



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

Agency Ref, #: SG-2026-00420
Budget Account: 3218

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Office of Bureau of Health Protection and Prevention Donielle Allen / DPBHPHFISCAL@health.nv.gov	Subrecipient's Name: Northern Nevada Public Health Andrea Esp / aesp@nnph.org
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
Subaward Period: 2026-01-17 through 2026-06-30	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q UEI #: GPR1NY74XPQ5
Purpose of Award: Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) program domains according to the PHEP cooperative agreement. SFY25 PHEP BP1 BASE. This subgrant is a continuation of services and activities of SG 2025-00377 under the Expanded Authority granted for CDC PHEP NU90TP000057.	
Region(s) to be served: ☐ Statewide ☒ Specific county or counties: Washoe County	
Approved Budget Categories	
1. Personnel	\$0.00
2. Travel	\$0.00
3. Operating	\$16,602.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Training	\$280.00
7. Other	\$0.00
TOTAL DIRECT COSTS	\$16,882.00
8. Indirect Costs	\$3,772.00
TOTAL APPROVED BUDGET	\$20,654.00

Terms and Conditions:

In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriated 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 15th 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: Descriptions 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 or Former State Employee Disclaimer
Section G: Business Associate Addendum
Section H: Matching Funds Agreement (optional: only if matching funds are required)

Name	Signature	Date
Chad Kingsley, District Health Officer	Chad Kingsley	4/23/2026
Janice Hadlock-Burnett, Bureau Chief	Janice Hadlock-Burnett	4/24/2026
for Dena Schmidt Administrator, DPBH	Andrea R. Rivers	4/24/2026

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Federal Award Computation			Match		
Total Obligated by this Action:	\$0.00	Match Required ☒ Y ☐ N	10.00%		
Cumulative Prior Awards this Budget Period:	\$20,654.00	Amount Required this Action:	\$0.00		
Total Federal Funds Awarded to Date:	\$20,654.00	Amount Required Prior Awards:	\$0.00		
		Total Match Amount Required:	\$0.00		
Research and Development ☐ Y ☒ N					
Federal Budget Period			Federal Project Period		
7/1/2025 through 6/30/2026			7/1/2024 through 6/30/2029		
FOR AGENCY USE ONLY					
FEDERAL GRANT #: 5 NU90TU000057-02-00	Source of Funds: Nevada Public Health Emergency Preparedness (PHEP) Program	% Funds: 100.00	CFDA: 93.069	FAIN: NU90TU000057	Federal Grant Award Date by Federal Agency: 6/30/2025
Budget Account	Category	GL	Function	Sub-org	Job Number
3218	22	8516	8888	N/A	9306926

**STATE OF NEVADA
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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 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.
3. 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 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).
8. 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.
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).
10. No funding associated with this grant will be used for lobbying.

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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:
 - o The introduction or formulation of federal, state or local legislation; or
 - o 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:
 - o The introduction or formulation of federal, state or local legislation;
 - o The enactment or modification of any pending federal, state or local legislation; or
 - o 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 Nevada 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:
 - o Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - o Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - o 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

*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

Northern Nevada Public Health, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Northern Nevada Public Health

Primary Goal: See attached.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. See attached	See attached	06/30/2026	See attached

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

Domain Summary		
Domain Name		Community Resilience
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Community Preparedness		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Community Recovery		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy		Strengthen Community Resilience
1a. Planned Objective		
Incorporate AFN partners into community response exercises to plan for and respond to populations disproportionately impacted by public health emergencies and all-hazards events.		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Collaborate with the State to develop a CMIST / AFN checklist for exercises / activities.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting minutes		
Planned Activity:	Incorporate CMIST / AFN checklist/documents into exercise, training, and education programs, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Completed checklists in exercise documents		
Planned Activity:	Revise AFN sections in NNPH plans in update cycle to reflect CMIST components as appropriate to NNPH and its community.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated plans		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Development of CMIST/AFN checklists and/or documents for use by PHP partners	
Proposed Output:	Exercise documentation with completed CMIST/AFN checklists	
Proposed Output:	Updated PHP plans	
Proposed Output:		
2a. Planned Objective		
<i>Complete a Threat Hazard Identification Risk Assessment/ Hazard Vulnerability Assessment in coordination with jurisdictional Emergency Management Agency, with identified considerations for public health and medical services in all hazards events, by December 31, 2024.</i>		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Participate in State PHP / DEM and County IPPW.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Documentation: Meeting agendas, minutes as available.		
Planned Activity:	Coordinate with State PHP, DEM, and local emergency management on alignment of hazard risk assessments (THIRA, JRA, IHCC HVA)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes/minutes		
Planned Activity:	Develop rubric / crosswalk document to coordinate various hazard assessments (THIRA, JRA, IHCC HVA) to support planning.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Rubric and/or crosswalk document		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Hazard Assessment crosswalk rubric or comparison document	
Proposed Output:		
Proposed Output:		
3a. Planned Objective		
Exercise recovery objectives in planned jurisdictional exercises.		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:	Identify and incorporate recovery components into exercises and training, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Recovery components in exercise documents		
Planned Activity:	Update plans and procedures as necessary based on recovery best practices identified in hot washes and After-Action Reports-Improvement Plans (AAR-IP).	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Update meeting minutes, updated plans		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Recovery documents/sections incorporated into exercise documents.	
Proposed Output:	Updated plans with recovery components.	
Proposed Output:		
4a. Planned Objective		
<i>Complete a behavioral health capability and needs assessment within the public health jurisdiction.</i>		
4b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Support State (e.g., workgroup) in developing, coordinating and/or conducting behavioral health capability assessments for Washoe County, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting minutes, action plans		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
4c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
☒	Determine risks to the health of the jurisdiction	
☒	Strengthen community partnerships to support health preparedness	
☒	Coordinate with partners and share information through community social networks	
☐	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
☐	Identify and monitor community recovery needs	
☐	Support recovery operations for public health and related systems for the community	
☐	Implement corrective actions to mitigate damage from future incidents	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Completed behavioral health capability assessment specific to Washoe County (as part of larger state BHCA, or stand alone) – NNPH is not the lead agency on project	
Proposed Output:		
5a. Planned Objective		
Update JRA tool to include linking 13 identified regional hazards and AFN/CMIST considerations by BP1, Q4.		
5b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Review and update JRA tool (or utilize CDC tool) to reflect 13 identified hazards and AFN/CMIST considerations.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

		☒ Q4: April 1 – June 30
Documentation: Updated JRA tool		
Planned Activity:	Conduct review of PHAB and Public Health Ready Accreditation requirements and identify activities to help meet NNPH accreditation requirements.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: List of potential activities/projects to support accreditation		
Planned Activity:	Implement one or more activities that support accreditation.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Documents from activity.		
5c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated JRA tool	
Proposed Output:	List of accreditation activities	
Proposed Output:	Documentation of PHAB activity improvement	
6a. Planned Objective		
Coordinate with HPP program and regional partners to choose most concerning threat / hazard for Washoe County by BP1, Q2.		
6b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:	Identify risks, gaps and mitigation requirements with most concerning threat hazard and use the information created to design a tabletop exercise.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes/minutes, exercise documents, threat assessments		
Planned Activity:	Conduct threat hazard TTX exercise in coordination with regional partners and HPP.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Exercise documentation, Sign in Sheets, participant feedback forms, meeting notes		
Planned Activity:	Develop AAR-IP.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
6c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
6d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Exercise documents	
Proposed Output:	AAR-IP	
Proposed Output:		
7a. Planned Objective		
Design and conduct a Continuity of Operations tabletop exercise for NNPH by BP1, Q4.		
7b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		

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Planned Activity:	Design and plan a Continuity of Operations tabletop exercise for NNPH.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise documents, meeting agendas, sign in sheets		
Planned Activity:	Conduct tabletop exercise.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets, participant feedback forms.		
Planned Activity:	Develop AAR-IP.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
7c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
7d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Exercise planning documents	
Proposed Output:	AAR-IP	
Proposed Output:		

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc as needed.

