Item # 4-4

City of Carson City
Agenda Report

Date Submitted: 11/08/06 **Agenda Date Requested:** 11/16/06
Time Requested: Consent

To: Carson City Board of Supervisors

From: Health and Human Services Department

Subject Title: Action to approve a grant award in the amount of $147,500.00 from the Nevada Department of Health and Human Services, Health Division, for funds to support the Women, Infants, and Children (WIC) program.

Staff Summary: To assist eligible women, infants and children to achieve improved nutrition and health status by providing nutrition education, selected supplemental foods, and health referrals in a caring, supportive environment.

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

Does This Action Require A Business Impact Statement: (___) Yes (_X__) No

Recommended Board Action: I move to approve a grant award in the amount of $147,500.00 from the Nevada Department of Health and Human Services, Health Division, for funds to support the Women, Infants, and Children (WIC) program.

Explanation for Recommended Board Action: WIC is a federally funded program that provides healthy supplemental foods and nutrition counseling for pregnant women, new mothers, and children under the age of five. The program has an extraordinary 25 year record of preventing children's health problems and improving their long-term health, growth and development.

Numerous studies have shown that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births; have fewer low birth-weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy and consume more of such key nutrients as iron, protein, calcium and vitamin C.

WIC provides health screenings, which include: weighing and measuring to monitor growth; identifying health risks; checking blood iron levels; assessment of diet and eating patterns; and immunizations. The program also provides nutrition and health education such as: how to use foods to improve your family's health; parenting, especially as it pertains to feeding your children; and healthy lifestyle choices. A major part of the program is to ensure clients receive

referrals to other agencies to assistance. Services such as medical and dental care, temporary aid to needy families, housing and energy assistance, drug and alcohol treatment, and any other services needed.

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

Fiscal Impact: $147,500.00, which will be reimbursed from the grant.

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

Funding Source: State Grant (No match required)

Alternatives: Do Not Approve

Supporting Material: N/A

Prepared By: Daren Winkelman

Reviewed By:

(Department Head) Date: 11/07/06

(City Manager) Date: 11-7-06

(District Attorney) Date: 11.7.06

(Finance Director) Date: 11/7/06

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay

2) _____

_____

_____

_____

_____

_____

(Vote Recorded By)

Health Division #: 1447

Nevada Department of Health and Human Services

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3214
Category #: 14
GL #:

NOTICE OF SUBGRANT AWARD

Program Name: WIC-Women, Infants and Children Bureau of Family Health Services Nevada State Health Division	**Subgrantee Name:** Carson City Health & Human Services
Address: 3427 Goni Road, Suite 108 Carson City, NV 89706	**Address:** 1711 N. Roop Street Carson City, NV 89706
Subgrant Period: October 1, 2006 through September 30, 2007	**Subgrantee EIN#:** 88-16000189 **Subgrantee Vendor#:** T80173584

Reason for Award: **To provide funds for operation of Women, Infant and Children (WIC) Clinics.**

County(ies) to be served: ( ) Statewide (X) Specific county or counties: Carson and Douglas

Approved Budget Categories:

1. Personnel	$	129,600
2. Travel	$	1,500
3. Operating	$	12,300
4. Equipment	$	0
5. Contractual/Consultant	$	1,600
6. Training	$	2,500
7. Other	$	0
Total Cost	$	147,500

Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed $147,500.00 during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. WIC Nutrition Services/Administration	100%	10.557	7NV700NV7

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, and C of this subgrant award.

	Signature	Date
Authorized Sub-grantee Official Title		
David Crockett Program Manager	Stephen Kupper for:	10-24-06
Judith Wright Bureau Chief		10-24-06
Alex Haartz, MPH Administrator, Health Division		