



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** January 7, 2021

Staff Contact: Carol Akers, Purchasing & Contracts Administrator, Nicki Aaker, Health & Human Services Director

Agenda Title: For Possible Action: Discussion and possible action regarding a proposed increase to Central Infusion Alliance ("CIA") Purchase Order (PO 21200276) for the purchase of personal protective equipment ("PPE") in response to COVID-19, from the current amount of \$39,250 to a new total amount not to exceed \$65,000 for Fiscal Year ("FY") 2021. (Carol Akers, cakers@carson.org and Nicki Aaker, naaker@carson.org)

Staff Summary: The Carson City Department of Health and Human Services ("CCHHS") utilizes multiple vendors, including CIA, to purchase various supplies and equipment in response to COVID-19. Purchases will be grant funded. Due to ongoing efforts to effectively mitigate against COVID-19 transmission and infection, CCHHS has been reaching out to all available vendors and purchasing as much PPE as needed.

Agenda Action: Formal Action / Motion **Time Requested:** Consent

Proposed Motion

I move to approve the Purchase Order increase as presented.

Board's Strategic Goal

Efficient Government

Previous Action

None

Background/Issues & Analysis

The current CIA purchase order is in the amount of \$39,250. As explained in the memorandum included as supporting material to this agenda item, nitrile gloves and medical gowns are extremely difficult to acquire. Research into numerous vendors has been conducted in an effort to locate medical grade PPE and purchases have been made from several vendors. Several of the City's current vendors (e.g., McKesson and Cardinal) have placed CCHHS on allocation, which means the City may be limited in the amount that can be purchased.

Applicable Statute, Code, Policy, Rule or Regulation

NRS 332.112

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: 2756800-501225 - Project/Grant Number G680020034 PHEP COVID Grant

Is it currently budgeted? Yes

Explanation of Fiscal Impact: Approval would reduce available funding by \$25,750; remaining amount in PHEP COVID Grant is \$286,472.

Alternatives

Do not approve the increase and provide alternative direction to staff.

Attachments:

[CIA Medical PO Memo_12.15.20.pdf](#)

[PHEP COVID-19 G680020034.pdf](#)

Board Action Taken:

Motion: _____	1) _____	Aye/Nay
	2) _____	_____

(Vote Recorded By)

INTEROFFICE MEMORANDUM

TO: BRETTA INMAN

FROM: JEANNE FREEMAN

SUBJECT: PURCHASE OF PPE FROM CIA MEDICAL

DATE: 12/15/2020

CC: NICKI AAKER

CIA Medical is an agency that provides personal protective equipment (PPE) to be purchased by educational institutions and public health entities. PPE is in high demand at this time, and specifically nitrile gloves and medical gowns are extremely difficult to acquire. Research into numerous vendors has occurred including Office Depot, Brady Industries, McKesson, Grainger, Cardinal, and Amazon to find PPE. Purchases have been made from several of these vendors for items they do carry. However, not all of them regularly sell the medical PPE that needs to be purchased as outlined in the grant scopes of work to support healthcare entities. Additionally, several of our current vendors (e.g., McKesson and Cardinal) have placed CCHHS on allocation which does not mean the PPE is available, but if it is, we may be limited to 5 boxes at a time.



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Department)

Agency Ref. #: **HD 17625**
 Budget Account: 3218
 Category: 28
 GL: 8501
 Job Number: 9335420C

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient's Name: Carson City Health and Human Services (CCHHS) Jeanne Freeman / jmfreeman@carson.org
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 900 East Long Street Carson City, Nevada 89706
Subaward Period: January 20, 2020 through March 15, 2021	Subrecipient's: EIN: <u>88-60000189</u> Vendor #: <u>T80990941J</u> Dun & Bradstreet: <u>073787152</u>

Purpose of Award: Funds are intended to demonstrate achievement in the following Public Health Emergency Response activities for COVID-19 Public Health Emergency Preparedness and Response activities, according to the CDC Cooperative Agreement for Emergency Response Public Health Crisis Response Grant Guidance.

Region(s) to be served: Statewide Specific county or counties: Carson City, Lyon, Storey, and Douglas counties

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel		Total Obligated by this Action:	\$ 704,628.00
2. Travel		Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Supplies		Total Federal Funds Awarded to Date:	\$ 704,628.00
4. Equipment		Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant		Amount Required this Action:	\$ 0.00
6. Training		Amount Required Prior Awards:	\$ 0.00
7. Other	\$704,628.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$704,628.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs		Federal Budget Period: March 16, 2020 through March 15, 2021	
TOTAL APPROVED BUDGET	\$704,628.00	Federal Project Period: March 16, 2020 through March 15, 2021	

Source of Funds: Centers for Disease Control and Prevention (CDC)	% Funds: 100%	CFDA: 93.354	FAIN: NU90TP922107	Federal Grant #: 1 NU90TP922107-01-00	Grant Award Date by Federal Agency: 3/16/2020
--	-------------------------	------------------------	------------------------------	---	---

Agency Approved Indirect Rate: TBD **Subrecipient Approved Indirect Rate:** TBD

Terms and Conditions:
 In accepting these grant funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum
--	--

Name	Signature	Date
Robert Crowell Mayor		3/27/2020
Karen Beckley, MPA, MS Bureau Chief, BHPP		3/27/20
for Lisa Sherych Administrator, DPBH		3/27/20

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

SECTION A
GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. 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 Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance 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.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient 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).

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION B

Description of Services, Scope of Work and Deliverables

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:

- The attached detailed Work Plan is for January 20, 2020 to March 15, 2021 and is broken down by domain, goals, objectives, capabilities and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by March 15, 2021. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - July 14, 2020 1st Quarter Progress Report (For the period of 1/20/20 to 6/14/20)
 - October 14, 2020 2nd Quarter Progress Report (For the period of 1/20/20 to 9/14/20)
 - January 14, 2021 3rd Quarter Progress Report (For the period of 1/20/20 to 12/14/20)
 - April 14, 2021 4th Quarter Progress Report (For the period of 1/20/20 to 3/14/21)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

SECTION B Cont.

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Carson City Health and Human Services

Goal 1: Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

Domain 1: Improve incident management for early crisis response.			
Objective 1: Identify and prioritize risk-reduction strategies and risk mitigation efforts in coordination with community partners and stakeholders.	Planned activity(s)	Activity Documentation	Due Date
	1) Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of the response. <ul style="list-style-type: none"> Staff the EOC with the numbers and skills necessary to support the response, assure worker safety and continually monitor absenteeism. Use established systems to ensure continuity of operations and implement COOP plans as needed. 	Incident Action Plans (IAPs), Quarterly Progress Reports	Quarterly Q1: Due July 31, 2020 Q2: Due October 31, 2020 Q3: Due January 31, 2021 Q4: Due April 31, 2021
	2) Assure the health and safety of the jurisdiction's workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, responder mental health support.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
	3) Identify gaps and implement strategies that encourage risk reduction behaviors for vulnerable populations.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
Output(s) for planned activities:			
1) Share risk reduction strategies and risk mitigation efforts with partners and stakeholders. 2) Update plans and jurisdictional response actions incorporate the latest CDC guidance and direction. 3) Provide materials and facilitate training designed to improve the jurisdiction's public health and healthcare system response.			

