



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

Agency Ref. #: **SG 25473-1**
 Budget Account: 3219
 Category: 15
 GL: 8516
 9313622D-
 M1,
 9313622D-
 Job Number: M1-8888

SUBAWARD AMENDMENT #1

Program Name: Overdose Date to Action Office of Public Health Investigations and Epidemiology Iris Key ikey@health.nv.gov	Subrecipient Name: Washoe County Regional Medical Examiner's Office Justin Norton/ jnorton@washoecounty.us
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 990 East 9 th Street Reno, NV 89512-2809
Subaward Period: September 1, 2021, through August 31, 2022	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

- Scope of Work
 Term
 Budget

Reason for Amendment: Increase budgeted funds for toxicology testing.

Required Changes: This language should correlate to the checkboxes above.

Current Language: Total reimbursement through this subaward will not exceed \$97,603.00. See Section C and D of the original subaward.

Amended Language: Total reimbursement through this subaward will not exceed **\$117,603.00**. See attached Section C and D **revised on 4/16/2022**.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$44,290.00		\$44,290.00
2. Travel	\$2,913.00		\$2,913.00
3. Operating	\$400.00		\$400.00
4. Equipment			\$0.00
5. Contractual/Consultant			\$0.00
6. Training			\$0.00
7. Other	\$50,000.00	\$20,000.00	\$70,000.00
TOTAL DIRECT COSTS	\$97,603.00	\$20,000.00	\$117,603.00
8. Indirect Costs			
TOTAL APPROVED BUDGET	\$97,603.00	\$20,000.00	\$117,603.00

Incorporated Documents:

Section C: Budget and Financial Reporting Requirements **revised on 04/13/2022**

Section D: Request for Reimbursement **revised on 04/13/2022**

Exhibit A: Original Notice of Subaward and all previous amendments

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

Name	Signature	Date
Dr. Laura Knight Washoe County Chief Medical Examiner		
Lindsey Kinsinger Health Program Manager OPHIE		
for Lisa Sherych Administrator, DPBH		

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

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

Washoe County Regional Medical Examiner's Office, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Regional Medical Examiner's Office

Goal 1: Abstraction of drug overdose deaths as prescribed by the CDC.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Abstract Data into CDC web-based State Unintentional Overdose Reporting System (SUDORS)	1. Within 180 days of the date of death, enter data to initiate opioid overdose cases with a target of entering 100% of identified cases each year into the SUDORS a. This may include travel to local and state jurisdictions for case and record reviews.	Ongoing	1. Monthly case reconciliation with SUDORS Division of Public and Behavioral health Program Coordinator
2. Report to State and community partners the number of cases abstracted.	2. Update and maintain a Case Requesting Log of all opioid overdose deaths within jurisdiction. Jurisdictional counties include Carson City, Churchill, Douglas, Elko, Esmerelda, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe, and the northern portion of Nye.	Monthly	2. Updated Case Requesting Log submitted to SUDORS Division of Public and Behavioral Health Program Coordinator
3. Identify barriers to stakeholder data extraction.	3. Compile reports on data extraction barriers and provide to SUDORS program coordinator to assist in resolution.	Ongoing	3. Monthly call with SUDORS Division of Public and Behavioral Health Program Coordinator

Goal 2: Conduct timely enhanced toxicology testing of suspected opioid overdose deaths.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Enhanced surveillance of opioid-involved mortality	1. Perform additional toxicology on suspected-opioid involved deaths and upload reports into SUDORS	Ongoing	Monthly case reconciliation with SUDORS Division of Public and Behavioral Health Program Coordinator

**STATE OF NEVADA
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**SECTION C
Budget and Financial Reporting Requirements
revised on 04/13/2022**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from the Center for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number NU17CE925001 from the CDC.

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY22

Applicant Name: Washoe County Regional Medical Examiner

**BUDGET NARRATIVE
(Form Revised June 2019)**

Total Personnel Costs	including fringe	Total:	\$44,290
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<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>
Mandy Flavel, Medicolegal Data Specialist (Data Abstractor)	\$66,872.00	32.461 %	50.000%	12	100.00%	\$44,290

This position coordinates the respective parties involved and reviews all deaths. The position then abstracts the data for each case and enters it into the OD2A database. The position attends any meetings or trainings for the program. The position coordinates with regional law enforcement and coroners to get accurate data, fill in any gaps/missing data

Total Fringe Cost	\$10,854	Total Salary Cost:	\$33,436
Total Budgeted FTE	0.50000		

Travel	Total:	\$2,913
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Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel

<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$700 cost per trip (Reno to San Diego) x 1 trip x 1 staff	\$700	1		1	\$700
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$66 per day per GSA rate for area x 4 trips x 1 staff	\$66	4	1	1	\$264
Lodging: \$180 per day x 3 trips x 1 night x 1 staff	\$180	3	1	1	\$539
Ground Transportation: \$150 per r/trip x 1 trip x 1 staff	\$150	1	1	1	\$150

\$1,713

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Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0	0	\$0
Parking: \$20 per day x 1 trip x 3 days x 1 staff	\$20	1	3	\$60

Justification:

Mandy Flavel or her supervisor, Justin Norton, may travel to attend out of state trainings or meetings for the OD2A grant. Generally, one annual training session is held per year by the CDC. Funding may be moved between in and out of state travel depending on specific travel needs.