Domain Summary		
Domain Name	Incident Management	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Operations Coordination		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Incident Management	
1a. Planned Objective		
Complete training requirements for public health staff identified to fill ICS (Incident Command System) roles and public health leadership and surge staff for response and recovery needs. (NOFO pg 33)		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate with State on ICS and/or other courses and/or activities that support completion of the Public Health ICS task book.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: List of Public Health courses/activities consistent with PHICS task book		
Planned Activity:	Collaborate and coordinate with the Regional Emergency Operations Center on the potential conversion from an ICS modeled operation center to an ISM operation center, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, notes, trainings		
Planned Activity:	Promote internal trainings/resources for staff identified to fill ICS (Incident Command System) roles and public health leadership and surge staff for response and recovery needs.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30

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		☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
X	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Training opportunities consistent with PHICS task book completion	
Proposed Output:	Conversion process from ICS to ISM model for emergency operations	
Proposed Output:		
Proposed Output:		
Proposed Output:		
2a. Planned Objective		
Identify, bring in and/or coordinate ICS training opportunities for NNPH staff and partners specific to public health mission areas throughout BP1.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Identify ICS trainings on emergency public health operations for NNPH staff to include update training for positions within the ISM model, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: List of potential trainings		
Planned Activity:	Bring in ICS/ISM and AFN/CMIST trainings locally and provide opportunity for NNPH staff to attend.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: List of trainings, sign in sheets, training roster		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31

		☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	List of trainings	
Proposed Output:	Updated list of staff trained	
Proposed Output:		
3a. Planned Objective		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		

Medical Countermeasure Dispensing and Administration	
	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
	Activate medical countermeasure dispensing/administration operations
	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events
Medical Materiel Management & Distribution	
	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources
	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	
Proposed Output:	
Proposed Output:	
Proposed Output:	

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a–5d, etc as needed.

Domain Summary		
Domain Name	Information Management	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Public Information and Warning		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
☐	Build – plan to increase the capability or capacity of the capability	
☐	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Information Sharing		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
☐	Build – plan to increase the capability or capacity of the capability	
☐	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Information Management	
1a. Planned Objective		
Participate in the Information Sharing Workgroup and support the testing and implementation of a patient tracking/ case management system being field tested by Southern Nevada Health District.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate and support SNHD on the testing and implementation of a patient tracking/case management system, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting minutes/notes		
Planned Activity:	Provide training to NNPH staff as appropriate on patient tracking/case management system when it becomes available.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Training documents, sign in sheets, meeting notes		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		

1c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
X	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Meeting minutes/action plans	
Proposed Output:	Training materials	
Proposed Output:		
2a. Planned Objective		
Incorporate strategies and activities into planning, training, and exercises to improve communication to the public in all hazards events to address those without English proficiency and others with access and functional communication needs.		
2b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		
Planned Activity:	Coordinate with Northern Nevada Center for Independent Living (NNCIL) and Nevada Division of Emergency Management Office of DEI / AFN to support AFN Emergency Preparedness website initiative as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes, ad buys		
Planned Activity:	NNPH Communications Team to coordinate with PHP program, NNCIL, and DEM Office of DEI / AFN to include media pushout specific to the Emergency Preparedness website initiative.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes, ad buys		

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Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Learning/Media campaign/materiels	
Proposed Output:	Learning/Media campaign/materiels	
Proposed Output:		
3a. Planned Objective		
NNPH Communications Team to coordinate with PHP program to push out public health emergency preparedness information (no- to low-cost) to identified AFN populations throughout BP1.		
3b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		
Planned Activity:	Identify no- to low-cost emergency preparedness measures for community members.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: FEMA Ready.gov information, FEMA 2023 Household Survey		
Planned Activity:	Develop media campaign incorporating identified no- to low-cost emergency preparedness into media campaign targeted to vulnerable populations.	Completion Timeline: ☐ Q1: July 1 – September 30

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		☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Media campaign, media campaign summary report		
Planned Activity:	Pushout/distribute campaign materials.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: media materials		
3c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Media campaign	
Proposed Output:		
Proposed Output:		
4a. Planned Objective		
Coordinate with NNPH Communications team on media pushout for influenza and hazard exercises occurring in the fall 2024 and spring 2025.		
4b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		
Planned Activity:	Development of media push for Fall Influenza POD.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31

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		☐ Q4: April 1 – June 30
Documentation: Media push out document		
Planned Activity:	Development of media material for Spring hazard exercise.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Media push out documents, ad buys		
Planned Activity:	Develop two or more culturally appropriate media and/or informational pushout documents in support of public health readiness and/or as a part of an exercise.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Press release/media information, AAR/IP (as available)		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
4c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
X	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
X	Exchange information to determine a common operating picture	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Press releases	
Proposed Output:	Media campaign materials	
Proposed Output:		
5a. Planned Objective		
Drill/exercise internal communications methods (e.g., CodeRed, satellite phones, and radios) quarterly.		
4b. Completion Timeline		

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Recipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.

Note: To create an additional planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.

Planned Activity:	Maintain Code Red bi-weekly exercising with assigned staff	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: Code Red activation documentation

Planned Activity:	Maintain district wide CodeRed staff contact lists quarterly. • Review SOP and update if necessary	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: Updated Code Red contact lists

Planned Activity:	Drill / exercise satellite phones, radios two times per year.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: Exercise documents (ExPlan/SitMan)

Planned Activity:	Maintain an annual communications' drills /exercises AAR	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: AAR-IP

4c. Function Association (Select all that apply):

Recipients must select the functions used to guide planned activities.

Emergency Public Information and Warning:

X	Activate the emergency public information system
	Determine the need for a Joint Information System
	Establish and participate in information system operations
	Establish avenues for public interaction and information exchange
X	Issue public information, alerts, warnings, and notifications

Information Sharing:

X	Identify stakeholders that should be incorporated into information flow and define information sharing needs
	Identify and develop guidance, standards, and systems for information exchange
	Exchange information to determine a common operating picture

4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):

Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Note: To create an additional proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.

Proposed Output:	Code Red activation documents
Proposed Output:	SOP
Proposed Output:	AAR-IP for communication exercises
Proposed Output:	Updated AAR-IP yearly tracking document

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc as needed.

Domain Summary	
Domain Name	Countermeasures and Mitigation
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Medical Countermeasure Dispensing and Administration	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Medical Materiel Management and Distribution	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Nonpharmaceutical Interventions	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Responder Safety and Health	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Strategies/Activities	
Domain Strategy	Strengthen Countermeasures and Mitigation
1a. Planned Objective	
Maintain the ability to dispense medical and non-medical countermeasures to the public in an all-hazards scenario.	

