



## STAFF REPORT

**Report To:** Board of Supervisors

**Meeting Date:** November 3, 2022

**Staff Contact:** Nicki Aaker, Health and Human Services Director and Jeanne Freeman, Deputy Director and acting Public Health Preparedness Division Manager

**Agenda Title:** For Possible Action: Discussion and possible action regarding a proposed acceptance of the COVID-19 Immunization Round 3 subgrant from the State of Nevada, Department of Health and Human Services, Division of Public and Behavioral Health (“State”), in the amount of \$417,586 reimbursed in Fiscal Year (“FY”) 2023, effective July 1, 2022, through June 30, 2023. (Nicki Aaker, naaker@carson.org and Jeanne Freeman, jmfreeman@carson.org)

**Staff Summary:** If accepted, this subgrant will provide funds to the Carson City Department of Health and Human Services (“CCHHS”) for personnel, travel, operating expenses, equipment, contractual/consultant and other expenses related to COVID-19 vaccinations and boosters, as well as other emergent infectious diseases and routine vaccinations, for residents and vaccination providers in the Quad-County region (Carson City and Douglas, Lyon and Storey counties). The grant provides 100 percent funding; there is no match requirement. CCHHS has received the subgrant since 2021.

**Agenda Action:** Formal Action / Motion

**Time Requested:** Consent

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### Proposed Motion

I move to accept the subgrant as presented.

### Board's Strategic Goal

Quality of Life

### Previous Action

N/A

### Background/Issues & Analysis

A discussion and presentation of this subgrant took place at the Board of Supervisors (“Board”) meeting on May 6, 2021, item 15B, and is a pass through subgrant from the United States Centers for Disease Control and Prevention (CDC) through the State. The subgrant period was originally three years; however, federal oversight set forth the requirement that the grant and its respective subgrants have one-year periods.

The funds will be used for personnel, travel, operating expenses, equipment, contractual/consultant and other expenses. The funds will cover existing personnel, a portion of the Bilingual Public Health Nurse position and a Grant/Fiscal Analyst position. The Public Health Nurse position was approved by the Board on June 2, 2022, item 10A, and the Grant/Fiscal Analyst position was approved through the FY 2023 budget. Funds will be used for positions already approved by the Board or vacant positions deemed necessary.

The large purchase within this subgrant is an ADA compliant, and wind and weather sturdy emergency tent including a HVAC system, flooring and lighting, an ADA compliant bathroom for staff, and a trailer for

transporting the tent. The total budgeted amount is \$97,700 (\$87,930 - non equity portion and \$9,770 - equity portion). This purchase will replace an original tent purchased in 2008 which is not functionable since it will not stay inflated, cannot be repaired, is not wind and weather resistant, nor ADA compliant. The new tent will serve as an alternative care facility which is a requirement for Public Health Preparedness programs. It will be mobile and can be transported to locations where assistance is needed. It can be used for mass vaccination events as well as many other situations. Two examples of different uses are to serve as an alternative hospital site should there be a surge of hospital patients due to an infectious disease, such as influenza, or during an outbreak of a vaccine preventable disease like the measles. Many jurisdictions used these types of tents for the COVID-19 response. Carson Valley Medical Center used ours to reduce some of the burden experienced in the Emergency Department.

**Applicable Statute, Code, Policy, Rule or Regulation**

Carson City Grant Administration Policy

**Financial Information**

**Is there a fiscal impact?** Yes

**If yes, account name/number:** IZ COVID Vax Rd 3, Grant Fund Salaries, Benefits, Operating, Other, Equipment and Contractual under G680023043; 2756800-500101, 2756800-501202, and 2756800-501225.

**Is it currently budgeted?** Yes

**Explanation of Fiscal Impact:** If accepted, the revenues and expenses of \$270,977 will be added to the CCHHS grant budget during budget augmentations. This grant is reoccurring from last budget year, and the Carson City Finance Department budgeted ongoing salaries and benefits of \$146,609 for FY 2023 in anticipation of a new award. Finance did not have the final award amount when the FY 2023 budget was prepared.

**Alternatives**

Do not authorize acceptance of the grant and/or provide alternative direction to staff.

**Attachments:**

[Funding Map\\_COVID IZ Rd 3 Grant-.pdf](#)

[SG 25887- CC Health and Human Services \(06.30.2023\) FINAL.pdf](#)

**Board Action Taken:**

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

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

**Health Department Funding Map - COVID IZ Rd. 3**  
**7/1/22 - 6/30/23**

Employee	Position	City/ Contract	FT/PT	COVID IZ Rd. 3	COVID IZ Rd. 3 Equity	COVID Rd 4	COVID Rd 4- Equity	Public Health Emerg Prep	PHP Health Protect &Prep	STD Supple	Clinic Servs - 0.5%; State Vaccine - 0.5%; Priv Vaccine - 05%	State FP	SAPTA TB - 1.5%; AHEP SRAE -2.5%; AHEP - PREP - 2.5%	Title X	MCH - 4%; IZ - 4%	Human Services Grants	Gen. Fund	Total % for Each Employee
Vacant - recruiting	Bilingual Public Health Nurse	City	FT	45.00%	5.00%					50.00%								100.00%
Vacant - recruiting	COVID Vaccine Incident Commander (PHP Manager)	City	FT	7.50%	2.50%			55.00%	35.00%									100.00%
Cari Rioux	Field Vaccine Coordinator (Planner)	City	FT	7.50%	2.50%	7.50%	2.50%	40.00%	40.00%									100.00%
Lauren Staffen	Field Vaccine Coordinator (Planner)	City	FT	7.50%	2.50%	7.50%	2.50%	40.00%	40.00%									100.00%
Jessica Rapp	Communications/PIO (Planner)	City	FT	7.50%	2.50%	7.50%	2.50%	70.00%	10.00%									100.00%
Paul Micah Chalk	Fiscal Analyst	City	FT	7.50%	2.50%	1.25%	3.75%	5.00%	5.00%		1.50%	5.00%	6.50%	4.00%	8.00%		50.00%	100.00%
Martha Lopez	Administrative Assistant	City	FT	7.50%	2.50%	7.50%	2.50%	70.00%	10.00%									100.00%
Sydney Gamer	Public Health Program Specialist	City	FT	45.00%	5.00%			45.00%	5.00%									100.00%
Vacant - recruiting	Fiscal Analyst	City	FT	7.50%	2.50%											40.00%	50.00%	100.00%



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

Agency Ref. #: **SG 25887**  
 Budget Account: 3213  
 Category: 18  
 GL: 8501  
 Sub Org: C6  
 Job Number: 9326821V