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Domain 2: Support local jurisdiction recovery.			
Objective 1: Plan and adapt for disruption caused by community spread and interventions to prevent further spread.	Planned activity(s)	Activity Documentation	Due Date
	1) Maintain situation awareness to support local jurisdictional recovery efforts to restore pre-event functioning.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4
	2) Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g., school closures and cancellation of mass gatherings).	Quarterly Progress Reports	Q1, Q2, Q3, Q4
	3) Conduct a Hotwash/After Action Review and develop an improvement plan.	Hotwash/AAR report, Improvement Plan	Q1, Q2, Q3, Q4
Output(s) for planned activities: 1) Monitor the continuity of essential functions throughout the jurisdiction. 2) Provide organizations guidance to continue the functions which their customers depend. 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.			
Domain 3: Provide information management.			
Objective 1: Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, EMS providers, and the public.	Planned activity(s)	Activity Documentation	Due Date
	1) Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations, and incident management responders.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4
	2) Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4
Output(s) for planned activities: 1) Disseminate accurate community messaging and adjust as needed. 2) Update scripts for jurisdictional call centers with specific COVID-19 messaging. 3) Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages focused on risk-reduction behaviors.			

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Domain 4: Enhance countermeasures and mitigation in the community.			
Objective 1: Anticipate disruption caused by community spread and interventions to prevent further spread.	Planned activity(s)	Activity Documentation	Due Date
	1) Develop plans and triggers for the implementation of community interventions, including: <ul style="list-style-type: none"> • Activating emergency operations plans for schools, higher education, and mass gatherings; • Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and • Integrating interventions related to social service providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. 	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4
	2) Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4
	3) Ensure jurisdictional capacity for distribution of medical materiel and supplies.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4
	Output(s) for planned activities: <ol style="list-style-type: none"> 1) Implement mitigation strategies for populations at risk of morbidity, mortality, and other adverse outcomes. 2) Update response and recovery plans to include populations at risk. 3) Ensure services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions. 		
Domain 5: Provide surge management.			
Objective 1: Develop strategies to decompress hospitals.	Planned activity(s)	Activity Documentation	Due Date
	1) Activate mechanisms for surging public health responder staff.	IAP, Quarterly Progress Reports	Q1, Q2, Q3, Q4
	2) Coordinate with HPP, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.	IAP, Quarterly Progress Reports	Q1, Q2, Q3, Q4

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

	<p>3) Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as:</p> <ul style="list-style-type: none"> • Changes in hospital/healthcare facility visitation policies, • Social distancing, and • Infection control practices in hospitals and long-term care facilities, such as: <ul style="list-style-type: none"> ▪ PPE use, ▪ Hand hygiene, ▪ Source control, and ▪ Isolation of patients. 	IAP, Quarterly Progress Reports	Q1, Q2, Q3, Q4
<p>Output(s) for planned activities:</p> <ol style="list-style-type: none"> 1) Activate volunteer organizations. 2) Define triggers for enacting crisis standards of care. 3) Train hospitals, long term care facilities and other high-risk facilities on infection prevention and control. 			
Domain 6: Enhance bio surveillance.			
<p>Objective 1: Enhance core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization, and reporting.</p>	Planned activity(s)	Activity Documentation	Due Date
	1) Conduct surveillance and case identification (including but not limited to, public health epidemiological investigation activities such as contact follow-up).	Quarterly Progress Reports	Q1, Q2, Q3, Q4
	2) Rapidly report test results between the laboratories, the public health department, healthcare facilities, and CDC to support public health investigations.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
	3) Implement analysis, visualization, and reporting for surveillance and other available data. To support understanding of the outbreak, transmission, and impact of interventions.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
<p>Output(s) for planned activities:</p> <ol style="list-style-type: none"> 1) Coordinate data systems for epidemiologic and laboratory surveillance. 2) Ensure efficient and timely data collection. 3) Ensure ability to rapidly exchange data with public health partners. 			

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 1 NU90TP922107-01-00 from the Centers for Disease Control and Prevention (CDC) . Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention (CDC).

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 NU90TP922107-01-00 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget and acknowledges that a detailed budget is required to be submitted to Division of Public and Behavior Health no later than Close of Business on April 13, 2020:

BUDGET NARRATIVE

Total Personnel Costs							Total:	\$0.00	
including fringe									
	Annual Salary	Fringe Rate	% of Time	Months	Annual % of Months worked	Amount Requested			
						\$0			
Total Fringe Cost		\$ -		Total Salary Cost:		\$ -			
Travel							Total:	\$0.00	
<u>Out-of-State Travel</u>									
<u>In-State Travel</u>									
Supplies							Total:	\$0.00	
Office supplies:							\$0.00		
Equipment							Total:	\$0.00	
Describe equipment							\$0.00		
Contractual/Contractual and all Pass-thru Subawards							Total:	\$0.00	
Name of Contractor, Subrecipient:							Total	\$0	
Other							Total:	\$704,628.00	
COVID-19 Response Activity:							\$704,628		
TOTAL DIRECT CHARGES							\$ -		
Indirect Charges							Indirect Rate:	TBD	\$0.00
Indirect Methodology: Indirect TBD to be submitted with detailed budget due no later than April 13, 2020									
TOTAL BUDGET							Total:	\$704,628.00	

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Applicant Name: Carson City Health and Human Services (CCHHS) COVID-19
PROPOSED BUDGET SUMMARY

Form 2

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0

EXPENSE CATEGORY

Personnel	\$0									\$0
Travel	\$0									\$0
Supplies	\$0									\$0
Equipment	\$0									\$0
Contractual/Consultant	\$0									\$0
Other Expenses	\$704,628									\$704,628
Indirect	\$0									\$0

TOTAL EXPENSE	\$704,628	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$704,628
---------------	-----------	------	------	------	------	------	------	------	------	-----------

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------------------	------	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$0
---------------------	-----

Total Agency Budget	\$ 704,628
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed **\$704,628**.
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$70,462.80**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than January 15, 2021 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within **90 days of exercise completion.**
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the **CLOSE OF THE SUBAWARD PERIOD.** Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or OCPG must provide or accomplish to ensure successful completion of this project, such as:
 - Provide technical assistance, upon request from the Subrecipient;
 - Provide prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

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 Nevada State Division of Public and Behavioral Health 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 funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- o Reallocating funds between the subgrantee's categories, and
 - o Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
-
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
 - All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
 - This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, 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 Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Additional Term and Condition:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) agrees to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
- If recipient disburses any funds received pursuant to this award to a local jurisdiction, recipient shall ensure that the local jurisdiction complies with the terms and conditions of this award
- Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322) and the purpose of this award and the underlying funding, Recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward 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 Subaward.