1b. Completion Timeline

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

Planned Activity:	Coordinate with State PHP on statewide exercises and support as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Exercise documents, sign in sheets, meeting notes.		
Planned Activity:	Develop exercise plan for Fall Flu POD activities with focus on Strategic National Stockpile 'push' and inclusion of CMIST/AFN populations	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise documents, agendas, meeting notes.		
Planned Activity:	Conduct POD exercise.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets, maps, exercise documents		
Planned Activity:	Develop AAR-IP based on exercise and integrate into yearly AAR-IP tracking document.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP, AAR-IP tracking document		
Planned Activity:	In collaboration with hospitals, fire, and EMS agencies document potential POD locations. Include maps and descriptions of required infrastructure to operationalize site.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Maps, infrastructure lists		

1c. Function Association (Select all that apply):

Subrecipients must select the functions used to guide planned activities.

Medical Countermeasure Dispensing and Administration

X	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
X	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
X	Report adverse events

Medical Materiel Management & Distribution

	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources

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	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
X	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity. <i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Exercise support-listing in exercise documents
Proposed Output:	ExPlan & exercise documents reflecting SNS push
Proposed Output:	Hot wash minutes/notes, participation feedback forms, tally numbers from vaccine distribution
Proposed Output:	AAR-IP
Proposed Output:	Updated POD locations attached to POD partners
2a. Planned Objective	
Update plans (MCM, CBRNE, POD, and Pandemic Influenza) by the end of BP1, Q4, as appropriate to reflect lessons learned from collaborative drills, exercises with community partners.	
2b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Update Medical Countermeasures (MCM) plan.
	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated MCM plan	
Planned Activity:	Update Point of Dispensing Operations Manual.
	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated Point of Dispensing Operations Manual	
Planned Activity:	Update Pandemic Influenza Plan.
	Completion Timeline: ☐ Q1: July 1 – September 30

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		☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated Pandemic Influenza Plan		
Planned Activity:	Update CBRNE Plan	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated CBRNE Plan		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
X	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
X	Identify responder safety and health risks	
X	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>		

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Proposed Output:	Updated MCM Plan	
Proposed Output:	Updated POD Operations Manual	
Proposed Output:	Updated Pandemic Influenza Plan	
Proposed Output:	Updated CBRNE Plan	
Proposed Output:		
3a. Planned Objective		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	

Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	
Proposed Output:	
Proposed Output:	
Proposed Output:	
Proposed Output:	

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc as needed.

Domain Summary		
Domain Name		Surge Management
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Fatality Management		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Mass Care		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Medical Surge		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Volunteer Management		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy		Strengthen Surge Management
1a. Planned Objective		
Review and develop list of resources for surging staff (e.g., contracted temp agency, CERT, etc.) to support NNPH response by end of BP1, Q4.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Review best practices from COVID surge in staff (e.g., organizations used throughout the pandemic).	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31

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		☐ Q4: April 1 – June 30
Documentation: Previous documentation from surging event, list of actions to be included in draft.		
Planned Activity:	Meet with appropriate organizations (e.g., CERT, HR) to determine feasibility of including them in the list of surge resources.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Planned Activity:	Draft list of resources for surge staff and send out for review from appropriate individuals/organizations.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Draft document, meeting notes from review of draft.		
Planned Activity:	Finalize list of resources for surge staff and share appropriate individuals/organizations.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Final, approved document.		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
	Determine the public health agency role in fatality management	
X	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
	Determine public health role in mass care operations	
	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
Medical Surge		
	Assess the nature and scope of the incident	
	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	
Volunteer Management		
X	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
X	Conduct or support volunteer safety and health monitoring and surveillance	
	Demobilize volunteers	

Other (please specify)		
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Internal document to guide NNPH staff when surging staff.	
Proposed Output:	List of resources	
Proposed Output:		
2a. Planned Objective		
Develop JITT template for newly surged NNPH staff to include onboarding, training, and incident specific information by Q4, BP1.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Meet with appropriate NNPH staff to obtain information regarding onboarding of staff (e.g., ODHO, HR, etc.).	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Meeting notes, sign-in sheets, agendas		
Planned Activity:	Draft JITT document and review for feedback with appropriate NNPH staff.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Draft document, meeting notes from review		
Planned Activity:	Finalize document.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Final document		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		

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	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
X	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
X	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Internal document to standardize JITT for surged staff.
Proposed Output:	PowerPoint presentation for JITT
Proposed Output:	
3a. Planned Objective	
Create SOP internal to NNPH staff for intake of new volunteers into the NNPH MRC Program by Q4, BP1.	
3b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Review current intake process of NNPH MRC volunteers. Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Notes from review	
Planned Activity:	Draft SOP document for internal use to include any new steps from new Juvare (SERV-NV) State of Nevada volunteer registry as appropriate. Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Draft SOP, Juvare information	

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Planned Activity:	Review and finalize SOP.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting notes from review, finalized SOP		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
	Determine public health role in mass care operations	
	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
Medical Surge		
	Assess the nature and scope of the incident	
	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	
Volunteer Management		
X	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
X	Conduct or support volunteer safety and health monitoring and surveillance	
	Demobilize volunteers	
Other (please specify)		
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Internal document (SOP) to guide new NNPH staff who will coordinate volunteers.	
Proposed Output:	Checklist for Juvare	
Proposed Output:		
4a. Planned Objective		
Create and conduct MRC volunteer activation drill in fall 2024.		

4b. Completion Timeline

Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Note: To create an additional planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.

Planned Activity:	Create drill for MRC to be “activated” through NNPH MRC standard forms of communication.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Emails, SignUp Genius message, Serv-NV message, tracking spreadsheet		
Planned Activity:	Create ExPlan.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: ExPlan		
Planned Activity:	Conduct drill	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Tracking spreadsheet, SignUp Genius and Serv-NV messages, emails		
Planned Activity:	Develop AAR/IP	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR/IP, summary of tracked responses		
4c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
	Determine public health role in mass care operations	
	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
Medical Surge		
	Assess the nature and scope of the incident	

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	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	ExPlan
Proposed Output:	AAR/IP
Proposed Output:	Results summary
5a. Planned Objective	
Host / conduct trainings for MRC supporting public health and emergency preparedness throughout BP1.	
5b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Collaborate and /or invite CERT, Team Rubicon, and other community partners to present and / or attend as able.
Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30	
Documentation: Emails, meeting notes	
Planned Activity:	Create annual training calendar
Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30	
Documentation: Training calendar	
Planned Activity:	Distribute calendar and host/conduct trainings throughout the calendar year.
Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30	
Documentation: Training calendar, emails, sign-in sheets, training documents	
5c. Function Association (Select all that apply):	

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Subrecipients must select the functions used to guide planned activities.	
Fatality Management	
	Determine the public health agency role in fatality management
	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
X	Recruit, coordinate, and train volunteers
	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Training calendar
Proposed Output:	
Proposed Output:	

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a–5d, etc as needed.