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Nevada State Immunization Program Office of Bureau of Child, Family & Community Wellness Kristy Zigenis, <a href="mailto:kzigenis@health.nv.gov">kzigenis@health.nv.gov</a>	<b>Subrecipient's Name:</b> Carson City Health and Human Services (CCHHS)
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	<b>Address:</b> 900 E. Long St. Carson City, NV 89706
<b>Subaward Period:</b> 07/01/2022 through 06/30/2023	<b>Subrecipient's:</b> EIN: <u>88-6000189</u> Vendor #: <u>T80990941 J</u> UEI #: <u>DTBPJMA2QFC8</u>

**Purpose of Award:** To plan and implement COVID-19 vaccination services with strike teams and mass vaccination events.

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

<b>Approved Budget Categories:</b>	
1. Personnel	<b>\$159,918.00</b>
2. Travel	<b>\$6,083.00</b>
3. Operating	<b>\$26,556.00</b>
4. Equipment	<b>\$97,700.00</b>
5. Contractual/Consultant	<b>\$105,457.00</b>
6. Training	<b>\$0.00</b>
7. Other	<b>\$21,872.00</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$417,586.00</b>
8. Indirect Costs	<b>\$0.00</b>
<b>TOTAL APPROVED BUDGET</b>	<b>\$417,586.00</b>

<b>FEDERAL AWARD COMPUTATION:</b>	
Total Obligated by this Action:	\$ 417,586.00
Cumulative Prior Awards this Budget Period:	\$ 519,352.39
Total Federal Funds Awarded to Date:	\$ 936,938.39
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

**Federal Budget Period:**  
 07/01/2020 – 06/30/2024  
**Federal Project Period:**  
 07/01/2019 – 06/30/2024

**FOR AGENCY USE, ONLY**

<b>Source of Funds:</b> Immunization and Vaccines for Children	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.268	<b>FAIN:</b> NH23IP922609	<b>Federal Grant #:</b> 6 NH23IP922609-02-05 & 06	<b>Grant Award Date by Federal Agency:</b> 01/15/2021
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**Agency Approved Indirect Rate:** 6.7%

**Subrecipient Approved Indirect Rate:** N/A

**Terms and Conditions:**

In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
4. Subrecipient must comply with all applicable Federal regulations.
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. 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; and  
 Section G: DHHS Business Associate Addendum.

Name	Signature	Date
Lori Bagwell Mayor		
Kyle Devine, MSW Health Bureau Chief		
for Lisa Sherych Administrator, DPBH		

**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).

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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; or
    - 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.**



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**SECTION B**

**Description of Services, Scope of Work and Deliverables**

The intent of this subgrant is to perform activities deemed effective in planning for and implementing COVID-19 vaccination services.

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 (July 1, 2022 to June 30, 2023)**

<b>Project Period Objective 01: Increase COVID-19 vaccination and other CDC Recommended vaccination capacity across the jurisdiction, including among high-risk and underserved populations.</b>				
<b>Objective</b>	<b>Activities</b>	<b>Phase</b>	<b>Target Population</b>	<b>Performance Measure</b>
1.1 Train new vaccine providers each month, including pharmacies, to store, handle and administer vaccines for COVID-19, other emerging infectious diseases, and routine vaccinations.	<ul style="list-style-type: none"> <li>Engage Outbreak response vaccine staff in private/public vaccine provider training and compliance oversight.</li> <li>Train new private/public vaccine providers each month.</li> <li>Create virtual training program to include federal training modules and region-specific modules as needed.</li> <li>Host in-person and virtual training refreshers as needed</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>Rural and frontier healthcare providers</li> <li>Non-traditional vaccine providers</li> </ul>	(PM) 1.2: Number of vaccine providers trained in proper vaccine administration and in vaccine storage/handling in the past quarter communicated through a quarterly report to NSIP.
1.2 LHA will communicate with up to 3 non-vaccinating adult healthcare providers per quarter per health jurisdiction to determine if (1) area providers are recommending COVID-19 vaccine, other adult vaccines, and those for emerging infectious diseases and (2) where they are sending their patients to obtain recommended vaccines.	<ul style="list-style-type: none"> <li>In collaboration with the CCHHS Public Information Officer, communicate with at least 3 non-vaccinating adult healthcare providers who are not providing COVID-19 vaccines, other adult vaccines, or vaccines for emerging infectious diseases to assess vaccine recommendation practices and location to obtain vaccine.</li> <li>Create at least one provider respiratory disease prevention campaign in collaboration with Immunize NV and non-vaccinating healthcare provider input</li> <li>Distribute respiratory disease mitigation and prevention information to regional healthcare providers.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>Non-vaccinating healthcare providers</li> <li>High-risk populations throughout the Quad-Counties Region</li> </ul>	(PM) 1.3: Number of adult health care providers trained in the past quarter communicated through a quarterly report to NSIP for the purposes of ensuring patients are appropriately screened and immunized or referred for vaccinations.
1.3 LHA will recruit and train public health staff and/or public health partners as needed to support outbreak response vaccine outreach efforts towards engaging underserved and high-risk populations.  <i>A minimum of 10 percent of each subaward must be spent on activities</i>	<ul style="list-style-type: none"> <li>Hire staff as needed to support outreach and education efforts across the Quad-Counties Region.</li> <li>Partner with community service groups and coalitions to provide culturally sensitive training regarding vaccination safety and outbreak information to underserved and high-risk populations</li> <li>Train environmental health staff to distribute education materials to employers on COVID-19 and other vital vaccination's efficacy and safety.</li> <li>Train social services staff in the Quad-Counties Region to distribute education materials to clients</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>Public health workforce</li> <li>Underserved and high-risk populations in the Quad-Counties Region (e.g., rural communities, migrant farmworkers, low-literacy community members)</li> </ul>	(PM) 1.5.1: Number of new public health workers hired (FTE, contractor, etc.) in the past quarter communicated through a quarterly report to NSIP.