Compliance with this section is acknowledged by signing the subaward cover page of this.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION D

Agency Ref. #: **HD 17625**
Budget and Cat: 3218/28
GL: 8501
Job #: 9335420C
Draw #: _____

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient 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, Nevada 89706
Subaward Period: Upon approval through March 15, 2021	Subrecipient's: EIN: 88-60000189 Vendor #: T80990941J

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year					
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended	
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
3. Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
6. Other	\$704,628.00	\$0.00	\$0.00	\$0.00	\$704,628.00	0.0%	
7. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
Total	\$704,628.00	\$0.00	\$0.00	\$0.00	\$704,628.00	0.0%	

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**Carson City Health and Human Services (CCHHS) - COVID19
Reimbursement Worksheet
Month _____
HD# 17625**

Personnel		Title		Description			Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ .575 per mile	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
TOTAL							
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
TOTAL							
Contract / Consultant		Description					Amount
TOTAL							
Other		Description					Amount
TOTAL							
Indirect		Description					Amount
TOTAL							
TOTAL EXPENDITURES							

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? JUNE 30th
4. What is the official name of your organization? Carson City, NV
5. How often is your organization audited? Annually
6. When was your last audit performed? Sept - Nov 2019
7. What time-period did your last audit cover? 7/1/18 - 6/30/19
8. Which accounting firm conducted your last audit? Piercy, Bawler, Taylor + Keen.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

SECTION F

Current or Former State Employee Disclaimer

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Carson City Health and Human Services

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
 7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
 8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
 9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
 10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
 11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
 12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
 13. **Parties** shall mean the Business Associate and the Covered Entity.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. **OBLIGATIONS OF THE BUSINESS ASSOCIATE.**

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

G680020034 - Amendment #1



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Department)

Agency Ref. #: **HD 17625**
 Budget Account: 3218
 Category: 28
 GL: 8501
 Job Number: 9335420C

SUBAWARD AMENDMENT #1

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient Name: Carson City Health and Human Services (CCHHS) Jeanne Freeman / jmfreeman@carson.org
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 900 East Long Street Carson City, NV 89706
Subaward Period: January 20, 2020 through March 15, 2021	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work Term Budget

Reason for Amendment: CCHHS needs to redirect budget categories for COVID-19 response efforts.

Required Changes:

Current Language: Total reimbursement through this subaward will not exceed \$704,628.00. See Section B, C and D of the original subaward.

Amended Language: Total reimbursement through this subaward will not exceed \$704,628.00. See attached Section B, C and D revised on 04/20/20.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel		\$435,504.00	\$435,504.00
2. Travel		\$6,997.00	\$6,997.00
3. Supplies		\$13,668.00	\$13,668.00
4. Equipment		\$10,000.00	\$10,000.00
5. Contractual/Consultant		\$189,110.00	\$189,110.00
6. Other	\$704,628.00	(\$655,279.00)	\$49,349.00
TOTAL DIRECT COSTS	\$704,628.00	\$0.00	\$704,628.00
8. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$704,628.00	\$0.00	\$704,628.00

Incorporated Documents:

- Section B: Description of Services, Scope of Work and Deliverables revised on 04/20/20
- Section C: Budget and Financial Reporting Requirements revised on 04/20/20
- Section D: Request for Reimbursement revised on 04/20/20
- Exhibit A: Original Notice of Subaward and all previous amendments

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Name	Signature	Date
Nancy Paulson City Manager	<i>N. Aaker</i>	4/28/2021
Karen Beckley, MPA, MS Bureau Chief, BHPP	<i>Malinda Southard for Karen Beckley</i>	5/1/2020
for Lisa Sherych Administrator, DPBH	<i>Karen Paulson</i>	5/4/2020

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

SECTION B
Description of Services, Scope of Work and Deliverables
revised on 04/20/20

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

Scope of Work for Carson City Health and Human Services

Goal 1: Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

Domain 1: Improve incident management for early crisis response.

Planned activity(s)	Activity Documentation	Due Date
Objective 1: Identify and prioritize risk-reduction strategies and risk mitigation efforts in coordination with community partners and stakeholders.	Incident Action Plans (IAPs), Quarterly Progress Reports	Quarterly Q1: Due July 15, 2020 Q2: Due October 15, 2020 Q3: Due January 15, 2021 Q4: Due April 15, 2021
1) Activate the agency's department operations center (DOC) at a level appropriate to meet the needs of the response. <ul style="list-style-type: none"> Staff the DOC with the numbers and skills necessary to support the response, assure worker safety and continually monitor absenteeism. Use established systems to ensure continuity of operations and implement COOP plans as needed. 	Quarterly Progress Reports	Q1, Q2, Q3, Q4
2) Assure the health and safety of the jurisdiction's workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, responder mental health support.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
3) Identify gaps and implement strategies that encourage risk reduction behaviors for vulnerable populations.	Quarterly Progress Reports	Q1, Q2, Q3, Q4

Output(s) for planned activities:

- Share risk reduction strategies and risk mitigation efforts with partners and stakeholders.
- Update plans and jurisdictional response actions incorporate the latest CDC guidance and direction.
- Provide materials and facilitate training designed to improve the jurisdiction's public health and healthcare system response.

Domain 2: Support local jurisdiction recovery.

Planned activity(s)	Activity Documentation	Due Date
Objective 1: Plan and adapt for disruption caused by community	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4
1) Maintain situation awareness to support local jurisdictional recovery efforts to restore pre-event functioning.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

spread and interventions to prevent further spread.	2) Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g., school closures and cancellation of mass gatherings). 3) Conduct a Hot wash/After Action Review and develop an improvement plan.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
	3) Conduct a Hot wash/After Action Review and develop an improvement plan.	hot wash/AAR report, Improvement Plan	Q1, Q2, Q3, Q4
<p>Output(s) for planned activities:</p> <ol style="list-style-type: none"> 1) Monitor the continuity of essential functions throughout the jurisdiction. 2) Provide organizations guidance to continue the functions which their customers depend. 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts. 			
<p>Domain 3: Provide information management.</p>			
<p>Objective 1: Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, EMS providers, and the public.</p>	<p>Planned activity(s)</p> <ol style="list-style-type: none"> 1) Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations, and incident management responders. 2) Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. <p>Output(s) for planned activities:</p> <ol style="list-style-type: none"> 1) Disseminate accurate community messaging and adjust as needed. 2) Update scripts for jurisdictional call centers with specific COVID-19 messaging. 3) Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages focused on risk-reduction behaviors. 	<p>Activity Documentation</p> <p>IAPs, Quarterly Progress Reports</p> <p>IAPs, Quarterly Progress Reports</p>	<p>Due Date</p> <p>Q1, Q2, Q3, Q4</p> <p>Q1, Q2, Q3, Q4</p>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Domain 4: Enhance countermeasures and mitigation in the community.			
Planned activity(s)	Activity Documentation	Due Date	
<p>Objective 1: Anticipate disruption caused by community spread and interventions to prevent further spread.</p>	<p>1) Develop plans and triggers for the implementation of community interventions, including:</p> <ul style="list-style-type: none"> • Integrating interventions related to social service providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. <p>2) Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials.</p> <p>3) Ensure jurisdictional capacity for distribution of medical materiel and supplies.</p>	<p>IAPs, Quarterly Progress Reports</p>	<p>Q1, Q2, Q3, Q4</p>
<p>Outputs for planned activities:</p> <p>1) Implement mitigation strategies for populations at risk of morbidity, mortality, and other adverse outcomes.</p> <p>2) Update response and recovery plans to include populations at risk.</p> <p>3) Ensure services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.</p>			
Domain 5: Provide surge management.			
Planned activity(s)	Activity Documentation	Due Date	
<p>Objective 1: Develop strategies to decompress hospitals.</p>	<p>1) Activate mechanisms for surging public health responder staff.</p> <p>2) Coordinate with HPP, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.</p> <p>3) Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as:</p> <ul style="list-style-type: none"> • Changes in hospital/healthcare facility visitation policies, • Social distancing, and • Infection control practices in hospitals and long-term care facilities, such as: <ul style="list-style-type: none"> ▪ PPE use, ▪ Hand hygiene, ▪ Source control, and ▪ Isolation of patients. 	<p>IAP, Quarterly Progress Reports</p>	<p>Q1, Q2, Q3, Q4</p>