Domain Summary		
Domain Name	Biosurveillance	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Public Health Laboratory Testing		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Public Health Surveillance and Epidemiological Investigation		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Biosurveillance	
1a. Planned Objective		
Coordinate with jurisdictional epidemiological program in onboarding data modernization projects and implementing modernization into response plans and training and exercises.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Coordinate with State and local jurisdictional epidemiological programs on data modernization projects.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting minutes/notes		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Competency and training documentation.		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
	Improve public health surveillance and epidemiological investigation systems	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Participation with State	
Proposed Output:		
Proposed Output:		
2a. Planned Objective		
Update communicable disease manual		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Update, if necessary, the communicable disease manual to reflect the most up-to-date information.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated CD manual chapters		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:.		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

	Conduct laboratory testing and report results
	Enhance laboratory communications and coordination
	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
	Conduct or support public health surveillance
	Conduct public health and epidemiological investigations
	Recommend, monitor, and analyze mitigation actions
X	Improve public health surveillance and epidemiological investigation systems
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Updated communicable disease manual
Proposed Output:	
Proposed Output:	
3a. Planned Objective	
Provide disease background, surveillance, and awareness updates to the community through reports and newsletter publications	
3b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Publish regular Epi News newsletter on various disease topics, made available for public access. Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website	
Planned Activity:	Publish reports on influenza activities during the flu season and quarterly CPO report. Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website	
Planned Activity:	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:	
3c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Public Health Laboratory Testing:	

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

	Conduct laboratory testing and report results
	Enhance laboratory communications and coordination
	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
	Conduct or support public health surveillance
	Conduct public health and epidemiological investigations
	Recommend, monitor, and analyze mitigation actions
X	Improve public health surveillance and epidemiological investigation systems
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Epi News publications
Proposed Output:	Flu and CPO reports
Proposed Output:	
4a. Planned Objective	
4b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:	
Planned Activity:	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:	
Planned Activity:	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:	
Planned Activity:	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30

Documentation:	
4c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Public Health Laboratory Testing:	
☐	Conduct laboratory testing and report results
☐	Enhance laboratory communications and coordination
☐	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
☐	Conduct or support public health surveillance
☐	Conduct public health and epidemiological investigations
☐	Recommend, monitor, and analyze mitigation actions
☐	Improve public health surveillance and epidemiological investigation systems
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	
Proposed Output:	
Proposed Output:	

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc as needed.

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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 Department of Health and Human Services through Grant # 5 NU90TU000057-02-00 from Nevada Public Health Emergency Preparedness (PHEP) Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Public Health Emergency Preparedness (PHEP) Program."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 5 NU90TU000057-02-00 from Nevada Public Health Emergency Preparedness (PHEP) Program.

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	including fringe	Total:	\$0.00
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In-State Travel	Total:	\$0.00
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Out of State Travel	OSMot Days	Total:	\$0.00
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Operating					Total:	\$16,602.00
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?	
Office Supplies	\$1,061.00	1	1.0	\$1,061.00	☒	
General office supplies for PHP staff.						
Operating Supplies	\$15,541.00	1	1.0	\$15,541.00	☒	
Other supplies support the operations of the program to achieve grant deliverables including medical surge (i.e. alpha kits, handheld radios, medical supply bags, bleeding control kits, wheeled stretchers, AVON SCBA Systems (2 full systems), First-out Vehicle Trailer Hitch Installation, etc.). Meals and snacks will support scope of work following eCFR: 45 CFR Part 75 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.						

Equipment	Total:	\$0.00
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Contractual/Contractual and all Pass-thru Subawards	Total:	\$0.00
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Training				Total:	\$280.00
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	
NEPA Conference Registration	\$140.00	2	1	\$280.00	
Budget supports 2 different conference registrations for Nevada Emergency Preparedness Association Summit					

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Other					Total:	\$0.00
				\$0.00	☐	
Justification:						

TOTAL DIRECT CHARGES	\$16,882.00
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Indirect Charges	Indirect Rate:	22.3%	\$3,772.00
Indirect Methodology: Negotiated rate between Washoe County and Nevada DHS			

TOTAL BUDGET	\$20,654
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**STATE OF NEVADA
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Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$20,654.00								\$20,654.00

EXPENSE CATEGORY

Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$16,602.00								\$16,602.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$280.00								\$280.00
Other Expenses	\$0.00								\$0.00
Indirect	\$3,772.00								\$3,772.00
TOTAL EXPENSE	\$20,654.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$20,654.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Total Indirect Cost	\$3,772.00	Total Agency Budget							\$20,654.00
Percent of Subrecipient Budget									100.00%

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 program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

Note: If match funds are required, Section H: Matching Funds Agreement must accompany the subaward packet.

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 \$20,654.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement;
 - A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
Any work performed after the BUDGET PERIOD will not be reimbursed. If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement. If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.
The Department 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.; 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 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. CDC.
 - 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.
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.
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 Status Reports and Request for Funds must be submitted by the 20th of each month in accordance with the guidelines and all forms prescribed by the program for invoicing purposes, unless specific exceptions are provided in writing by the awarding program manager.
All subgrantees are expected to fulfill grant obligations and spend down all awarded funding within the subaward budget period.

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For all 12-month budget period awards, sub-awardees should have approximately 67% of the awarded budget within the first eight (8) months of the budget period. If a sub-awardee has not spent approximately 67% of the awarded budget within the first eight (8) months of the budget period, the sub-awardee may not be eligible for future carry-over opportunities.

- 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:

- The site visit/monitoring schedule may be clarified here. The Department will conduct at least annual site visits with the Subrecipient to monitor progress on goals and objectives outlined in the Scope of Work and to meet and converse with staff working on the project to determine successes and challenges associated with the project.
- 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 on a Monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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**SECTION D
Request for Reimbursement**

<u>Program Name:</u> Public Health Preparedness	<u>Subrecipient Name:</u> Northern Nevada Public Health
<u>Address:</u> 4126 Technology Way, Carson City, Nevada 89706	<u>Address:</u> 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<u>Subaward Period:</u> 01/17/2026 - 06/30/2026	<u>Subrecipient's:</u> EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s)	Calendar Year
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Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$16,602.00	\$0.00	\$0.00	\$0.00	\$16,602.00	0.00%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$280.00	\$0.00	\$0.00	\$0.00	\$280.00	0.00%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8. Indirect	\$3,772.00	\$0.00	\$0.00	\$0.00	\$3,772.00	0.00%
Total	\$20,654.00	\$0.00	\$0.00	\$0.00	\$20,654.00	0.00%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Emergency Preparedness (PHEP) Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

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

	Title	Date
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FOR DEPARTMENT USE ONLY

Is program contact required? ☐ Yes ☐ No

Contact Person

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required):

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$1,000,000.00 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 \$1,000,000 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? 6/30/2026
4. What is the official name of your organization? Northern Nevada Public Health
5. How often is your organization audited? Annually
6. When was your last audit performed? 12/9/2025
7. What time-period did your last audit cover? 7/1/2024 - 6/30/2025
8. Which accounting firm conducted your last audit? Eide Bailly

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

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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
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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

And

Northern Nevada Public Health

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

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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.
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,

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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 to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

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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.
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.

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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.

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**SECTION H
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Northern Nevada Public Health (referred to as "Subrecipient").

Program Name	Public Health Preparedness	Subrecipient Name	Northern Nevada Public Health
Federal grant Number	5 NU90TU000057-02-00	Subaward Number	
Federal Amount	\$20,654.00	Contact Name	Northern Nevada Public Health
Non-Federal (Match) Amount	\$89,635.30	Address	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Total Award	\$20,654.00		
Performance Period	07/01/2024 through 06/30/2029		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded \$20,654.00

Required Match Percentage 10.00%

Total Required Match \$0.00

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$63,893.90
2	Travel	\$	\$892.60
3	Operating	\$	\$1,123.60
4	Contract/Consultant	\$	\$700.00
5	Supplies	\$	\$2,390.10
6	Training	\$	\$0.00
7	Other	\$	\$4,703.40
8	Indirect	\$	\$15,931.70
	Total	\$	\$0.00

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
(Hereinafter referred to as the Department)