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<p><i>to address COVID-19 vaccine and CDC-recommended routine vaccine catch-up inequities.</i></p>	<p>on COVID-19 and other emerging infectious diseases, and routine vaccination's efficacy and safety.</p> <ul style="list-style-type: none"> <li>• Collaborate with State of Nevada's Community Health Nurses to provide education to clients on COVID-19 and other emerging infectious diseases, and routine vaccination's efficacy and safety.</li> <li>• Collaborate with private/public partners to complete After-Action Review and an Improvement Plan regarding vaccination PODs and outreach.</li> </ul>			
<p><b>1.3.a</b> LHA will recruit and train public health staff and/or public health partners, as needed, to support vaccination outreach efforts for COVID-19, other emerging infectious diseases, and routine vaccinations amongst underserved and high-risk populations.</p> <p><i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 and routine CDC-Recommended vaccination catch up vaccine inequities.</i></p>	<ul style="list-style-type: none"> <li>• Engage data management staff, as needed, for report generation and analyses to support regional leadership in community decision making.</li> <li>• Hire staff as needed to support outreach and education efforts across the Quad-Counties Region.</li> <li>• Partner with community service groups and coalitions to provide culturally sensitive training regarding vaccines for COVID-19, other emerging infectious diseases, and routine CDC-recommended vaccinations to underserved and high-risk populations.</li> <li>• Train environmental health staff to educate employers on outbreak response, as well as vaccination efficacy and safety.</li> <li>• Train social services staff in the Quad-Counties Region to educate clients on outbreak vaccination, as well as vaccination efficacy and safety.</li> <li>• Collaborate with the State of Nevada's Community Health Nurses to provide education to clients on outbreak response, and vaccination efficacy and safety.</li> </ul>	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> <li>• Public health workforce</li> <li>• Underserved and high-risk populations in the Quad-Counties Region (e.g., rural communities, migrant farmworkers, low-literacy community members)</li> </ul>	<p><i>(PM) 1.5.1: Number of new public health workers hired and trained (FTE, contractor, etc.) in the past quarter communicated through a quarterly report to NSIP. Number of new public health partners recruited and trained.</i></p>
<p><b>1.4</b> LHA and counties within the Quad-Counties Region will consider recommendations made by IZNV regarding accessing underserved communities to deploy vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to close coverage gaps among underserved communities.</p> <p><i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 and routine</i></p>	<ul style="list-style-type: none"> <li>• Collaborate with Immunize NV, and local coalitions to offer vaccination events in small rural communities through strike teams or mobile clinics.</li> <li>• Utilize strike teams to serve homebound population.</li> <li>• Provide COVID-19, other emerging infectious diseases, and routine vaccination clinics in each county as needed based upon data.</li> <li>• Provide outbreak response vaccination clinics at varied times of the day to meet the needs of the workforce.</li> <li>• Purchase mobile medical tent and supplies that can be used in diverse weather conditions to support mobile vaccination efforts across the Quad-Counties Region.</li> </ul>	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> <li>• All Quad-Counties Region residents</li> <li>• Hard-to-reach rural and workforce populations</li> </ul>	<p><i>(PM) 1.6.3: Number of vaccine doses provided by LHA/counties through strike teams, mobile clinics, or temporary off-site clinics in the past quarter in underserved communities communicated through a quarterly report to NSIP.</i></p>



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CDC-Recommended vaccination catch up vaccine inequities.				
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<b>Project Period Objective 02: Ensure high-quality customer service and safe administration of COVID-19 vaccines, CDC routine recommended vaccines, and vaccines for other emerging infectious diseases</b>				
<b>Objective</b>	<b>Activities</b>	<b>Phase</b>	<b>Target Population</b>	<b>Performance Measure</b>
<b>2.1.a:</b> Perform compliance visits with 4.2% of enrolled COVID-19 and VFC providers in jurisdiction per month.	<ul style="list-style-type: none"> <li>• Hire compliance staff, as needed.</li> <li>• Conduct rotating compliance checks (either in-person or virtually) with COVID-19 and other VFC vaccine providers.</li> <li>• Collaborate with NSIP staff to revise CDC compliance checklist document, as needed, to meet NSIP data needs.</li> <li>• Maintain compliance check documentation and submit to NSIP on a quarterly basis.</li> <li>• Coordinate with NSIP to have CCHHS PIN 2182 compliance completed on a quarterly basis by outside unbiased entity.</li> <li>• Collaborate with vaccine providers to identify solutions to any identified issues regarding storage, handling, and administration.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>• Pandemic vaccine providers in the Quad-Counties Region</li> </ul>	<i>(PM) 2.1.1 Number and percent of site visits (in-person and virtual) to COVID-19 and other routine vaccines vaccination clinics in the past quarter communicated through a quarterly report to NSIP for the purposes of ensuring proper vaccine administration, proper vaccine storage and handling, and improved quality assurance. Describe key issues identified and how resolved.</i>
<b>2.1.b:</b> Complete all the questions in the RedCap compliance survey.	<ul style="list-style-type: none"> <li>• Complete CDC compliance check document with outbreak response vaccine providers each month.</li> <li>• Enter CDC compliance check document data into RedCap as required.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>• Pandemic vaccine providers in the Quad-Counties Region</li> </ul>	<i>(PM) 2.1.2 Percentage of all surveys completed through a quarterly report to NSIP.</i>
<b>2.1.c</b> Run all the NV WebIZ reports to assess COVID-19 and VFC vaccine administration data entry, to evaluate COVID-19 and VFC vaccine wastage, and to assess COVID-19 and VFC vaccine ordering. Review temperature data from vaccine storage units.	<ul style="list-style-type: none"> <li>• Run WebIZ reports on a weekly basis for the pandemic and VFC vaccinators in the Quad-Counties Region.</li> <li>• Track provider data entry as compared to vaccine ordering practices.</li> <li>• Assess need for provider refresher training according to data metrics.</li> <li>• Review doses wasted data and, if needed, educate the provider to resolve any issues identified.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>• Pandemic vaccine providers in the Quad-Counties Region</li> </ul>	<i>(PM) 2.1.3 Percentage of all WEBIZ reports ran communicated through a quarterly report to NSIP. Each compliance visit should have a report ran.</i>
<b>2.2</b> LHA will answer all outbreak response vaccine provider questions received by email or voice mail.	<ul style="list-style-type: none"> <li>• CCHHS will collaborate with State partners to either host or share information about bi-monthly Doc Talks to answer questions about outbreak response</li> <li>• CCHHS will ensure local outbreak response vaccine provider questions are answered by the lead training and vaccination nurse or the compliance lead as appropriate.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>• Pandemic vaccine providers in the Quad-Counties Region</li> </ul>	<i>(PM) 2.2.3 Number of COVID-19 provider sites supported in the past quarter through response to issues/questions.</i>