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Output(s) for planned activities: 1) Activate volunteer organizations. 2) Define triggers for enacting crisis standards of care. 3) Train hospitals, long term care facilities and other high-risk facilities on infection prevention and control.		
Domain 6: Enhance bio surveillance.		
Planned activity(s)	Activity Documentation	Due Date
Objective 1: Enhance core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization, and reporting.	1) Conduct surveillance and case identification (including but not limited to, public health epidemiological investigation activities such as contact follow-up). 2) Rapidly report test results between the laboratories, the public health department, healthcare facilities, and CDC to support public health investigations. 3) Implement analysis, visualization, and reporting for surveillance and other available data. To support understanding of the outbreak, transmission, and impact of interventions.	Quarterly Progress Reports Q1, Q2, Q3, Q4
	Quarterly Progress Reports	Q1, Q2, Q3, Q4
	Quarterly Progress Reports	Q1, Q2, Q3, Q4
Output(s) for planned activities: 1) Coordinate data systems for epidemiologic and laboratory surveillance. 2) Ensure efficient and timely data collection. 3) Ensure ability to rapidly exchange data with public health partners.		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION C
Budget and Financial Reporting Requirements
revised on 04/20/20**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 1 NU90TP922107-01-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention (CDC).

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 NU90TP922107-01-00 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE

Total Personnel Costs							Total:	\$435,504.00
							including fringe	
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>		
<u>Judy Barlow</u> Public Health Nurse Case identification and surveillance.	\$85,599.00	54.1%	50%	13	108.33%	\$71,450		
<u>Elaine Bergenheier</u> Deputy Logistics Section Chief Assist with case investigations and serving as deputy logistics section chief.	\$59,902.00	39%	50%	13	108.33%	\$45,101		
<u>Veronica Galas</u> Assist with epidemiological investigations, case management, and patient testing; Support staff resiliency.	\$93,433.00	47.7%	20%	13	108.33%	\$29,900		
<u>Vanette Hotaling</u> Assist with case investigations and patient testing.	\$81,013.00	59.1%	50%	12	100%	\$64,446		
<u>Sarah Johnson</u> Assist with call center operations and COOP implementation.	\$62,088.00	58.2%	10%	12	100%	\$9,822		
<u>SallyAnne Miles</u> Assist with call center triage and patient testing.	\$38,002.00	3.4%	50%	12	100%	\$19,647		
<u>Toni Orr</u> Nursing Division Supervisor Nursing Division Supervisor; head for patient testing	\$76,614.00	57.1%	50%	13	108.33%	\$65,195		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

<u>Michelle Stoner</u>	<u>Annual Salary</u> \$40,181.00	<u>Fringe Rate</u> 63.2%	<u>% of Time</u> 5%	<u>Months</u> 13	<u>Annual % of Months worked</u> 108.33%	<u>Amount Requested</u> \$3,552
------------------------	-------------------------------------	-----------------------------	------------------------	---------------------	---	------------------------------------

Runner for CCHHS Department Operations Center; Assist with staff resiliency.

<u>Nesby Villegas</u>	<u>Annual Salary</u> \$17,663.00	<u>Fringe Rate</u> 5.6%	<u>% of Time</u> 50%	<u>Months</u> 12	<u>Annual % of Months worked</u> 100%	<u>Amount Requested</u> \$9,326
-----------------------	-------------------------------------	----------------------------	-------------------------	---------------------	--	------------------------------------

Assist with call center triage.

<u>Nathalie Yanez</u>	<u>Annual Salary</u> \$15,858.00	<u>Fringe Rate</u> 6.2%	<u>% of Time</u> 50%	<u>Months</u> 12	<u>Annual % of Months worked</u> 100%	<u>Amount Requested</u> \$8,421
-----------------------	-------------------------------------	----------------------------	-------------------------	---------------------	--	------------------------------------

Assist with call center triage

<u>Lauren Staffen</u>	<u>Annual Salary</u> \$66,651.00	<u>Fringe Rate</u> 34%	<u>% of Time</u> 15%	<u>Months</u> 13	<u>Annual % of Months worked</u> 108.33%	<u>Amount Requested</u> \$14,513
-----------------------	-------------------------------------	---------------------------	-------------------------	---------------------	---	-------------------------------------

Staff CCHHS DOC; Support jurisdictional recovery; Assist with hot wash/after action review; Coordinate healthcare coalition efforts; Monitor healthcare provider infection prevention measures.

<u>Jessica Rapp</u> <u>Public Information Officer</u>	<u>Annual Salary</u> \$50,591.00	<u>Fringe Rate</u> 23%	<u>% of Time</u> 15%	<u>Months</u> 13	<u>Annual % of Months worked</u> 108.33%	<u>Amount Requested</u> \$10,112
--	-------------------------------------	---------------------------	-------------------------	---------------------	---	-------------------------------------

Staff CCHHS DOC; Support jurisdictional recovery; Assist with hot wash/after action review; Disseminate information to the public and vulnerable populations as the Public Information Officer.

<u>Cari Rioux</u> <u>Deputy Branch Director</u>	<u>Annual Salary</u> \$62,859.00	<u>Fringe Rate</u> 56%	<u>% of Time</u> 15%	<u>Months</u> 13	<u>Annual % of Months worked</u> 108.33%	<u>Amount Requested</u> \$15,935
--	-------------------------------------	---------------------------	-------------------------	---------------------	---	-------------------------------------

Staff CCHHS DOC; Support jurisdictional recovery; Assist with hot wash/after action review; Serve as HHS Deputy Branch Director; Assist with countermeasure distribution and utilization in the community.

<u>Dustin Boothe</u> <u>Epidemiology Supervisor</u>	<u>Annual Salary</u> \$93,433.00	<u>Fringe Rate</u> 54.5%	<u>% of Time</u> 15%	<u>Months</u> 13	<u>Annual % of Months worked</u> 108.33%	<u>Amount Requested</u> \$23,458
--	-------------------------------------	-----------------------------	-------------------------	---------------------	---	-------------------------------------

Epidemiology Division Supervisor; Lead all bio surveillance efforts; Rapidly report results from laboratories to healthcare facilities and providers; Provide regular reports and data analyses to support understanding the outbreak, transmission, and impact of interventions. Assist with after action review.