Agency Ref, #: SG-2026-00420
Budget Account: 3218

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Program Name: Public Health Preparedness Office of Bureau of Health Protection and Prevention Donielle Allen / DPBHPHFISCAL@health.nv.gov	Subrecipient's Name: Northern Nevada Public Health Andrea Esp / aesp@nnph.org
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
Subaward Period: 2025-07-01 through 2026-06-30	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q UEI #: GPR1NY74XPQ5
Purpose of Award: Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) program domains according to the PHEP cooperative agreement. SFY25 PHEP BP1 BASE. This subgrant is a continuation of services and activities of SG 2025-00377 under the Expanded Authority granted for CDC PHEP NU90TP000057.	
Region(s) to be served: ☐ Statewide ☒ Specific county or counties: Washoe County	
Approved Budget Categories	
1. Personnel	\$0.00
2. Travel	\$0.00
3. Operating	\$16,602.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Training	\$280.00
7. Other	\$0.00
TOTAL DIRECT COSTS	\$16,882.00
8. Indirect Costs	\$3,772.00
TOTAL APPROVED BUDGET	\$20,654.00

Terms and Conditions:

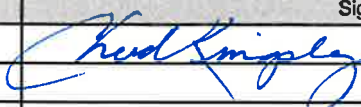
In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriated 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 15th 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: Descriptions 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 or Former State Employee Disclaimer
Section G: Business Associate Addendum
Section H: Matching Funds Agreement (optional: only if matching funds are required)

Name	Signature	Date
Chad Kingsley, District Health Officer		4.23.2026
Janice Hadlock-Burnett, Bureau Chief		
for Dena Schmidt Administrator, DPBH		

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Federal Award Computation			Match		
Total Obligated by this Action:	\$0.00	Match Required ☒ Y ☐ N	10.00%		
Cumulative Prior Awards this Budget Period:	\$20,654.00	Amount Required this Action:	\$0.00		
Total Federal Funds Awarded to Date:	\$20,654.00	Amount Required Prior Awards:	\$0.00		
		Total Match Amount Required:	\$0.00		
Research and Development ☐ Y ☒ N					
Federal Budget Period			Federal Project Period		
7/1/2025 through 6/30/2026			7/1/2024 through 6/30/2029		
FOR AGENCY USE ONLY					
FEDERAL GRANT #: 5 NU90TU000057-02-00	Source of Funds: Nevada Public Health Emergency Preparedness (PHEP) Program	% Funds: 100.00	CFDA: 93.069	FAIN: NU90TU000057	Federal Grant Award Date by Federal Agency: 6/30/2025
Budget Account	Category	GL	Function	Sub-org	Job Number
3218	22	8516	8888	N/A	9306926

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Scope of work is an attached document shown below

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SECTION B

Description of Services, Scope of Work and Deliverables

*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

Northern Nevada Public Health, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Northern Nevada Public Health

Primary Goal: See attached.

Objective	Activities	Due Date	Documentation Needed
1. See attached	See attached	06/30/2026	See attached

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

Domain Summary		
Domain Name	Community Resilience	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Community Preparedness		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Community Recovery		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Community Resilience	
1a. Planned Objective		
Incorporate AFN partners into community response exercises to plan for and respond to populations disproportionately impacted by public health emergencies and all-hazards events.		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Collaborate with the State to develop a CMIST / AFN checklist for exercises / activities.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting minutes		
Planned Activity:	Incorporate CMIST / AFN checklist/documents into exercise, training, and education programs, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Completed checklists in exercise documents		
Planned Activity:	Revise AFN sections in NNPH plans in update cycle to reflect CMIST components as appropriate to NNPH and its community.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated plans		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Development of CMIST/AFN checklists and/or documents for use by PHP partners	
Proposed Output:	Exercise documentation with completed CMIST/AFN checklists	
Proposed Output:	Updated PHP plans	
Proposed Output:		
2a. Planned Objective		
<i>Complete a Threat Hazard Identification Risk Assessment/ Hazard Vulnerability Assessment in coordination with jurisdictional Emergency Management Agency, with identified considerations for public health and medical services in all hazards events, by December 31, 2024.</i>		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Participate in State PHP / DEM and County IPPW.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30

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Documentation: Meeting agendas, minutes as available.		
Planned Activity:	Coordinate with State PHP, DEM, and local emergency management on alignment of hazard risk assessments (THIRA, JRA, IHCC HVA)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes/minutes		
Planned Activity:	Develop rubric / crosswalk document to coordinate various hazard assessments (THIRA, JRA, IHCC HVA) to support planning.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Rubric and/or crosswalk document		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Hazard Assessment crosswalk rubric or comparison document	
Proposed Output:		
Proposed Output:		
3a. Planned Objective		
Exercise recovery objectives in planned jurisdictional exercises.		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		

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Planned Activity:	Identify and incorporate recovery components into exercises and training, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Recovery components in exercise documents		
Planned Activity:	Update plans and procedures as necessary based on recovery best practices identified in hot washes and After-Action Reports-Improvement Plans (AAR-IP).	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Update meeting minutes, updated plans		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Recovery documents/sections incorporated into exercise documents.	
Proposed Output:	Updated plans with recovery components.	
Proposed Output:		
4a. Planned Objective		
Complete a behavioral health capability and needs assessment within the public health jurisdiction.		
4b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		

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Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Support State (e.g., workgroup) in developing, coordinating and/or conducting behavioral health capability assessments for Washoe County, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting minutes, action plans		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
4c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Completed behavioral health capability assessment specific to Washoe County (as part of larger state BHCA, or stand alone) – NNPH is not the lead agency on project	
Proposed Output:		
5a. Planned Objective		
Update JRA tool to include linking 13 identified regional hazards and AFN/CMIST considerations by BP1, Q4.		
5b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Review and update JRA tool (or utilize CDC tool) to reflect 13 identified hazards and AFN/CMIST considerations.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31

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		☒ Q4: April 1 – June 30
Documentation: Updated JRA tool		
Planned Activity:	Conduct review of PHAB and Public Health Ready Accreditation requirements and identify activities to help meet NNPH accreditation requirements.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: List of potential activities/projects to support accreditation		
Planned Activity:	Implement one or more activities that support accreditation.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Documents from activity.		
5c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
☒	Determine risks to the health of the jurisdiction	
☒	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Updated JRA tool	
Proposed Output:	List of accreditation activities	
Proposed Output:	Documentation of PHAB activity improvement	
6a. Planned Objective		
Coordinate with HPP program and regional partners to choose most concerning threat / hazard for Washoe County by BP1, Q2.		
6b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		

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Planned Activity:	Identify risks, gaps and mitigation requirements with most concerning threat hazard and use the information created to design a tabletop exercise.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes/minutes, exercise documents, threat assessments		
Planned Activity:	Conduct threat hazard TTX exercise in coordination with regional partners and HPP.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Exercise documentation, Sign in Sheets, participant feedback forms, meeting notes		
Planned Activity:	Develop AAR-IP.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
6c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
6d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Exercise documents	
Proposed Output:	AAR-IP	
Proposed Output:		
7a. Planned Objective		
Design and conduct a Continuity of Operations tabletop exercise for NNPH by BP1, Q4.		
7b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		

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Planned Activity:	Design and plan a Continuity of Operations tabletop exercise for NNPH.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise documents, meeting agendas, sign in sheets		
Planned Activity:	Conduct tabletop exercise.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets, participant feedback forms.		
Planned Activity:	Develop AAR-IP.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
7c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
7d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Exercise planning documents	
Proposed Output:	AAR-IP	
Proposed Output:		

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc as needed.