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<p><b>2.3b</b> Administer all vaccine using proper technique and proper administration site.</p>	<ul style="list-style-type: none"> <li>• Train all volunteer and paid vaccinators regarding vaccine types, manufacturer recommended administration, and handling processes.</li> <li>• All volunteer and paid vaccinators will be offered the opportunity to shadow a senior vaccination staff member at outbreak response vaccination POD events for just-in-time training regarding vaccine administration.</li> <li>• All volunteer and paid vaccinators will demonstrate vaccination administration proficiency to a senior vaccination staff member from CCHHS or their home agency.</li> <li>• All volunteer and paid vaccinators will be trained in the monitoring of adverse vaccine side effects and how to utilize first aid kit.</li> </ul>	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> <li>• Vaccination staff in the Quad-Counties Region</li> </ul>	<p><i>(PM) 2.3.3: Providers prepare vaccine per manufacturer recommendations. Utilize the proper size needle and syringe for the patient. Locate the correct injection site depending on age and size of the person and use sterile technique. Observe the patient for at least 15 minutes post injection for adverse reactions. Number of training resources or the number of individuals trained communicated through a quarterly report to NSIP.</i></p>
<p><b>2.4</b> During all compliance visits, evaluate provider's protocols for responding to adverse events after vaccination. Check all expiration dates of epinephrine and Benadryl.</p>	<ul style="list-style-type: none"> <li>• Review provider adverse event protocols during compliance visits.</li> <li>• Review expiration dates of epinephrine and other medications to support adverse reactions to ensure response kits are kept current. Assess adverse events safety kit to ensure equipment to measure vital signs are included such as a blood pressure cuff, sphygmomanometer, and pulse oximeter.</li> </ul>	<p>1c, 2</p>	<ul style="list-style-type: none"> <li>• Pandemic vaccination providers in the Quad- Counties Region</li> </ul>	<p><i>(PM) 2.4.1: Number and percent of outbreak response administration sites that have been assessed by the awardee per quarter as capable of addressing adverse events including anaphylaxis in the past quarter communicated through a quarterly report to NSIP. The assessment should include that the provider has epinephrine on site, equipment to measure vital signs, and antihistamines.</i></p>
<p><b>Project Period Objective 03: Ensure equitable distribution and administration of COVID-19 vaccines, CDC recommended routine vaccines, and vaccines for other emerging infectious diseases</b></p>				
<b>Objective</b>	<b>Activities</b>	<b>Phase</b>	<b>Target Population</b>	<b>Performance Measure</b>
<p><b>3.1.a</b> Utilize available data to identify populations with lower COVID-19, other emerging infectious diseases, and routine vaccination uptake.</p>	<ul style="list-style-type: none"> <li>• Utilize data from the emPOWER database to identify individuals who use durable medical equipment and thus may be at greater risk for COVID-19 and infectious disease health effects.</li> <li>• Request raw data from State OPHIE office on a monthly basis to analyze vaccination efforts for rural and other minority groups.</li> <li>• Create monthly vaccination reports for the Quad-Counties Region and each individual county regarding vaccination uptake.</li> </ul>	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> <li>• Hard-to-reach vulnerable rural and minority groups</li> <li>• County leaders in support of mitigation and response measures</li> </ul>	<p><i>(PM) 3.1.1: Number of people and percent of population vaccinated with outbreak response vaccine or other CDC recommended routine vaccinations, by subgroups, communicated through a quarterly report to NSIP.</i></p>
<p><b>3.1.b</b> Identify at least 2 interventions for population with low vaccination uptake.</p>	<ul style="list-style-type: none"> <li>• Collaborate with respected community leaders to provide culturally sensitive education materials to encourage vaccination uptake.</li> <li>• Collaborate with the CCHHS Diversity Epidemiologist to review best practices reported through public health forums regarding interventions to increase vaccination uptake.</li> </ul>	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> <li>• Groups with low vaccination uptake which may include, but not limited to, certain employment groups, races, ethnicities, age groups, etc.</li> </ul>	<p><i>(PM) 3.1.1: Number of people and percent of population vaccinated with COVID-19, other emerging infectious diseases, and other routine vaccinations, by subgroups, communicated through a quarterly report to NSIP.</i></p>

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	<ul style="list-style-type: none"> <li>• Ensure all materials are 508 compliant, reviewed for health competence literacy, and translated.</li> </ul>			
<p><b>3.1.c</b> Evaluate the two interventions by analyzing key data to see if they have impacted the uptake for the outbreak response vaccine or other CDC-recommended routine vaccinations.</p>	<ul style="list-style-type: none"> <li>• Request raw data from State OPHIE office on a monthly basis to analyze vaccination efforts for rural and minority groups.</li> <li>• Create monthly vaccination reports for the Quad-Counties Region and each individual county regarding vaccination uptake.</li> <li>• Develop a historical timeline that incorporates significant events regarding vaccine uptake such as media campaigns, celebrity influence, new vaccine release, endorsements by key leaders, and intervention implementation.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>• Hard-to-reach vulnerable rural and minority groups</li> <li>• County leaders in support of mitigation and response measures Groups with low vaccination uptake which may include, but not be limited to, certain employment groups, races, ethnicities, age groups, etc.</li> </ul>	<p><i>(PM) 3.1.1: Number of people and percent of population vaccinated for COVID-19, other emerging infectious diseases, or other routine vaccines, by subgroups, communicated through a quarterly report to NSIP.</i></p>
<p><b>3.2.a</b> Implement appropriate (Nevada's or CCHHS') pandemic response plan and vaccine catch-up plans.</p>	<ul style="list-style-type: none"> <li>• Collaborate with Quad-County Healthcare Coalition to conduct vaccination events across the region as needed.</li> <li>• Partner with traditional and non-traditional vaccination partners including private and public entities.</li> <li>• Identify agencies who serve hard-to-reach populations in the Quad-Counties Region and are willing to host a vaccination event.</li> <li>• Create multiple vaccination POD teams.</li> <li>• Assess the intent of every event to serve the Quad-Counties Region in a fair and equitable manner.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>• All Quad-Counties Region employees and residents</li> </ul>	<p><i>(PM) 3.5.1: Number and type of partner organizations that have implemented outbreak response vaccination activities in the past quarter communicated through a quarterly report to NSIP. Also include a short explanation of the activities conducted.</i></p>
<p><b>3.2.b</b> Partner with private/public organizations to meet community need.</p>	<ul style="list-style-type: none"> <li>• Partner with various private/public organizations to provide increased availability access points for vaccination.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>• All Quad-Counties Region employees and residents</li> </ul>	<p><i>(PM) 3.5.1: Number and type of partner organizations that have implemented COVID-19, other emerging infectious diseases, and routine vaccination catch-up activities in the past quarter communicated through a quarterly report to NSIP. Also include a short explanation of the activities conducted.</i></p>
<p><b>3.3.a</b> Partner with at least 2 employers each year who employ frontline essential workers.</p>	<ul style="list-style-type: none"> <li>• Collaborate with industry leaders across the Quad-Counties Region to ensure public workers are vaccinated. This includes, but is not limited to, education institutions, private industry, manufacturing entities, food/agricultural companies, end-to-end supply chain employers, and first responder agencies.</li> </ul>	1b, 1c, 2	<ul style="list-style-type: none"> <li>• Frontline essential workers in the Quad-Counties Region</li> </ul>	<p><i>(PM) 3.6.1: Has the awardee initiated vaccination planning (or implemented vaccination activities) with the following industries or business sectors in the past reporting period: first responders, corrections, food/agricultural workers, postal workers, manufacturing workers, grocery store workers, public transit workers, teachers and educational support staff, childcare workers. The number or type of employers engaged will be communicated through a quarterly report to NSIP.</i></p>