<u>Jeanne Freeman</u> <u>Branch Director</u>	<u>Annual Salary</u> \$79,828.00	<u>Fringe Rate</u> 51.4%	<u>% of Time</u> 15%	<u>Months</u> 12	<u>Annual % of Months worked</u> 100%	<u>Amount Requested</u> \$18,129
---	-------------------------------------	-----------------------------	-------------------------	---------------------	--	-------------------------------------

Health and Human Services Branch Director and part-time Incident Commander for Quad-County EOC; Staff the Department Operations Center; Collaborate with safety officer to assure the health and safety of CCHHS employees; Support quad-county recovery efforts; Assist with hot wash/after action review; Support and request support from the Joint Information Center regarding dissemination of health department messaging; Support the integration of social service providers; Review and assist with updating isolation and quarantine laws and procedures; Activate public health responder staff for surge.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Amber LaFollette</u>	\$56,650.00	58%	15%	12	100%	\$13,426

Provide fiscal support for grant including request for reimbursement preparation and spending projections.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Robert Fellows</u>	\$105,984.00	51%	2%	12	100%	\$3,201

Planning section chief in Department Operations Center for one operational period.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Lucia Maloney</u>	\$105,840.00	49.5%	2%	12	100%	\$3,165

Deputy planning section chief in Department Operations Center for one operational period.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Dan Furhman</u>	\$74,523.54	79.949%	5%	12	100%	\$6,705

Deputy planning section chief in Department Operations Center for one operational period.

Total Fringe Cost	\$ 137,411.00	Total Salary Cost:	\$297,093.00
--------------------------	----------------------	---------------------------	---------------------

Travel	Total:	\$6,997.00
---------------	---------------	-------------------

Out-of-State Travel

\$0.00

In-State Travel

\$6,997.00

<u>University of Nevada, Reno</u> <u>Reno, NV</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Mileage: (\$0.575 x 67.6 miles per r/trip) x 180 trips x 1 staff	\$38.87	180		1	\$6,997

Justification:

CCHHS staff will be required to courier lab samples to the UNR Public Health lab three times per week for the 60-weeks of the grant period.

Supplies	Total:	\$13,668.00
-----------------	---------------	--------------------

Office supplies: \$20 x 4 staff x 14 months	\$1,120.00
Copies: \$15/mo. x 14 months x 4 FTE staff	\$840.00
Digital Thermometers: \$7.28/thermometer x 500	\$3,640.00
Infrared Thermometers: \$88/thermometer x 3	\$264.00
Cleaning and Sanitizing Supplies: \$350/month x 14 months	\$4,900.00
N95 Fit Testing Kits: \$726/kit x 4	\$2,904.00

Justification: Digital thermometers for public patients to monitor temperatures during isolation and quarantine and to support supply for patients throughout quad-county region; Infrared thermometers for screening of public health department staff and visitors; Cleaning and Sanitizing supplies for CCHHS facilities and staff use to include, but not be limited to sanitizing wipes, hand sanitizer, soap, and surface disinfectant.

Equipment	Total:	\$10,000.00
------------------	---------------	--------------------

Equipment to support EMS, Public Health, and Hospitals responders to include, but not be limited to air scrubbers, PAPRs, and backpack sanitizing sprayers	\$10,000.00
---	-------------

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Contractual/Contractual and all Pass-thru Subawards	Total:	\$189,110.00
--	---------------	---------------------

Contractor/Subrecipient Name: TBD Total \$49,000
Method of Selection: competitive bid
Period of Performance: January 20, 2020 – March 15, 2021
Scope of Work: Fiscal support to include, but no be limited to, account payable preparation, bid requests, purchase order approval processes, document scanning for requests for reimbursement.
Budget

Personnel	\$49,000.00
Travel	\$0.00
Total Budget	\$49,000.00

Method of Accountability:
 Progress and performance will be assessed by the Department Manager and approved by the Public Health Preparedness Manager and CCHHS Director.

Douglas County Total \$82,096
Method of Selection: sole source
Period of Performance: January 20, 2020 – March 15, 2021
Scope of Work: Registered Nurse experience in disease investigation and case management. Familiar with CCHHS systems. Requested RN Naomi Aschenbach. Works for Douglas County Community Clinic.
* Sole Source Justification: A certain level of expertise and experience with CCHHS systems was needed for this position. In establishing the Department Operations Center and then progressing to the Quad-County Emergency Operations Center, staff sought for positions were those from within the region that already possessed the expertise.
Budget

Personnel	\$82,096.00
Travel	\$0.00
Total Budget	\$82,096.00

Method of Accountability:
 Progress and performance will be assessed by the Investigations Group supervisor and approved by the Public Health Preparedness Manager and CCHHS Director.

Marathon Total \$43,615
Method of Selection: competitive bid
Period of Performance: January 20, 2020 – March 15, 2021
Scope of Work: Assist with COVID patient investigations and monitoring. Assist with patient tracking protocols and training of other staff to support the investigations group.
Budget

Personnel	\$43,615.00
Travel	\$0.00
Total Budget	\$43,615.00

Method of Accountability:
 Progress and performance will be monitored by the investigations group supervisor and approved by the Public Health Preparedness Manager.

East Fork Fire Protection District Total \$10,278
Method of Selection: sole source
Period of Performance: January 20, 2020 – March 15, 2021
Scope of Work: Assist with COVID response in the CCHHS Department Operations Center prior to the establishment of the Quad-County Emergency Operations Center. Positions filled included Operations Section Chief and Planning Section Chief.
* Sole Source Justification: A certain level of expertise and experience was needed in the CCHHS Department Operations Center for which CCHHS did not have the depth. The training and expertise was solicited from agencies across the Quad-County region with the support being provided by East Fork Fire Protection District based on staff availability. Agencies that traditionally have the training and expertise for these positions reside in the fire service.
Budget

Personnel	\$10,278.00
Travel	\$0.00
Total Budget	\$10,278.00

Method of Accountability:
 Progress and performance will be monitored by the Quad-County Multi-Agency Coordinating (MAC) group and approved by the Public Health Preparedness Manager.

Lyon County Social Services Total \$4,121

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Method of Selection: sole source

Period of Performance: January 20, 2020 – March 15, 2021

Scope of Work: Assist with COVID response in the CCHHS Department Operations Center prior to the establishment of the Quad-County Emergency Operations Center. Positions filled included county liaison officer for Lyon County.

* Sole Source Justification: A certain level of expertise and experience was needed in the CCHHS Department Operations Center for which CCHHS did not have the depth to serve Lyon County. The training and expertise was solicited from agencies across the Quad-County region with the support being provided by Lyon County Social Services based on staff availability.

Budget

Personnel	\$4,121.00
Travel	\$0.00
Total Budget	\$4,121.00

Method of Accountability:

Progress and performance will be monitored by the Quad-County Multi-Agency Coordinating (MAC) group and approved by the Public Health Preparedness Manager.