Domain Summary		
Domain Name	Incident Management	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Operations Coordination		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Incident Management	
1a. Planned Objective		
Complete training requirements for public health staff identified to fill ICS (Incident Command System) roles and public health leadership and surge staff for response and recovery needs. (NOFO pg 33)		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate with State on ICS and/or other courses and/or activities that support completion of the Public Health ICS task book.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: List of Public Health courses/activities consistent with PHICS task book		
Planned Activity:	Collaborate and coordinate with the Regional Emergency Operations Center on the potential conversion from an ICS modeled operation center to an ISM operation center, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, notes, trainings		
Planned Activity:	Promote internal trainings/resources for staff identified to fill ICS (Incident Command System) roles and public health leadership and surge staff for response and recovery needs.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30

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		☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
X	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.		
Proposed Output:	Training opportunities consistent with PHICS task book completion	
Proposed Output:	Conversion process from ICS to ISM model for emergency operations	
Proposed Output:		
Proposed Output:		
Proposed Output:		
2a. Planned Objective		
Identify, bring in and/or coordinate ICS training opportunities for NNPH staff and partners specific to public health mission areas throughout BP1.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.		
Planned Activity:	Identify ICS trainings on emergency public health operations for NNPH staff to include update training for positions within the ISM model, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: List of potential trainings		
Planned Activity:	Bring in ICS/ISM and AFN/CMIST trainings locally and provide opportunity for NNPH staff to attend.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: List of trainings, sign in sheets, training roster		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31

		☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
☐	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
☐	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	
☐	Demobilize and evaluate public health emergency operations	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	List of trainings	
Proposed Output:	Updated list of staff trained	
Proposed Output:		
3a. Planned Objective		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		

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Medical Countermeasure Dispensing and Administration	
	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
	Activate medical countermeasure dispensing/administration operations
	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events
Medical Materiel Management & Distribution	
	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources
	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	
Proposed Output:	
Proposed Output:	
Proposed Output:	

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc as needed.

Domain Summary		
Domain Name	Information Management	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Public Information and Warning		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Information Sharing		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Information Management	
1a. Planned Objective		
Participate in the Information Sharing Workgroup and support the testing and implementation of a patient tracking/ case management system being field tested by Southern Nevada Health District.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate and support SNHD on the testing and implementation of a patient tracking/case management system, as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting minutes/notes		
Planned Activity:	Provide training to NNPH staff as appropriate on patient tracking/case management system when it becomes available.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Training documents, sign in sheets, meeting notes		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		

1c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
X	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Meeting minutes/action plans	
Proposed Output:	Training materials	
Proposed Output:		
2a. Planned Objective		
Incorporate strategies and activities into planning, training, and exercises to improve communication to the public in all hazards events to address those without English proficiency and others with access and functional communication needs.		
2b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		
Planned Activity:	Coordinate with Northern Nevada Center for Independent Living (NNCIL) and Nevada Division of Emergency Management Office of DEI / AFN to support AFN Emergency Preparedness website initiative as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes, ad buys		
Planned Activity:	NNPH Communications Team to coordinate with PHP program, NNCIL, and DEM Office of DEI / AFN to include media pushout specific to the Emergency Preparedness website initiative.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes, ad buys		

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Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Learning/Media campaign/materiels	
Proposed Output:	Learning/Media campaign/materiels	
Proposed Output:		
3a. Planned Objective		
NNPH Communications Team to coordinate with PHP program to push out public health emergency preparedness information (no- to low-cost) to identified AFN populations throughout BP1.		
3b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		
Planned Activity:	Identify no- to low-cost emergency preparedness measures for community members.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: FEMA Ready.gov information, FEMA 2023 Household Survey		
Planned Activity:	Develop media campaign incorporating identified no- to low-cost emergency preparedness into media campaign targeted to vulnerable populations.	Completion Timeline: ☐ Q1: July 1 – September 30

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		☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Media campaign, media campaign summary report		
Planned Activity:	Pushout/distribute campaign materials.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: media materials		
3c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Media campaign	
Proposed Output:		
Proposed Output:		
4a. Planned Objective		
Coordinate with NNPH Communications team on media pushout for influenza and hazard exercises occurring in the fall 2024 and spring 2025.		
4b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		
Planned Activity:	Development of media push for Fall Influenza POD.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31

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		☐ Q4: April 1 – June 30
Documentation: Media push out document		
Planned Activity:	Development of media material for Spring hazard exercise.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Media push out documents, ad buys		
Planned Activity:	Develop two or more culturally appropriate media and/or informational pushout documents in support of public health readiness and/or as a part of an exercise.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Press release/media information, AAR/IP (as available)		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
4c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
X	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
X	Exchange information to determine a common operating picture	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Press releases	
Proposed Output:	Media campaign materials	
Proposed Output:		
5a. Planned Objective		
Drill/exercise internal communications methods (e.g., CodeRed, satellite phones, and radios) quarterly.		
4b. Completion Timeline		

Recipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.

Note: To create an additional planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.

Planned Activity:	Maintain Code Red bi-weekly exercising with assigned staff	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: Code Red activation documentation

Planned Activity:	Maintain district wide CodeRed staff contact lists quarterly. • Review SOP and update if necessary	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: Updated Code Red contact lists

Planned Activity:	Drill / exercise satellite phones, radios two times per year.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: Exercise documents (ExPlan/SitMan)

Planned Activity:	Maintain an annual communications' drills /exercises AAR	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: AAR-IP

4c. Function Association (Select all that apply):

Recipients must select the functions used to guide planned activities.

Emergency Public Information and Warning:

X	Activate the emergency public information system
	Determine the need for a Joint Information System
	Establish and participate in information system operations
	Establish avenues for public interaction and information exchange
X	Issue public information, alerts, warnings, and notifications

Information Sharing:

X	Identify stakeholders that should be incorporated into information flow and define information sharing needs
	Identify and develop guidance, standards, and systems for information exchange
	Exchange information to determine a common operating picture

4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):

Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Note: To create an additional proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.

Proposed Output:	Code Red activation documents
Proposed Output:	SOP
Proposed Output:	AAR-IP for communication exercises
Proposed Output:	Updated AAR-IP yearly tracking document

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a-4d, 5a-5d, etc as needed.

Domain Summary	
Domain Name	Countermeasures and Mitigation
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Medical Countermeasure Dispensing and Administration	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Medical Materiel Management and Distribution	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Nonpharmaceutical Interventions	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Responder Safety and Health	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Strategies/Activities	
Domain Strategy	Strengthen Countermeasures and Mitigation
1a. Planned Objective	
Maintain the ability to dispense medical and non-medical countermeasures to the public in an all-hazards scenario.	

1b. Completion Timeline

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

Planned Activity:	Coordinate with State PHP on statewide exercises and support as able.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Exercise documents, sign in sheets, meeting notes.		
Planned Activity:	Develop exercise plan for Fall Flu POD activities with focus on Strategic National Stockpile ‘push’ and inclusion of CMIST/AFN populations	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise documents, agendas, meeting notes.		
Planned Activity:	Conduct POD exercise.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets, maps, exercise documents		
Planned Activity:	Develop AAR-IP based on exercise and integrate into yearly AAR-IP tracking document.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP, AAR-IP tracking document		
Planned Activity:	In collaboration with hospitals, fire, and EMS agencies document potential POD locations. Include maps and descriptions of required infrastructure to operationalize site.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Maps, infrastructure lists		

1c. Function Association (Select all that apply):

Subrecipients must select the functions used to guide planned activities.