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<p><b>3.3.b</b> Hold vaccination events at places of employment to meet community need for outbreak response or emerging infectious diseases.</p>	<ul style="list-style-type: none"> <li>• Host mass vaccination events, in collaboration with employers, to serve essential workers.</li> <li>• Host mass vaccination events in neutral locations to serve entire employment category/group without the perception of favoritism.</li> <li>• Utilize strike teams to support vaccination events for employers who have security issues that hinder staff participation in mass vaccination clinics</li> </ul>	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> <li>• Essential workforce within the Quad-Counties Region</li> </ul>	<p><i>(PM) 3.6: Has the awardee initiated vaccination planning (or implemented vaccination activities) with the following industries or business sectors in the past reporting period: first responders, corrections, food/agricultural workers, postal workers, manufacturing workers, grocery store workers, public transit workers, teachers and educational support staff, childcare workers. The number of events or doses administered to targeted populations will be communicated through a quarterly report to NSIP.</i></p>
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<p><b>Project Period Objective 04: Increase vaccine awareness and confidence through education, outreach, and partnerships</b></p>				
<p><b>Objective</b></p>	<p><b>Activities</b></p>	<p><b>Phase</b></p>	<p><b>Target Population</b></p>	<p><b>Performance Measure</b></p>
<p><b>4.1</b> LHA will promote immunizations and increase vaccine confidence using at least two strategies per quarter among rural, hard-to-reach communities, racial and ethnic minority groups as well as increase access among individuals with disabilities by selecting and implementing two or more strategies per quarter for the duration of the award period.</p> <p><i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 and routine CDC-Recommended vaccination catch up vaccine inequities.</i></p>	<ul style="list-style-type: none"> <li>• Collaborate with the Nevada Governor’s Council on Developmental Disabilities to distribute information to their partner agencies and clients regarding vaccine awareness, confidence, and eligibility.</li> <li>• Provide information to increase vaccine awareness and vaccine confidence and eligibility in multiple formats to support those who are hard of seeing or hard of hearing, Spanish, and low-health literacy.</li> <li>• Develop a robust media plan for vaccine confidence and eligibility that includes messages to support racial and ethnic minorities, those with disabilities, and those in rural communities incorporating media developed by Immunize NV.</li> <li>• Evaluate developed materials for cultural competency and have materials translated as appropriate.</li> </ul>	<p>1b, 1c, 2</p>	<p>Rural, hard-to-reach communities, racial and ethnic minority groups as well as increase access among individuals with disabilities</p>	<p><i>(PM) 4.5.1: Describe the type and amount of work in the past quarter conducted (communicated through a quarterly report to NSIP) to increase vaccine accessibility for individuals with disabilities, address vaccine misinformation and to increase vaccine confidence and uptake, especially within racial and ethnic minority populations communicated to NSIP through a quarterly report.</i></p>

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

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**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 Division of Public and Behavioral Health through Grant Number 6 NH23IP922609-02-05 & 6 NH23IP922609-02-06 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 Division nor The CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NH23IP922609-02-05 & 6 NH23IP922609-02-06 from The Centers for Disease Control and Prevention (CDC).

**Funding Sources:**

Nevada Immunization & Vaccine for Children Federal Grant (CDC) COVID-19 Funds

**% Funds:**

100%

Subrecipient agrees to adhere to the following budget:

<b>Applicant Name: Carson City Health and Human Services- July 1, 2022 - June 30, 2023</b>						
<b>BUDGET NARRATIVE</b>						
					<b>Budget Ceiling</b>	<b>\$ 358,976.00</b>
<b>Total Personnel Costs</b>			including fringe	<b>Total:</b>		<b>\$ 134,395.00</b>
-						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Vacant, Public Health Nurse, Bilingual</u>	\$76,326.02	50.000%	45.000%	12	100.00%	\$51,520
Justification: This staff member is responsible for offering information and to answer questions for all patients who come to the Carson City Health and Human Services clinic. Individuals from around the Quad-County Region come to the clinic for well-child checks, family planning, and well women checks. The clientele tends to speak Spanish and it is essential to have a bi-lingual nurse to support effective communications.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Jeanne Freeman, COVID Vaccine Incident Commander</u>	\$90,229.78	48.130%	7.500%	12	100.00%	\$10,024
Justification: The COVID response is still identified as a public health emergency by the federal government. As such, Carson City Health and Human Services is still operating a Department Operations Center based on the operations of investigations and vaccination outreach. This staff member serves as the leader of the CCHHS vaccination outreach portion of the response.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Cari Rioux Field Vaccine Coordinator</u>	\$73,656.04	59.400%	7.500%	12	100.00%	\$8,806
Justification: This staff member is responsible for providing direction and support for COVID vaccine points of dispensing throughout the Quad-County region.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Lauren Staffen, Field Vaccine Coordinator</u>	\$75,288.48	33.500%	7.500%	12	100.00%	\$7,538
Justification: This staff member is responsible for providing direction and support for COVID vaccine points of dispensing throughout the Quad-County region. This staff member also serves as the back-up for regional distribution of COVID-19 vaccine.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Jessica Rapp, Communication Specialist/PIO</u>	\$61,473.89	46.330%	7.500%	12	100.00%	\$6,747
Justification: This staff member is responsible for creating all media information to include social media, flyers, and newspaper advertisements for COVID-19 outreach events.						

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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Paul Micah Chalk, Fiscal Analyst</u>	\$71,668.26	40.500%	7.500%	12	100.00%	\$7,552
Justification: This staff member is responsible for putting together fiscal reports and documents for the subgrant.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Martha Lopez, Administrative Assistant (Bi-Lingual)</u>	\$51,404.70	37.000%	7.500%	12	100.00%	\$5,282
Justification: This staff member provides administrative support for all staff working on COVID-19 projects. This staff member keeps minutes for meetings and oversees data entry of vaccination records into the State vaccination database.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Sydney Gamer, Public Health Program Specialist; Regional Vaccine Coordinator</u>	\$56,259.96	39.100%	45.000%	12	100.00%	\$35,216
Justification: This staff member is the primary lead for COVID-19 vaccination outreach events across the Quad-County region as well as managing the regional distribution of vaccine across the region. This staff member coordinates regional efforts with State and local partners, is responsible for vaccine reconciliation and ensuring CCHHS is compliant with federal and state vaccine handling/storage requirements.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Vacant, Fiscal Tech</u>	\$21,819.00	4.500%	7.500%	12	100.00%	\$1,710
Justification: This staff member helps gather fiscal documents to support request for reimbursement submission each month.						
<b>Total Fringe Cost \$41,315</b>						
<b>Total Salary Cost: \$93,079</b>						
<b>Total Budgeted FTE 1.42500</b>						
<b>Travel</b>						
<b>Total:</b>						<b>\$4,617</b>
<b>Out-of-State Travel</b>						<b>\$4,617</b>
<u>NACCHO Preparedness Summit: Atlanta, GA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: \$800 cost per trip (Reno to Atlanta) x 1 of trips x 2 staff	\$800	1		1.8	\$1,440	
Baggage fee: \$100 amount per person x 1 of trips x 2 staff	\$100	1		1.8	\$180	
Per Diem: \$74 per day per GSA rate for area x 1 of trips x 2 staff	\$74	1	5	1.8	\$666	
Lodging: (\$163 hotel + \$25 for resort charge) per day + \$33.84 tax (18%) = total \$221.84 x 1 trip x 4 of nights x 2 staff	\$222	1	4	1.8	\$1,597	
Ground Transportation: \$60 per r/trip x 1 of trips x 5 days x 2 staff	\$60	1	5	1.8	\$540	
Mileage: (\$0.625 per mile x 60 of miles per r/trip) x 1 of trips x 2 staff	\$37.500	1		1.8	\$68	
Parking: \$14 per day x 1 of trips x 5 days x 2 staff	\$14	1	5	1.8	\$126	

