

**City of Carson City  
Agenda Report**

**Date Submitted:** October 9, 2012

**Agenda Date Requested:** October 18, 2012

**Time Requested:** 5 Minutes

**To:** Carson City Board of Supervisors

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

**Subject Title:** For Possible Action: Action to accept a sub-grant in the amount of \$118,085 for year one and \$310,828 for year two, for a total of \$428,913 over a two year period, from the Nevada State Health Division Bureau of Child, Family & Community Wellness; Immunization Program. The grant will be awarded on approximately October 25, 2012. The purpose of this grant is to implement school located immunizations that are sustained through third party billing.

**Staff Summary:** The funding, which originates from the Centers for Disease Control (CDC), will be used to support 1 FTE Registered Nurse and 1 part-time Registered Nurse plus vaccine and travel monies. The focus will be on vaccinating for Tdap (Tetanus, diphtheria and pertussis) in the school setting.

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

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

**Recommended Board Action:** I move to approve to accept a sub-grant in the amount of \$428,913 over a two year period from the Nevada State Health Division Bureau of Child, Family & Community Wellness; Immunization Program. The grant will be awarded on approximately October 25, 2012. The purpose of this grant is to implement school located immunizations that are sustained through third party billing

**Explanation for Recommended Board Action:** This program fits into the mission of CCHHS for disease prevention.

**Applicable Statute, Code, Policy, Rule or Regulation:** NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service.

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** Nevada State Health Division

**Alternatives:** Not accept a sub-grant in the amount of \$118,085 for year one and \$310,828 for year two, for a total of \$428,913 over a two year period, from the Nevada State Health Division Bureau of Child, Family & Community Wellness, Immunization Program.

**Supporting Material:** Letter of intent for the sub-grant.

**Prepared By:** Marena Works, MSN, MPH, APN

**Reviewed By:** MARENA WORKS Date: 10/9/12  
(Department Head)  
[Signature] Date: 10/9/12  
(City Manager)  
[Signature] Date: 10/9/12  
(District Attorney)  
[Signature] Date: 10/9/12  
(Finance Director)

**Board Action Taken:**

Motion: \_\_\_\_\_ 1) \_\_\_\_\_ Aye/Nay  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

STATE OF NEVADA

BRIAN SANDOVAL  
*Governor*

MICHAEL J. WILLDEN  
*Director*



RICHARD WHITLEY, MS  
*Administrator*

TRACEY D. GREEN, MD  
*State Health Officer*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH DIVISION

Bureau of Child, Family & Community Wellness  
4150 Technology Way, Suite 210  
Carson City, Nevada 89706  
Telephone (775) 684-4285 · Fax (775) 684-4245 · Fax (775) 684-5998

October 4, 2012

Marena Works,  
Director  
Carson City Health and Human Services (CCHHS)  
900 E. Long St.  
Carson City, NV 89706

Dear Ms. Works:

This letter is to confirm the intent of the Nevada State Health Division's Immunization Program to make a funding award to Carson City Health and Human Services.

The amount of the award over a two-year period will be \$428,913. The award for year one is expected to begin after October 25, 2012 for \$118,085. The second year of funding will begin July 1, 2013 for \$310,828.

Carson City Health and Human Services will implement school located immunizations that are sustained through third party billing. Carson City Health and Human Services has the capacity and experience to implement this program. The subgrants will contain a detailed scope of work that has been agreed upon between the two agencies.

This award is pending approval by the State of Nevada Interim Finance Committee on October 25, 2012.

Please do not hesitate to contact me if you have any questions. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Christine Mackie", with a long horizontal line extending to the right.

Christine Mackie  
State Immunization Program and  
Children, Adolescent, and Women's Health Programs

**Nevada State Health Division: State Immunization Program**  
**Centers for Disease Control & Prevention**  
**Prevention and Public Health Fund: Capacity Building Assistance to Strengthen**  
**Public Health Immunization Infrastructure and Performance**  
**School-located Vaccination Program**

Applicant/Agency Name: Carson City Health & Human Services

Total Agency Request: \$ 118,085 Year 1  
 \$ 310,828 Year 2  
 \$ **428,913** TOTAL

**PERSONNEL:**

Position Title(s)	Rate	Hours	Hours	Request
Registered Nurse	\$ 35		1560	\$ 54,600
	\$ -			\$ -
<b>SALARIES AND WAGES - PERSONNEL TOTAL:</b>				<b>\$ 54,600</b>

**PERSONNEL COSTS:** Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe (Rate x Amount = Request).

PAYROLL TAXES AND FRINGE BENEFITS				
Item	%	Amount	Request	
Fringe Benefits	42%	\$ 54,600	\$ 22,932	
<b>FRINGE BENEFITS - PERSONNEL TOTAL:</b>			<b>\$ 22,932</b>	
<b>PERSONNEL COSTS TOTAL:</b>			<b>\$ 77,532</b>	

**CONSULTANT/CONTRACT SERVICES:**

**CONSULTANT/CONTRACT SERVICES:** This category is appropriate when hiring an individual to give professional advice or services (Time Needed x Rate = Request).

Item	Quantity	Rate	Request
Nurse Vaccinator	120	\$ 37	\$ 4,440
<b>CONSULTANT/CONTRACT SERVICES TOTAL:</b>			<b>\$ 4,440</b>

**TRAVEL:**

IN-STATE TRAVEL		OUT-OF-STATE TRAVEL	
· Funding for In-State travel to schools in tri-county area.			
		<b>IN-STATE TRAVEL TOTAL</b>	<b>\$ 2,400</b>
		<b>OUT-OF-STATE TRAVEL TOTAL</b>	<b>\$ 2,400</b>
		<b>TRAVEL TOTAL:</b>	<b>\$ 2,400</b>

**EQUIPMENT:**

<b>EQUIPMENT COSTS:</b>			
Item	Quantity	Rate	Request
Computer	1	1,500	\$ 1,500
<b>EQUIPMENT TOTAL:</b>			<b>\$ 1,500</b>

**SUPPLIES:**

**SUPPLIES COSTS:** Include in this section requests for supplies such as office or computer supplies.

Item	Quantity	Cost	Months	Request
Office Supplies	1	\$ 150	8	\$ 1,200
Vaccination Supplies - Syringes, alcohol swabs, Band-Aids, hand	1	\$ 150	8	\$ 1,200
<b>SUPPLIES TOTAL:</b>				<b>\$ 2,400</b>

**OTHER:**

**OTHER COSTS:** Provide a description and the purpose/need for each item. Show the calculation for the cost of each item and provide

Item	Quantity	Cost	Months	Request
Tdap Vaccine	650	\$ 37.55	1	\$ 24,408
<b>OTHER TOTAL:</b>				<b>\$ 24,408</b>

**INDIRECT:**

Indirect cost (rounded)	\$ 54,600	9.9%	\$ 5,405
Calculated at 9.9% of personnel/fringe & contractual salaries			<b>INDIRECT TOTAL: \$ 5,405</b>

**BUDGET SUMMARY:**

CATEGORY	AMOUNT
Personnel	\$ 77,532
Consultant/Contract Services	\$ 4,440
Travel	\$ 2,400
Equipment	\$ 1,500
Supplies	\$ 2,400
Other	\$ 24,408
Indirect	\$ 5,405
<b>TOTAL:</b>	<b>\$ 118,085</b>