In-State Travel

\$1,200

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$140 x 1 trip x 1 staff	\$140	1		1	\$140
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$66 per day per GSA rate for area x 2 trips x 2 days x 1 staff	\$66	2	2	1	\$264
Lodging: \$134 per day x 2 trips x 1 night x 1 staff	\$134	2	1	1	\$268
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (.585 rate per mile x 85 miles per r/trip) x 9 trip x 1 staff	\$49.750	9		1	\$448
Parking: \$20 per day x 2 trips x 2 days x 1 staff	\$20	2	2	1	\$80

Justification:

Mandy Flavel or her supervisor, Justin Norton, may travel to attend in-state trainings or meetings for the OD2A grant. Traveling in state to visit data providers and law enforcement personnel may also be needed. Funding may be moved between in and out of state travel depending on specific travel needs.

<u>Operating</u>	Total:	\$400
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List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Office supplies \$ amount x # of FTE staff x # of mo.	\$400.00
Rent: \$ per/mo. x 12 months x # of FTE	\$0.00
Communications	\$0.00
Justification: <i>Standard office supplies such as pens, file folders, labels, etc.</i>	

<u>Equipment</u>	Total:	\$0
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List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

<u>Contractual</u>	Total:	\$0
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<u>Training</u>	Total:	\$0
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List all cost associated with Training, including justification of expenditures. Describe training	\$0.00
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Other	Total:	\$70,000
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Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

Printing Services: \$ amount/mo. x 12 months	\$0
Copier/Printer Lease: \$ amount x 12 months	\$0
Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0
Long Distance: \$ per mo. x 12 months	\$0
Toxicology Testing	\$70,000
Email: \$ per mo. x 12 months x # of FTE	\$0

Justification: *This funding is used to order additional specialized toxicology testing to detect opioids. Without this funding, the testing would not be ordered and thus, would not supply the grantor with data regarding drug-related deaths which is critical to the grant's mission.*

TOTAL DIRECT CHARGES	\$117,603
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Indirect Charges	Indirect Rate:	0.000%	\$0
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Indirect Methodology: None.

TOTAL BUDGET	Total:	\$117,603
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Applicant Name: Washoe County Regional Medical Examiner's Office

Form 2

PROPOSED BUDGET SUMMARY - SFY20

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

FUNDING SOURCES	OD2A	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$97,603	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$97,603

EXPENSE CATEGORY

Personnel	\$44,290								\$44,290
Travel	\$2,913								\$2,913
Operating	\$400								\$400
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$70,000								\$70,000
Indirect	\$0								\$0

TOTAL EXPENSE	\$117,603	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$0
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Total Agency Budget	\$ 117,603
Percent of Subrecipient Budget	

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.

- Total reimbursement through this subaward will not exceed **\$117,603**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred;
- Supporting documentation should include invoices (paystub/vendor invoice), cost allocation (activity-based time sheet/allocation); and proof of payment (check stub, credit card or bank statement); and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

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

The Department agrees:

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

Both parties agree:

- A site visit/monitoring will be conducted once during the award period, either in person or virtually.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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 AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION D
Request for Reimbursement
revised on 04/13/2022

Agency Ref #: **SG 25473-1**
 Budget Account: 3219
 GL: 8516
 Draw #: _____

Program Name: Office of Public Health Investigations and Epidemiology Iris Key/ ikey@health.nv.gov	Subrecipient Name: Washoe County Regional Medical Examiner's Office Justin Norton/ jnorton@washoecounty.us
Address: 4150 Technology Way, Suite 300 Carson City, NV 89706-2009	Address: 990 East 9 th Street Reno, NV 89512-2809
Subaward Period: September 1, 2021- August 31, 2022	Subrecipient's: EIN: 88-6000138 Vendor #: T402834000D

FINANCIAL REPORT AND REQUEST FOR FUNDS
 (must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$44,290.00	\$0.00	\$0.00	\$0.00	\$44,290.00	0.0%
2. Travel	\$2,913.00	\$0.00	\$0.00	\$0.00	\$2,913.00	0.0%
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$70,000.00	\$0.00	\$0.00	\$0.00	\$70,000.00	0.0%
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$117,203.00	\$0.00	\$0.00	\$0.00	\$117,203.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

FOR DIVISION USE ONLY

Is program contact required? ___ Yes ___ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

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