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<b>Justification:</b> This conference is strongly recommended for attendance by the CDC. One staff members will attend to review best practices regarding pandemic response and recovery, volunteer management, and the varied role of local health authorities in mass vaccination efforts. The regional distribution coordinator and public health nurse will attend.						
<b>In-State Travel</b>						<b>\$0</b>
<i>Origin &amp; Destination</i>	<i>Cost</i>	<i># of Trips</i>	<i># of days</i>	<i># of Staff</i>		
Mileage:					\$0	
<b>Operating</b>				<b>Total:</b>		<b>\$24,331.00</b>
Office supplies \$ 100 X 11 months			\$1,100.00			
Copier Rental: \$ 50 per/mo. x 11 months			\$550.00			
Data logger calibration for vaccine transport and event monitoring (8 data loggers x \$100/each * 90%)			\$720.00			
Sanitizer, trash bags, and cleaning supplies for vaccination events (\$100/month x 11 months)			\$1,100.00			
POD supplies to include, but not be limited to, pens, clipboards, labels, highlighters, folders, binder clips, sanitary table coverings, painters tape, sterile gauze) \$150/month x 11 months			\$1,650.00			
Band-aids and sharps containers (\$410/month x 11 months)			\$4,510.00			
Needles and syringes (\$600/month x 11 months)			\$6,600.00			
Virtual vaccinator training development program (\$15/month x 11 months)			\$165.00			
Portable trash cans (4 trash cans @ \$16/each x 4 POD locations)			\$256.00			
ESRI Data Dashboard and website upgrades for compliance * 90%			\$1,080.00			
Vaccine and respiratory illness prevention education and outreach material reproduction (\$600/month x 11 months)			\$6,600.00			
Justification: <i>Operating Costs</i>						
<b>Equipment</b>				<b>Total:</b>		<b>\$87,930.00</b>
Describe equipment						
ADA compliant weather sturdy tent structure for mobile outdoor vaccination events to include HVAC system, flooring, and lighting (90%)			\$52,290.00			



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ADA compliant bathroom tent for vaccination staff (90%)			\$14,040.00			
Trailer for transportation of tent structure and bathroom tent to rural locations across Quad-County region			\$21,600.00			
<b>Contractual</b>						<b>\$94,911.00</b>
Name of Contractor, Subrecipient: TBD			<b>Total</b>	<b>\$34,200</b>		
Method of Selection: Competitive bid						
Period of Performance: July 1, 2022-June 30, 2023						
Scope of Work: Complete After-Action/Improvement Plan for COVID vaccinations within the Quad-Counties Region						
* Sole Source Justification: Define if sole source method, not needed for competitive bid						
<b>Budget</b>						
Personnel			\$34,200.00			
Travel			\$0.00			
Total Budget	-	-	\$34,200.00			
<b>Method of Accountability:</b> The Department Director and Public Health Preparedness Manager are responsible for staff oversight and timeliness of submitted work.						
Name of Contractor, Subrecipient: Marathon			<b>Total</b>	<b>\$14,433</b>		
Method of Selection: Competitive bid; state joinder contract						
Period of Performance: July 1, 2022-June 30, 2023						
Scope of Work: Vaccination nurses (up to to 8) operate with vaccine oversight at various POD locations across the Quad-County region. Paid at rate of \$40/hour plus the administration rate added by Marathon for a rate of \$50.27/hour.						
* Sole Source Justification: Define if sole source method, not needed for competitive bid						
<b>Budget</b>						
Personnel			\$14,433.00			
Travel			\$0.00			
Total Budget	-	-	\$14,433.00			
<b>Method of Accountability:</b> Oversight will be provided by the Lead Vaccination Nurse to ensure properly trained and implementing vaccines safely.						
Name of Contractor, Subrecipient: Marathon			<b>Total</b>	<b>\$46,278</b>		
Method of Selection: Competitive bid; state joinder contract						
Period of Performance: July 1, 2022-June 30, 2023						
Scope of Work: Data entry specialists (9) to ensure vaccination data is entered in to the Statewide database accurately and on a timely basis. Pay rate: \$24.72/hour						
* Sole Source Justification: Define if sole source method, not needed for competitive bid						
<b>Budget</b>						
Personnel			\$46,278.00			
Travel			\$0.00			
Total Budget	-	-	\$46,278.00			
<b>Method of Accountability:</b> Oversight will be provided by the Public Health Preparedness Manager						
-	-	-	-	-	-	-
<b>Training</b>				<b>Total:</b>		<b>\$0</b>
Describe training			\$0.00			
<b>Other</b>				<b>Total:</b>		<b>\$12,792.00</b>

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External printing Services for consent forms and patient education materials: \$ 500/mo. x 12 months	\$6,000					
Internal printing services for labels and operations copies: \$ 25 X 12 months	\$300					
Medical waste disposal - sharps \$50/month x 12months)	\$600					
Hot spots for on-site check-in and second dose appointment scheduling (\$43/month x 2 hotspots x 12 months	\$1,032					
Document shredding services: \$30/month x 12 months	\$360					
Data logger replacement: \$100/data logger x 6 data loggers	\$600					
Virtual Conference Call and Training Service: \$ 25 per mo. x 12 months	\$300					
POD signs for multiple POD sites (\$80/sign x 16 signs)	\$1,280					
Ultra Cold Freezer Maintenance (\$100/month x 12 months)	\$1,200					
NACCHO Conference Registration \$700/person x 1.8 staff)	\$1,120					
Justification: <i>Other Costs</i>						
<b>TOTAL DIRECT CHARGES</b>						<b>\$358,976.00</b>
<b>Indirect Charges</b>						<b>\$0</b>
Indirect Rate:						0.000%
Indirect Methodology: N/A						
<b>TOTAL BUDGET</b>						<b>\$358,976.00</b>