Training	Total:	\$0.00
-----------------	---------------	---------------

Other	Total:	\$49,349.00
--------------	---------------	--------------------

Personal Protective Equipment (PPE)	\$49,349.00
-------------------------------------	-------------

Justification: Personal Protective Equipment (PPE) for CCHHS staff and healthcare partners to include, but not be limited to N95 masks, face shields, gowns, gloves, and eye protection

TOTAL DIRECT CHARGES	\$	704,628.00
-----------------------------	-----------	-------------------

Indirect Charges	Indirect Rate:	0.0%	\$0.00
-------------------------	-----------------------	-------------	---------------

Indirect Methodology: none

TOTAL BUDGET	Total:	\$704,628.00
---------------------	---------------	---------------------

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Form 2

Applicant Name: Carson City Health and Human Services
PROPOSED BUDGET SUMMARY - SFY20

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED								
ENTER TOTAL REQUEST	\$704,628	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$704,628.00

EXPENSE CATEGORY

Personnel	\$435,504							\$435,504
Travel	\$6,997							\$6,997
Supplies	\$13,668							\$13,668
Equipment	\$10,000							\$10,000
Contractual/Consultant	\$189,110							\$189,110
Training	\$0							\$0
Other Expenses	\$49,349							\$49,349
Indirect	\$0							\$0

TOTAL EXPENSE	\$704,628	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$704,628
These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost	\$0
---------------------	-----

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

Total Agency Budget	\$ 704,628
Percent of Subrecipient Budget	100%

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed **\$704,628.00**.
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$70,462.80**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than January 15, 2021 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at the time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

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 Nevada State Division of Public and Behavioral Health 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 funding may be reallocated 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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Additional Term and Condition:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) agrees to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measure (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
- If recipient disburses any funds received pursuant to this award to a local jurisdiction, recipient shall ensure that the local jurisdiction complies with the terms and conditions of this award.
- Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322) and the purpose of this award and the underlying funding. Recipient is expected to provide to CDC copies and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward 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 Subaward.

Compliance with this section is acknowledged by signing the subaward cover page of this.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION D
Request for Reimbursement
revised on 04/20/20

Agency Ref #: **HD 17625**
Budget and Cat: 3218/28
GL: 8501
Job #: 9335420C
Draw #: _____

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient 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
Subaward Period: January 20, 2020 through March 15, 2021	Subrecipient's: EIN: 88-60000189 Vendor #: T80990941J

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$435,504.00	\$0.00	\$0.00	\$0.00	\$435,504.00	0.0%
2. Travel	\$6,997.00	\$0.00	\$0.00	\$0.00	\$6,997.00	0.0%
3. Supplies	\$13,668.00	\$0.00	\$0.00	\$0.00	\$13,668.00	0.0%
4. Equipment	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00	0.0%
5. Contractual/Consultant	\$189,110.00	\$0.00	\$0.00	\$0.00	\$189,110.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$49,349.00	\$0.00	\$0.00	\$0.00	\$49,349.00	0.0%
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$704,628.00	\$0.00	\$0.00	\$0.00	\$704,628.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DIVISION USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date

G680020034 Amendment #2



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Department)

Agency Ref. #: **HD 17625**
 Budget Account: 3218
 Category: 28
 GL: 8501
 Job Number: 9335420C

SUBAWARD AMENDMENT #2

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov		Subrecipient Name: Carson City Health and Human Services (CCHHS) Jeanne Freeman / jmfreeman@carson.org	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 900 East Long Street Carson City, NV 89706	
Subaward Period: January 20, 2020 through March 15, 2021		Amendment Effective Date: Upon approval by all parties.	
This amendment reflects a change to:			
<input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: CCHHS needs to redirect budget categories for COVID-19 response efforts.			
Required Changes:			
Current Language:		Total reimbursement through this subaward will not exceed \$704,628.00. See Section C and D of the original subaward.	
Amended Language:		Total reimbursement through this subaward will not exceed \$704,628.00. Section C is revised to reallocate a portion of the approved Personnel budget to Contractual and Other as necessary to meet goals and objectives outlined in the scope of work. Section D revised to reflect changes in approved budget categories. See attached Section C and D revised on 07/10/20.	
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$435,504.00	(\$103,232.00)	\$332,272.00
2. Travel	\$6,997.00		\$6,997.00
3. Supplies	\$13,668.00		\$13,668.00
4. Equipment	\$10,000.00		\$10,000.00
5. Contractual/Consultant	\$189,110.00	\$60,716.00	\$249,826.00
6. Other	\$49,349.00	\$42,516.00	\$91,865.00
TOTAL DIRECT COSTS	\$704,628.00	\$0.00	\$704,628.00
7. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$704,628.00	\$0.00	\$704,628.00
Incorporated Documents:			
Section C: Budget and Financial Reporting Requirements revised on 07/10/20			
Section D: Request for Reimbursement revised on 07/10/20			
Exhibit A: Original Notice of Subaward and all previous amendments			

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Name	Signature	Date
Nicki Aaker Director	<i>N. Aaker</i>	8/4/2020
Karen Beckley, MPA, MS Bureau Chief, BHPP	<i>Malinda Southard for Karen Beckley</i>	8/5/2020
for Lisa Sherych Administrator, DPBH	<i>Karen Beckley</i>	8/10/20

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION C
Budget and Financial Reporting Requirements
revised on 07/10/20**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 1 NU90TP922107-01-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention (CDC).

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 NU90TP922107-01-00 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE

Total Personnel Costs		including fringe				Total:	\$332,272.00
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>	
<u>Judy Barlow</u> Public Health Nurse	\$85,599.00	54.1%	50%	6.5	54.17%	\$35,725	
Case identification and surveillance.							
<u>Vacant</u> Call Center Staff	\$37,440.00	5.0%	100%	6	50.00%	\$19,656	
Assist with call center operations.							
<u>Veronica Galas</u>	\$93,433.00	47.7%	9.0%	13	108.33%	\$13,455	
Assist with epidemiological investigations, case management, and patient testing; Support staff resiliency.							
<u>Vanette Hotaling</u>	\$81,013.00	59.1%	50%	5	41.67%	\$26,852	
Assist with case investigations and patient testing.							
<u>Vacant</u> Call Center Staff	\$37,440.00	5.0%	100%	6	50.0%	\$19,656	
Assist with call center operations.							
<u>SallyAnne Miles</u>	\$38,002.00	3.4%	50%	7	58.33%	\$11,461	
Assist with call center triage and patient testing.							
<u>Toni Orr</u> Nursing Division Supervisor	\$76,614.00	20.0%	50%	8	66.67%	\$30,646	
Nursing Division Supervisor; head for patient testing							
<u>Michelle Stoner</u>	\$40,181.00	63.2%	1.0%	13	108.33%	\$710	
Runner for CCHHS Department Operations Center; Assist with staff resiliency.							
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>	

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Nesby Villegas	\$17,663.00	5.6%	50%	7	58.33%	\$5,440
--------------------------------	-------------	------	-----	---	--------	---------

Assist with call center triage.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Nathalie Yanez	\$15,858.00	6.2%	50%	7	58.33%	\$4,912

Assist with call center triage

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Lauren Staffen	\$66,651.00	34.0%	10.0%	9	75.00%	\$6,698