Medical Countermeasure Dispensing and Administration

X	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
X	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
X	Report adverse events
Medical Materiel Management & Distribution	
	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources

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	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
X	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Exercise support-listing in exercise documents
Proposed Output:	ExPlan & exercise documents reflecting SNS push
Proposed Output:	Hot wash minutes/notes, participation feedback forms, tally numbers from vaccine distribution
Proposed Output:	AAR-IP
Proposed Output:	Updated POD locations attached to POD partners
2a. Planned Objective	
Update plans (MCM, CBRNE, POD, and Pandemic Influenza) by the end of BP1, Q4, as appropriate to reflect lessons learned from collaborative drills, exercises with community partners.	
2b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Update Medical Countermeasures (MCM) plan.
	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated MCM plan	
Planned Activity:	Update Point of Dispensing Operations Manual.
	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated Point of Dispensing Operations Manual	
Planned Activity:	Update Pandemic Influenza Plan.
	Completion Timeline: ☐ Q1: July 1 – September 30

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		☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated Pandemic Influenza Plan		
Planned Activity:	Update CBRNE Plan	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated CBRNE Plan		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
X	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
X	Identify responder safety and health risks	
X	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity. <i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>		

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Proposed Output:	Updated MCM Plan	
Proposed Output:	Updated POD Operations Manual	
Proposed Output:	Updated Pandemic Influenza Plan	
Proposed Output:	Updated CBRNE Plan	
Proposed Output:		
3a. Planned Objective		
3b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	

Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	
Proposed Output:	
Proposed Output:	
Proposed Output:	
Proposed Output:	

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc as needed.

Domain Summary		
Domain Name	Surge Management	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Fatality Management		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
☐	Build – plan to increase the capability or capacity of the capability	
☐	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Mass Care		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
☐	Build – plan to increase the capability or capacity of the capability	
☐	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Medical Surge		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
☐	Build – plan to increase the capability or capacity of the capability	
☐	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Volunteer Management		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Surge Management	
1a. Planned Objective		
Review and develop list of resources for surging staff (e.g., contracted temp agency, CERT, etc.) to support NNPH response by end of BP1, Q4.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Review best practices from COVID surge in staff (e.g., organizations used throughout the pandemic).	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31

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		☐ Q4: April 1 – June 30
Documentation: Previous documentation from surging event, list of actions to be included in draft.		
Planned Activity:	Meet with appropriate organizations (e.g., CERT, HR) to determine feasibility of including them in the list of surge resources.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Planned Activity:	Draft list of resources for surge staff and send out for review from appropriate individuals/organizations.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Draft document, meeting notes from review of draft.		
Planned Activity:	Finalize list of resources for surge staff and share appropriate individuals/organizations.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Final, approved document.		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
	Determine the public health agency role in fatality management	
X	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
	Determine public health role in mass care operations	
	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
Medical Surge		
	Assess the nature and scope of the incident	
	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	
Volunteer Management		
X	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
X	Conduct or support volunteer safety and health monitoring and surveillance	
	Demobilize volunteers	

Other (please specify)		
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Internal document to guide NNPH staff when surging staff.	
Proposed Output:	List of resources	
Proposed Output:		
2a. Planned Objective		
Develop JITT template for newly surged NNPH staff to include onboarding, training, and incident specific information by Q4, BP1.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Meet with appropriate NNPH staff to obtain information regarding onboarding of staff (e.g., ODHO, HR, etc.).	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Meeting notes, sign-in sheets, agendas		
Planned Activity:	Draft JITT document and review for feedback with appropriate NNPH staff.	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Draft document, meeting notes from review		
Planned Activity:	Finalize document.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Final document		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		

	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
X	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
X	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Internal document to standardize JITT for surged staff.
Proposed Output:	PowerPoint presentation for JITT
Proposed Output:	
3a. Planned Objective	
Create SOP internal to NNPH staff for intake of new volunteers into the NNPH MRC Program by Q4, BP1.	
3b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Review current intake process of NNPH MRC volunteers. Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Notes from review	
Planned Activity:	Draft SOP document for internal use to include any new steps from new Juvare (SERV-NV) State of Nevada volunteer registry as appropriate. Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Draft SOP, Juvare information	

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:	Review and finalize SOP.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting notes from review, finalized SOP		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
☐	Determine the public health agency role in fatality management	
☐	Identify and facilitate access to public health resources to support fatality management operations	
☐	Assist in the collection and dissemination of antemortem data	
☐	Support the provision of survivor mental/behavioral health services	
☐	Support fatality processing and storage operations	
Mass Care		
☐	Determine public health role in mass care operations	
☐	Determine mass care health needs of the impacted population	
☐	Coordinate public health, medical, and mental/behavioral health services	
☐	Monitor mass care population health	
Medical Surge		
☐	Assess the nature and scope of the incident	
☐	Support activation of medical surge	
☐	Support jurisdictional medical surge operations	
☐	Support demobilization of medical surge operations	
Volunteer Management		
☒	Recruit, coordinate, and train volunteers	
☒	Notify, organize, assemble, and deploy volunteers	
☒	Conduct or support volunteer safety and health monitoring and surveillance	
☐	Demobilize volunteers	
Other (please specify)		
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Internal document (SOP) to guide new NNPH staff who will coordinate volunteers.	
Proposed Output:	Checklist for Juvare	
Proposed Output:		
4a. Planned Objective		
Create and conduct MRC volunteer activation drill in fall 2024.		

4b. Completion Timeline

Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Note: To create an additional planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.

Planned Activity:	Create drill for MRC to be “activated” through NNPH MRC standard forms of communication.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Emails, SignUp Genius message, Serv-NV message, tracking spreadsheet		
Planned Activity:	Create ExPlan.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: ExPlan		
Planned Activity:	Conduct drill	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Tracking spreadsheet, SignUp Genius and Serv-NV messages, emails		
Planned Activity:	Develop AAR/IP	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR/IP, summary of tracked responses		

4c. Function Association (Select all that apply):

Subrecipients must select the functions used to guide planned activities.

Fatality Management

☐	Determine the public health agency role in fatality management
☐	Identify and facilitate access to public health resources to support fatality management operations
☐	Assist in the collection and dissemination of antemortem data
☐	Support the provision of survivor mental/behavioral health services
☐	Support fatality processing and storage operations

Mass Care

☐	Determine public health role in mass care operations
☐	Determine mass care health needs of the impacted population
☐	Coordinate public health, medical, and mental/behavioral health services
☐	Monitor mass care population health

Medical Surge

☐	Assess the nature and scope of the incident
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PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	ExPlan
Proposed Output:	AAR/IP
Proposed Output:	Results summary
5a. Planned Objective	
Host /conduct trainings for MRC supporting public health and emergency preparedness throughout BP1.	
5b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Collaborate and /or invite CERT, Team Rubicon, and other community partners to present and / or attend as able.
Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30	
Documentation: Emails, meeting notes	
Planned Activity:	Create annual training calendar
Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30	
Documentation: Training calendar	
Planned Activity:	Distribute calendar and host/conduct trainings throughout the calendar year.
Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30	
Documentation: Training calendar, emails, sign-in sheets, training documents	
5c. Function Association (Select all that apply):	

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Subrecipients must select the functions used to guide planned activities.	
Fatality Management	
	Determine the public health agency role in fatality management
	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
X	Recruit, coordinate, and train volunteers
	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Training calendar
Proposed Output:	
Proposed Output:	

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a–5d, etc as needed.