10% Equity

<b>Applicant Name: Carson City Health and Human Services- July 1, 2022 - June 30, 2023</b>								
<b>BUDGET NARRATIVE</b>								
						<b>Budget Ceiling</b>	<b>\$58,610.00</b>	
<b>Total Personnel Costs</b>						including fringe	<b>Total:</b>	<b>\$25,523.00</b>
-								
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>		
<u>Vacant, Public Health Nurse, Bilingual</u>	\$76,326.02	50.000%	5.000%	12	100.00%	\$5,724		
Justification: This staff member is responsible for offering information and to answer questions for all patients who come to the Carson City Health and Human Services clinic. Individuals from around the Quad-County Region come to the clinic for well-child checks, family planning, and well women checks. The clientele tends to speak Spanish and it is essential to have a bi-lingual nurse to support effective communications.								
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>		
<u>Jeanne Freeman, COVID Vaccine Incident Commander</u>	\$90,229.78	48.130%	2.500%	12	100.00%	\$3,341		

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Justification: The COVID response is still identified as a public health emergency by the federal government. As such, Carson City Health and Human Services is still operating a Department Operations Center based on the operations of investigations and vaccination outreach. This staff member serves as the leader of the CCHHS vaccination outreach portion of the response.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Cari Rioux Field Vaccine Coordinator</u>	\$73,656.04	59.400%	2.500%	12	100.00%	\$2,935
Justification: This staff member is responsible for providing direction and support for COVID vaccine points of dispensing throughout the Quad-County region.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Lauren Staffen, Field Vaccine Coordinator</u>	\$75,288.48	33.500%	2.500%	12	100.00%	\$2,513
Justification: This staff member is responsible for providing direction and support for COVID vaccine points of dispensing throughout the Quad-County region. This staff member also serves as the back-up for regional distribution of COVID-19 vaccine.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Jessica Rapp, Communication Specialist/PIO</u>	\$61,473.89	46.330%	2.500%	12	100.00%	\$2,249
Justification: This staff member is responsible for creating all media information to include social media, flyers, and newspaper advertisements for COVID-19 outreach events.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Paul Micah Chalk, Fiscal Analyst</u>	\$71,668.26	40.500%	2.500%	12	100.00%	\$2,517
Justification: This staff member is responsible for putting together fiscal reports and documents for the subgrant.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Martha Lopez, Administrative Assistant (Bi-Lingual)</u>	\$51,404.70	37.000%	2.500%	12	100.00%	\$1,761
Justification: This staff member provides administrative support for all staff working on COVID-19 projects. This staff member keeps minutes for meetings and oversees data entry of vaccination records into the State vaccination database.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Sydney Gamer, Public Health Program Specialist; Regional Vaccine Coordinator</u>	\$56,259.96	39.100%	5.000%	12	100.00%	\$3,913
Justification: This staff member is the primary lead for COVID-19 vaccination outreach events across the Quad-County region as well as managing the regional distribution of vaccine across the region. This staff member coordinates regional efforts with State and local partners, is responsible for vaccine reconciliation and ensuring CCHHS is compliant with federal and state vaccine handling/storage requirements.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Vacant, Fiscal Tech</u>	\$21,819.00	4.500%	2.500%	12	100.00%	\$570
Justification: This staff member helps gather fiscal documents to support request for reimbursement submission each month.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<b>Total Fringe Cost</b>		<b>\$7,756</b>			<b>Total Salary Cost: \$17,768</b>	
<b>Total Budgeted FTE</b>		<b>0.27500</b>				

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<b>Travel</b>				<b>Total:</b>		<b>\$1,466.00</b>
<b>Out-of-State Travel</b>						<b>\$513</b>
<i>NACCHO Preparedness Summit: Atlanta, GA</i>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: \$800 cost per trip (Reno to Atlanta) x 1 of trips x 2 staff	\$800	1		0.2		\$160
Baggage fee: \$100 amount per person x 1 of trips x 2 staff	\$100	1		0.2		\$20
Per Diem: \$74 per day per GSA rate for area x 1 of trips x 2 staff	\$74	1	5	0.2		\$74
Lodging: (\$163 hotel + \$25 for resort charge) per day + \$33.84 tax (18%) = total \$221.84 x 1 trip x 4 of nights x 2 staff	\$222	1	4	0.2		\$177
Ground Transportation: \$60 per r/trip x 1 of trips x 5 days x 2 staff	\$60	1	5	0.2		\$60
Mileage: (\$0.625 per mile x 60 of miles per r/trip) x 1 of trips x 2 staff	\$37.500	1		0.2		\$8
Parking: \$14 per day x 1 of trips x 5 days x 2 staff	\$14	1	5	0.2		\$14
<b>Justification:</b> This conference is strongly recommended for attendance by the CDC. One staff members will attend to review best practices regarding pandemic response and recovery, volunteer management, and the varied role of local health authorities in mass vaccination efforts. The regional distribution coordinator and public health nurse will attend.						
<b>In-State Travel</b>						<b>\$953</b>
<i>Origin &amp; Destination</i>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Mileage: (\$0.625 per mile x127 miles per r/trip) x 1 trip per month x 1 staff x 12 months	\$79.375	12		1		\$953
<b>Justification:</b> Staff will travel to rural areas of Quad-Counties to deliver vaccine events where people live and to conduct immunization after-action/improvement plan meetings						
<b>Operating</b>				<b>Total:</b>		<b>\$2,225.00</b>
Office supplies \$ 100 X 1 months			\$100.00			
Copier Rental: \$ 50 per/mo. x 1 months			\$50.00			
Data logger calibration for vaccine transport and event monitoring (8 data loggers x \$100/each* 10%)			\$80.00			
Sanitizer, trash bags, and cleaning supplies for vaccination events (\$100/month x 1 months)			\$100.00			
POD supplies to include, but not be limited to, pens, clipboards, labels, highlighters, folders, binder clips, sanitary table coverings, painters tape, sterile gauze) \$150/month x 1 months			\$150.00			
Band-aids and sharps containers (\$410/month x 1 months)			\$410.00			
Needles and syringes (\$600/month x 1 months)			\$600.00			
Virtual vaccinator training development program (\$15/month x 1 months)			\$15.00			
ESRI Data Dashboard and website upgrades for compliance (10%)			\$120.00			