Staff CCHHS DOC; Support jurisdictional recovery; Assist with hotwash/after action review; Coordinate healthcare coalition efforts; Monitor healthcare provider infection prevention measures.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Jessica Rapp Public Information Officer	\$50,591.00	23.0%	10.0%	9	75.0%	\$4,667

Staff CCHHS DOC; Support jurisdictional recovery; Assist with hotwash/after action review; Disseminate information to the public and vulnerable populations as the Public Information Officer.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Cari Rioux Deputy Branch Director	\$62,859.00	56.0%	10.0%	9	75.0%	\$7,355

Staff CCHHS DOC; Support jurisdictional recovery; Assist with hotwash/after action review; Serve as HHS Deputy Branch Director; Assist with countermeasure distribution and utilization in the community.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Dustin Boothe Epidemiology Supervisor	\$93,433.00	54.5%	10.0%	6	50.0%	\$7,218

Epidemiology Division Supervisor; Lead all bio surveillance efforts; Rapidly report results from laboratories to healthcare facilities and providers; Provide regular reports and data analyses to support understanding of the outbreak, transmission, and impact of interventions. Assist with after action review.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Jeanne Freeman Branch Director	\$79,828.00	51.4%	10.0%	9	75.0%	\$9,064

Health and Human Services Branch Director and part-time Incident Commander for Quad-County EOC; Staff the Department Operations Center; Collaborate with safety officer to assure the health and safety of CCHHS employees; Support quad-county recovery efforts; Assist with hotwash/after action review; Support and request support from the Joint Information Center regarding dissemination of health department messaging; Support the integration of social service providers; Review and assist with updating isolation and quarantine laws and procedures; Activate public health responder staff for surge.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Amber LaFollette	\$56,650.00	58%	15%	12	100%	\$13,426

Provide fiscal support for grant including request for reimbursement preparation and spending projections.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Vacant Call Center Staff	\$37,440.00	5.0%	100.0%	6	25.0%	\$9,828

Assist with call center operations.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
--	----------------------	--------------------	------------------	---------------	--------------------------------------	-------------------------

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

<u>Dan Furhman</u>	\$74,523.54	79.949%	1.0%	6	50.0%	\$671
--------------------	-------------	---------	------	---	-------	-------

Deputy planning section chief in Department Operations Center for one operational period.

<u>Vacant COVID Tester</u>	<u>Annual Salary</u> \$66,560.00	<u>Fringe Rate</u> 5.0%	<u>% of Time</u> 75.0%	<u>Months</u> 9	<u>Annual % of Months worked</u> 50.0%	<u>Amount Requested</u> \$26,208
--------------------------------	-------------------------------------	----------------------------	---------------------------	--------------------	---	-------------------------------------

Symptomatic and asymptomatic COVID testing at CCHHS and community-based testing sites.

<u>Vacant COVID Tester</u>	<u>Annual Salary</u> \$66,560.00	<u>Fringe Rate</u> 5.0%	<u>% of Time</u> 75.0%	<u>Months</u> 9	<u>Annual % of Months worked</u> 50.0%	<u>Amount Requested</u> \$26,208
--------------------------------	-------------------------------------	----------------------------	---------------------------	--------------------	---	-------------------------------------

Symptomatic and asymptomatic COVID testing at CCHHS and community-based testing sites.

<u>Vacant COVID Tester</u>	<u>Annual Salary</u> \$66,560.00	<u>Fringe Rate</u> 5.0%	<u>% of Time</u> 75.0%	<u>Months</u> 9	<u>Annual % of Months worked</u> 50.0%	<u>Amount Requested</u> \$26,208
--------------------------------	-------------------------------------	----------------------------	---------------------------	--------------------	---	-------------------------------------

Symptomatic and asymptomatic COVID testing at CCHHS and community-based testing sites.

<u>Vacant COVID Tester</u>	<u>Annual Salary</u> \$66,560.00	<u>Fringe Rate</u> 5.0%	<u>% of Time</u> 75.0%	<u>Months</u> 9	<u>Annual % of Months worked</u> 50.0%	<u>Amount Requested</u> \$26,208
--------------------------------	-------------------------------------	----------------------------	---------------------------	--------------------	---	-------------------------------------

Symptomatic and asymptomatic COVID testing at CCHHS and community-based testing sites.

Total Fringe Cost	\$ 56,591.00	Total Salary Cost:	\$275,681.00
--------------------------	---------------------	---------------------------	---------------------

Travel	Total:	\$6,997.00
---------------	---------------	-------------------

Out-of-State Travel

\$0.00

In-State Travel

\$6,997.00

<u>University of Nevada, Reno</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
<u>Reno, NV</u>					
Mileage: (\$0.575 x 67.6 miles per r/trip) x 180 trips x 1 staff	\$38.87	180		1	\$6,997

Justification:

CCHHS staff will be required to courier lab samples to the UNR Public Health lab three times per week for the 60-weeks of the grant period.

Supplies	Total:	\$13,668.00
-----------------	---------------	--------------------

Office supplies: \$20 x 4 staff x 14 months	\$1,120.00
Copies: \$15/mo. x 14 months x 4 FTE staff	\$840.00
Digital Thermometers: \$7.28/thermometer x 500	\$3,640.00
Infrared Thermometers: \$88/thermometer x 3	\$264.00
Cleaning and Sanitizing Supplies: \$350/month x 14 months	\$4,900.00
N95 Fit Testing Kits: \$726/kit x 4	\$2,904.00

Justification: Digital thermometers for public patients to monitor temperatures during isolation and quarantine and to support supply for patients throughout quad-county region; Infrared thermometers for screening of public health department staff and visitors; Cleaning and Sanitizing supplies for CCHHS facilities and staff use to include, but not be limited to sanitizing wipes, hand sanitizer, soap, and surface disinfectant.

Equipment	Total:	\$10,000.00
------------------	---------------	--------------------

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Equipment to support EMS, Public Health, and Hospitals responders to include, but not be limited to air scrubbers, PAPRs, and backpack sanitizing sprayers \$10,000.00

Contractual/Contractual and all Pass-thru Subawards **Total: \$249,826.00**

Contractor/Subrecipient Name: TBD **Total \$49,000**
Method of Selection: competitive bid
Period of Performance: January 20, 2020 – March 15, 2021
Scope of Work: Fiscal support to include, but no be limited to, account payable preparation, bid requests, purchase order approval processes, document scanning for requests for reimbursement.
Budget
 Personnel \$49,000.00
 Travel \$0.00
Total Budget \$49,000.00

Method of Accountability:
 Progress and performance will be assessed by the Department Manager and approved by the Public Health Preparedness Manager and CCHHS Director.

Douglas County **Total \$82,095**
Method of Selection: sole source
Period of Performance: January 20, 2020 – March 15, 2021
Scope of Work: Registered Nurse experience in disease investigation and case management. Familiar with CCHHS systems. Requested RN Noami Aschenbach. Works for Douglas County Community Clinic.
* Sole Source Justification: A certain level of expertise and experience with CCHHS systems was needed for this position. In establishing the Department Operations Center and then progressing to the Quad-County Emergency Operations Center, staff sought for positions were those from within the region that already possessed the expertise.
Budget
 Personnel \$82,095.00
 Travel \$0.00
Total Budget \$82,095.00

Method of Accountability:
 Progress and performance will be assessed by the Investigations Group supervisor and approved by the Public Health Preparedness Manager and CCHHS Director.