Domain Summary		
Domain Name	Biosurveillance	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Public Health Laboratory Testing		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Public Health Surveillance and Epidemiological Investigation		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Biosurveillance	
1a. Planned Objective		
Coordinate with jurisdictional epidemiological program in onboarding data modernization projects and implementing modernization into response plans and training and exercises.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate with State and local jurisdictional epidemiological programs on data modernization projects.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas, meeting minutes/notes		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Competency and training documentation.		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
	Improve public health surveillance and epidemiological investigation systems	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Participation with State	
Proposed Output:		
Proposed Output:		
2a. Planned Objective		
Update communicable disease manual		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Update, if necessary, the communicable disease manual to reflect the most up-to-date information.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated CD manual chapters		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:.		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

	Conduct laboratory testing and report results
	Enhance laboratory communications and coordination
	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
	Conduct or support public health surveillance
	Conduct public health and epidemiological investigations
	Recommend, monitor, and analyze mitigation actions
X	Improve public health surveillance and epidemiological investigation systems
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Updated communicable disease manual
Proposed Output:	
Proposed Output:	
3a. Planned Objective	
Provide disease background, surveillance, and awareness updates to the community through reports and newsletter publications	
3b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Publish regular Epi News newsletter on various disease topics, made available for public access. Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website	
Planned Activity:	Publish reports on influenza activities during the flu season and quarterly CPO report. Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website	
Planned Activity:	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:	
3c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Public Health Laboratory Testing:	

PHEP Budget Period 1 2024-2025 Nevada Subgrantee Work Plan Template: Community Resilience

	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Epi News publications	
Proposed Output:	Flu and CPO reports	
Proposed Output:		
4a. Planned Objective		
4b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30

Documentation:	
4c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Public Health Laboratory Testing:	
☐	Conduct laboratory testing and report results
☐	Enhance laboratory communications and coordination
☐	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
☐	Conduct or support public health surveillance
☐	Conduct public health and epidemiological investigations
☐	Recommend, monitor, and analyze mitigation actions
☐	Improve public health surveillance and epidemiological investigation systems
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	
Proposed Output:	
Proposed Output:	

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc as needed.

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

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant # 5 NU90TU000057-02-00 from Nevada Public Health Emergency Preparedness (PHEP) Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Public Health Emergency Preparedness (PHEP) Program."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 5 NU90TU000057-02-00 from Nevada Public Health Emergency Preparedness (PHEP) Program.

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	including fringe	Total:	\$0.00
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In-State Travel	Total:	\$0.00
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Out of State Travel	OSMot Days	Total:	\$0.00
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Operating				Total:	\$16,602.00
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?
Office Supplies	\$1,061.00	1	1.0	\$1,061.00	☒
General office supplies for PHP staff.					
Operating Supplies	\$15,541.00	1	1.0	\$15,541.00	☒
Other supplies support the operations of the program to achieve grant deliverables including medical surge (i.e. alpha kits, handheld radios, medical supply bags, bleeding control kits, wheeled stretchers, AVON SCBA Systems (2 full systems), First-out Vehicle Trailer Hitch Installation, etc.). Meals and snacks will support scope of work following eCFR: 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.					

Equipment	Total:	\$0.00
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Contractual/Contractual and all Pass-thru Subawards	Total:	\$0.00
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Training				Total:	\$280.00
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	
NEPA Conference Registration	\$140.00	2	1	\$280.00	
Budget supports 2 different conference registrations for Nevada Emergency Preparedness Association Summit					

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

Other				Total:	\$0.00
				\$0.00	☐
Justification:					

TOTAL DIRECT CHARGES	\$16,882.00
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Indirect Charges	Indirect Rate:	22.3%	\$3,772.00
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Indirect Methodology: Negotiated rate between Washoe County and Nevada DHS
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TOTAL BUDGET	\$20,654
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$20,654.00								\$20,654.00

EXPENSE CATEGORY

Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$16,602.00								\$16,602.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$280.00								\$280.00
Other Expenses	\$0.00								\$0.00
Indirect	\$3,772.00								\$3,772.00
TOTAL EXPENSE	\$20,654.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,654.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Indirect Cost	\$3,772.00							Total Agency Budget	\$20,654.00
								Percent of Subrecipient Budget	100.00%

B. Explain any items noted as pending:

C. Program Income Calculation:

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

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

Note: If match funds are required, Section H: Matching Funds Agreement must accompany the subaward packet.

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 \$20,654.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement;
 - A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
Any work performed after the BUDGET PERIOD will not be reimbursed. If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement. If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.
The Department 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.; 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 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. CDC.
 - 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.
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.
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 Status Reports and Request for Funds must be submitted by the 20th of each month in accordance with the guidelines and all forms prescribed by the program for invoicing purposes, unless specific exceptions are provided in writing by the awarding program manager.
All subgrantees are expected to fulfill grant obligations and spend down all awarded funding within the subaward budget period.

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For all 12-month budget period awards, sub-awardees should have approximately 67% of the awarded budget within the first eight (8) months of the budget period. If a sub-awardee has not spent approximately 67% of the awarded budget within the first eight (8) months of the budget period, the sub-awardee may not be eligible for future carry-over opportunities.

- 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:

- The site visit/monitoring schedule may be clarified here. The Department will conduct at least annual site visits with the Subrecipient to monitor progress on goals and objectives outlined in the Scope of Work and to meet and converse with staff working on the project to determine successes and challenges associated with the project.
- 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 on a Monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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**SECTION D
Request for Reimbursement**

Program Name: Public Health Preparedness	Subrecipient Name: Northern Nevada Public Health
Address: 4126 Technology Way, Carson City, Nevada 89706	Address: 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Subaward Period: 07/01/2025 - 06/30/2026	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s)	Calendar Year
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Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$16,602.00	\$0.00	\$0.00	\$0.00	\$16,602.00	0.00%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$280.00	\$0.00	\$0.00	\$0.00	\$280.00	0.00%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8. Indirect	\$3,772.00	\$0.00	\$0.00	\$0.00	\$3,772.00	0.00%
Total	\$20,654.00	\$0.00	\$0.00	\$0.00	\$20,654.00	0.00%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Emergency Preparedness (PHEP) Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

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

Authorized Signature	Title	Date
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FOR DEPARTMENT USE ONLY

Is program contact required? ☐ Yes ☐ No

Contact Person

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required):

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$1,000,000.00 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 \$1,000,000 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? 6/30/2026
4. What is the official name of your organization? Northern Nevada Public Health
5. How often is your organization audited? Annually
6. When was your last audit performed? 12/9/2025
7. What time-period did your last audit cover? 7/1/2024 - 6/30/2025
8. Which accounting firm conducted your last audit? Eide Bailly

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

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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.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

And

Northern Nevada Public Health

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

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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.
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,

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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 to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

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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.
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.

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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.

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

**SECTION H
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Northern Nevada Public Health (referred to as "Subrecipient").

Program Name	Public Health Preparedness	Subrecipient Name	Northern Nevada Public Health
Federal grant Number	5 NU90TU000057-02-00	Subaward Number	
Federal Amount	\$20,654.00	Contact Name	Northern Nevada Public Health
Non-Federal (Match) Amount	\$89,635.30	Address	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Total Award	\$20,654.00		
Performance Period	07/01/2024 through 06/30/2029		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded \$20,654.00

Required Match Percentage 10.00%

Total Required Match \$0.00

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$63,893.90
2	Travel	\$	\$892.60
3	Operating	\$	\$1,123.60
4	Contract/Consultant	\$	\$700.00
5	Supplies	\$	\$2,390.10
6	Training	\$	\$0.00
7	Other	\$	\$4,703.40
8	Indirect	\$	\$15,931.70
	Total	\$	\$0.00

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