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Vaccine and respiratory illness prevention education and outreach material reproduction (\$600/month x 1 months)			\$600.00			
Justification: Operating Costs						
<b>Equipment</b>				<b>Total:</b>		<b>\$9,770</b>
ADA compliant weather sturdy tent structure for mobile outdoor vaccination events to include HVAC system, flooring, and lighting (10%)			\$5,810.00			
ADA compliant bathroom tent for vaccination staff (10*)			\$1,560.00			
Trailer for transportation of tent structure and bathroom tent to rural locations across Quad-County region (10%)			\$2,400.00			
<b>Contractual</b>						<b>\$10,546.00</b>
Name of Contractor, Subrecipient: TBD			<b>Total</b>	<b>\$3,800</b>		
Method of Selection: Competitive bid						
Period of Performance: July 1, 2022-June 30, 2023						
Scope of Work: Complete After-Action/Improvement Plan for COVID vaccinations within the Quad-Counties Region						
* Sole Source Justification: Define if sole source method, not needed for competitive bid						
<b>Budget</b>						
Personnel			\$3,800.00			
Travel			\$0.00			
Total Budget	-	-	\$3,800.00			
<b>Method of Accountability:</b> The Department Director and Public Health Preparedness Manager are responsible for staff oversight and timeliness of submitted work.						
Name of Contractor, Subrecipient: Marathon			<b>Total</b>	<b>\$1,604</b>		
Method of Selection: Competitive bid; state joinder contract						
Period of Performance: July 1, 2022-June 30, 2023						
Scope of Work: Vaccination nurses (up to to 8) operate with vaccine oversight at various POD locations across the Quad-County region. Paid at rate of \$40/hour plus the administration rate added by Marathon for a rate of \$50.27/hour.						
* Sole Source Justification: Define if sole source method, not needed for competitive bid						
<b>Budget</b>						
Personnel			\$1,604.00			
Travel			\$0.00			
Total Budget	-	-	\$1,604.00			
<b>Method of Accountability:</b> Oversight will be provided by the Lead Vaccination Nurse to ensure properly trained and implementing vaccines safely.						
Name of Contractor, Subrecipient: Marathon			<b>Total</b>	<b>\$5,142</b>		
Method of Selection: Competitive bid; state joinder contract						
Period of Performance: July 1, 2022-June 30, 2023						
Scope of Work: Data entry specialists (9) to ensure vaccination data is entered in to the Statewide database accurately and on a timely basis. Pay rate: \$24.72/hour						
* Sole Source Justification: Define if sole source method, not needed for competitive bid						
<b>Budget</b>						
Personnel			\$5,142.00			
Travel			\$0.00			
Total Budget	-	-	\$5,142.00			
<b>Method of Accountability:</b> Oversight will be provided by the Public Health Preparedness Manager						
-	-	-	-	-	-	-



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<b>Training</b>				<b>Total:</b>		<b>\$0</b>
Describe training			\$0.00			
<b>Other</b>				<b>Total:</b>		<b>\$9,080.00</b>
Printing Services of Translated Materials: \$ 200/mo. x 12 months	\$2,400					
Spanish Radio Spots: \$ 150 x 12 months	\$1,800					
Spanish Social Media Commercials: \$150 x 12 months	\$1,800					
Sign Language Social Media Commercials: \$ 150 per mo. x 12 months	\$1,800					
NACCHO Conference Registration (\$700/person x .2 staff)	\$280					
Ground Transportation (Bus vouchers): \$5 r/trip x 2 trips x 100 residents	\$1,000					
Justification: <i>Other Costs</i> . Bus vouchers provided for those without transportation to be able to get to vaccination sites and home.						
<b>TOTAL DIRECT CHARGES</b>						<b>\$58,610.00</b>
<b>Indirect Charges</b>				<b>Indirect Rate:</b>	<b>0.000%</b>	<b>\$0</b>
<b>Indirect Methodology:</b> N/A						
<b>TOTAL BUDGET</b>				<b>Total:</b>		<b>\$58,610.00</b>

STATE OF NEVADA  
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Applicant Name: Carson City Health and Human Services- July 1, 2022 - June 30, 2023  
PROPOSED BUDGET SUMMARY

Form 2

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

<u>FUNDING SOURCES</u>	<u>COVID Rd3</u>	COVID Rd3 10% Equity	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$ 358,976.00	\$58,610.00							\$417,586.00

EXPENSE CATEGORY

Personnel	\$134,395.00	\$25,523.00							\$159,918.00
Travel	\$4,617.00	\$1,466.00							\$6,083.00
Operating	\$24,331.00	\$2,225.00							\$26,556.00
Equipment	\$87,930.00	\$9,770.00							\$97,700.00
Contractual/Consultant	\$94,911.00	\$10,546.00							\$105,457.00
Training	\$0.00	\$0.00							\$0.00
Other Expenses	\$12,792.00	\$9,080.00							\$21,872.00
Indirect	\$0.00	\$0.00							\$0.00

TOTAL EXPENSE	\$358,976.00	\$58,610.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$417,586.00
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These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$0.00
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Total Agency Budget	\$417,586.00
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:



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- 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.

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15<sup>th</sup>) day of each month for the prior month's actual expenses;
- **Total reimbursement through this subaward will not exceed \$417,586.00;**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all **mandatory reporting documents**:
  - Request for Reimbursement Form
  - Reimbursement Worksheet and Declining balance spreadsheet provided by DPBH
  - Receipts for supplies, travel, equipment, and other items purchased
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
  - Submit one copy via email of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

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.
- Notification to NSIP of changes in personnel funded by this award within 5-10 business days of the personnel action.

**The Department agrees:**

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantee for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documentation; and
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

- Site visits will be conducted by the Division of Public and Behavioral Health on an annual basis, during this grant period, to ensure grant compliance. The subrecipient monitoring program is designed to meet the federal requirement of Subpart F—Audit Requirements as outlined in Title 2 CFR-Part 200. During the Site Visit the administrative, programmatic and financial activities related to the administration and compliance requirements of federal and state laws, regulations and grant programs will be reviewed.
- 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.
- Participate in monthly fiscal and programmatic progress monitoring calls as requested by NSIP.
- 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.

**Financial Reporting Requirements**

- A Request for Reimbursement is due monthly, 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.

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

Agency Ref. #: **SG 2588**  
 Budget Account: 3213  
 GL: 8501  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Nevada State of Immunization Program Bureau of Child, Family & Community Wellness	<b>Subrecipient Name:</b> Carson City Health and Human Services (CCHHS)
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	<b>Address:</b> 900 E. Long St. Carson City, NV 89706-3100
<b>Subaward Period:</b> 07/01/2022-06/30/2023	<b>Subrecipient's:</b> EIN: 88-6000189 Vendor #: T80990941 J

**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	\$159,918.00	\$0.00	\$0.00	\$0.00	\$159,918.00	0.0%
2. Travel	\$6,083.00	\$0.00	\$0.00	\$0.00	\$6,083.00	0.0%
3. Operating	\$26,556.00	\$0.00	\$0.00	\$0.00	\$26,556.00	0.0%
4. Equipment	\$97,700.00	\$0.00	\$0.00	\$0.00	\$97,700.00	0.0%
5. Contractual/Consultant	\$105,457.00	\$0.00	\$0.00	\$0.00	\$105,457.00	0.0%
3. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$21,872.00	\$0.00	\$0.00	\$0.00	\$21,872.00	0.0%
3. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$417,586.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$417,586.00</b>	<b>0.0%</b>
<b>MATCH REPORTING</b>						
	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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
<b>FOR Department USE ONLY</b>		

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  
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**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? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time-period did your last audit cover? \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

**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**

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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.
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.

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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.
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

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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)(i)(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.

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.



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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.**