Marathon **Total \$43,615**
Method of Selection: competitive bid
Period of Performance: January 20, 2020 – March 15, 2021
Scope of Work: Assist with COVID patient investigations and monitoring. Assist with patient tracking protocols and training of other staff to support the investigations group.
Budget
 Personnel \$43,615.00
 Travel \$0.00
Total Budget \$43,615.00

Method of Accountability:
 Progress and performance will be monitored by the investigations group supervisor and approved by the Public Health Preparedness Manager.

East Fork Fire Protection District **Total \$1,147**
Method of Selection: sole source
Period of Performance: January 20, 2020 – March 15, 2021
Scope of Work: Assist with COVID response in the CCHHS Department Operations Center prior to the establishment of the Quad-County Emergency Operations Center. Positions filled included Operations Section Chief and Planning Section Chief.
* Sole Source Justification: A certain level of expertise and experience was needed in the CCHHS Department Operations Center for which CCHHS did not have the depth. The training and expertise was solicited from agencies across the Quad-County region with the support being

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

provided by East Fork Fire Protection District based on staff availability. Agencies that traditionally have the training and expertise for these positions reside in the fire service.

<u>Budget</u>	
Personnel	\$1,147.00
Travel	\$0.00
Total Budget	\$1,147.00

Method of Accountability:

Progress and performance will be monitored by the Quad-County Multi-Agency Coordinating (MAC) group and approved by the Public Health Preparedness Manager.

Lyon County Social Services

Total \$980

Method of Selection: sole source

Period of Performance: January 20, 2020 – March 15, 2021

Scope of Work: Assist with COVID response in the CCHHS Department Operations Center prior to the establishment of the Quad-County Emergency Operations Center. Positions filled included county liaison officer for Lyon County.

* Sole Source Justification: A certain level of expertise and experience was needed in the CCHHS Department Operations Center for which CCHHS did not have the depth to serve Lyon County. The training and expertise was solicited from agencies across the Quad-County region with the support being provided by Lyon County Social Services based on staff availability.

<u>Budget</u>	
Personnel	\$980.00
Travel	\$0.00
Total Budget	\$980.00

Method of Accountability:

Progress and performance will be monitored by the Quad-County Multi-Agency Coordinating (MAC) group and approved by the Public Health Preparedness Manager.

Marathon (Celeste)

Total \$34,114

Method of Selection: competitive bid

Period of Performance: May 1, 2020 – October 31, 2020

Scope of Work: Assist with COVID patient investigations and monitoring. Assist with patient tracking protocols and training of other staff to support the investigations group.

<u>Budget</u>	
Personnel	\$34,114.00
Travel	\$0.00
Total Budget	\$34,114.00

Method of Accountability:

Progress and performance will be monitored by the investigations group supervisor and approved by the Public Health Preparedness Manager.

Marathon (Martha)

Total \$38,875

Method of Selection: competitive bid

Period of Performance: June 29, 2020 – March 15, 2021

Scope of Work: Assist with COVID response as a scheduler for asymptomatic and symptomatic testing.

<u>Budget</u>	
Personnel	\$38,875.00
Travel	\$0.00
Total Budget	\$38,875.00

Method of Accountability:

Progress and performance will be monitored by the Quad-County Multi-Agency Coordinating (MAC) group and approved by the Public Health Preparedness Manager.

Other	Total:	\$91,865.00
--------------	---------------	--------------------

Personal Protective Equipment (PPE)	\$65,000.00
-------------------------------------	-------------

Justification: Personal Protective Equipment (PPE) for CCHHS staff and healthcare partners to include, but not be limited to N95 masks, face shields, gowns, gloves, and eye protection

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Testing Supplies \$26,865.00

Justification: To include, but not limited to, viral transport medium (VTM), testing swabs, venous blood draw tubes and needles.

TOTAL DIRECT CHARGES		\$ 704,628.00
Indirect Charges	Indirect Rate:	0.0%
Indirect Methodology: none		\$0.00
TOTAL BUDGET	Total:	\$704,628.00

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Form 2

Applicant Name: Carson City Health and Human Services
PROPOSED BUDGET SUMMARY - SFY20

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$704,628	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$704,628.00

EXPENSE CATEGORY

Personnel	\$332,272								\$332,272
Travel	\$6,997								\$6,997
Supplies	\$13,668								\$13,668
Equipment	\$10,000								\$10,000
Contractual/Consultant	\$249,826								\$249,826
Other Expenses	\$91,865								\$91,865
Indirect	\$0								\$0

TOTAL EXPENSE	\$704,628	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$704,628
---------------	-----------	------	------	------	------	------	------	------	-----------

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------------------	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$0
---------------------	-----

Total Agency Budget	\$ 704,628
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$704,628.00.
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (\$70,462.80) require a formal amendment. All redistribution of funds must be submitted for written approval no later than January 15, 2021 at 5:00 PM PST.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at the time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

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 Nevada State Division of Public and Behavioral Health 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 funding may be reallocated other preparedness priorities within the state. This includes, but is not limited to:
 - Reallocating funds between the subgrantee's categories, and

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.

Additional Term and Condition:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) agrees to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measure (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
- If recipient disburses any funds received pursuant to this award to a local jurisdiction, recipient shall ensure that the local jurisdiction complies with the terms and conditions of this award.
- Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322) and the purpose of this award and the underlying funding. Recipient is expected to provide to CDC copies and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward 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 Subaward.

Compliance with this section is acknowledged by signing the subaward cover page of this.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Agency Ref #: **HD 17625**
Budget and Cat: 3218/28
GL: 8501
Job #: 9335420C
Draw #: _____

SECTION D
Request for Reimbursement
revised on 07/10/20

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient 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
Subaward Period: January 20, 2020 through March 15, 2021	Subrecipient's: EIN: 88-60000189 Vendor #: T80990941J

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Approved Budget Category	Month(s)		Calendar year			
	A	B	C	D	E	F
	Approved Budget	Total Prior Requests	Current Request	Year to Date Total	Budget Balance	Percent Expended
1. Personnel	\$332,272.00	\$0.00	\$0.00	\$0.00	\$332,272.00	0.0%
2. Travel	\$6,997.00	\$0.00	\$0.00	\$0.00	\$6,997.00	0.0%
3. Supplies	\$13,668.00	\$0.00	\$0.00	\$0.00	\$13,668.00	0.0%
4. Equipment	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00	0.0%
5. Contractual/Consultant	\$249,826.00	\$0.00	\$0.00	\$0.00	\$249,826.00	0.0%
6. Other	\$91,865.00	\$0.00	\$0.00	\$0.00	\$91,865.00	0.0%
7. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$704,628.00	\$0.00	\$0.00	\$0.00	\$704,628.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DIVISION USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date _____