464 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name:

Building rent & utilities paid by City for use

Account # (if applicable):

by Health Dept- PHP staff.

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Angela Barosso, Manager, PHP
Carson City Health & Human Services

Name and Title (Funding Recipient)

Angela Barosso

Signature

10/26/10

Date

Debi Galloway
Management Analyst II
Public Health Preparedness, NSHD

Name and Title

Signature

Date

Kyle Devine, MSW
Health Program Manager II
Public Health Preparedness, NSHD

Name and Title

Signature

Date