



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

Agency Ref. #: **HD 17249**
Budget Account: **3218**
Category: **23**
GL: **8516**
Job Number: **9388920**

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD) Christina Conti / cconti@washoecounty.us
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2019 through June 30, 2020	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: Funds are intended to demonstrate achievement in the Hospital Preparedness Program (HPP) capabilities according to the HPP Cooperative Agreement.

Region(s) to be served: ☐ Statewide ☒ Specific county or counties: Washoe County

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$236,514.00	Total Obligated by this Action:	\$ 392,346.00
2. Travel	\$19,572.00	Cumulative Prior Awards this Budget Period:	\$ 1,031,579.00
3. Supplies	\$37,505.00	Total Federal Funds Awarded to Date:	\$ 1,423,925.00
4. Equipment	\$0.00	Match Required ☒ Y ☐ N	
5. Contractual/Consultant	\$51,403.00	Amount Required this Action:	\$ 39,234.60
6. Other	\$11,684.00	Amount Required Prior Awards:	\$ 103,157.90
TOTAL DIRECT COSTS	\$356,678.00	Total Match Amount Required:	\$ 142,392.50
7. Indirect Costs	\$35,668.00	Research and Development (R&D) ☐ Y ☒ N	
TOTAL APPROVED BUDGET	\$392,346.00	Federal Budget Period: July 1, 2019 through June 30, 2020	
		Federal Project Period: July 1, 2019 through June 30, 2024	

FOR AGENCY USE, ONLY

Source of Funds: Assistant Secretary for Preparedness and Response (ASPR)	% Funds: 100%	CFDA: 93.889	FAIN: U3REP190613	Federal Grant #: 1 U3REP190613-01-00	Federal Grant Award Date by Federal Agency: 6/26/2019
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Agency Approved Indirect Rate: 7.5%

Subrecipient Approved Indirect Rate: 10.0%

Terms and Conditions:

In accepting these grant funds, it is understood that:

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

Incorporated Documents:

Section A: Grant Conditions and Assurances;
Section B: Description of Services, Scope of Work and Deliverables;
Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;

Section E: Audit Information Request;
Section F: Current/Former State Employee Disclaimer;
Section G: DHHS Business Associate Addendum; and
Section H: Matching Funds Agreement

Kevin Dick District Health Officer		Date 8/28/19
Karen Beckley, MPA, MS Bureau Chief, BHPP		
For Lisa Sherych Interim Administrator, DPBH		

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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 Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

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

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

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

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

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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- The attached detailed Work Plan is for Budget Period 1, July 1, 2019 to June 30, 2020 and is broken down by capabilities, goals, objectives, and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of capability objectives for this budget period are to be completed by June 30, 2020. Outcome of the funded capability will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:

○ October 31, 2019	1 st Quarter Progress Report	(For the period of 7/1/19 to 9/30/19)
○ January 31, 2020	2 nd Quarter Progress Report	(For the period of 7/1/19 to 12/31/19)
○ April 30, 2020	3 rd Quarter Progress Report	(For the period of 7/1/19 to 3/31/20)
○ July 31, 2020	4 th Quarter Progress Report	(For the period of 7/1/19 to 6/30/20)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:

○ October 31, 2019	1 st Quarter Progress Report	(For the period of 7/1/19 to 9/30/19)
○ January 31, 2020	2 nd Quarter Progress Report	(For the period of 10/1/19 to 12/31/19)
○ April 30, 2020	3 rd Quarter Progress Report	(For the period of 1/1/19 to 3/31/20)
○ July 31, 2020	4 th Quarter Progress Report	(For the period of 4/1/19 to 6/30/20)

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

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Washoe County Health District

ASPR Hospital Preparedness Program (HPP)

Detailed Work Plan

July 1, 2019 through June 30, 2020 (BP1-1901)

All HCCs must fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: Please see pg. 48-49 of the FOA for the HCC staffing support requirements.	
<u>CLINICAL ADVISOR</u> - Percentage of FTE supporting the HCC: 5% - Is this position's HCC time paid by HPP funds, in-kind or other? Match for grant and possible contract identified within HPP funds (\$10,000) - Name of Advisor's agency and position (unrelated to coalition) Preliminarily identified to be Renown, Director Infection Prevention and Control	<u>HCC READINESS & RESPONSE COORDINATOR (RRC)</u> - Percentage of FTE supporting the HCC: 95% - Is this position's time paid by HPP funds, in-kind or other? HPP Funds - Name of RRC's agency and position (unrelated to coalition) Washoe County Health District, Public Health Emergency Response Coordinator

CAPABILITY 1: Foundation for Health Care and Medical Readiness

HPP Capabilities, Objectives, and Activities		Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Establish and Operationalize a Health Care Coalition				
Activity 1: Define Health Care Coalition Boundaries	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) Updated information from all HCCs, as applicable, in the Coalition Assessment Tool (CAT) regarding HCC boundaries.	Coalition boundaries uploaded to the CAT	Q1	
	Output(s) for planned activities for Capability 1, Objective 1, Activity 1 (PHASE 1): 1) Updated CAT			
Statewide Objective: Each HCC will demonstrate engagement in exercises and/or real-world events by June 30, 2020.				
Local Objective: Throughout the budget period, the Inter-Hospital Coordinating Council (HCC) will maintain the requirements of a mature coalition as outlined in the FOA.				
Activity 2: Identify Health Care Coalition members *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) At least two HCC representatives will be included on at least one exercise planning team by March 31, 2020. HCC will provide at least two representatives to exercise planning teams by March 31, 2020.	Meeting notes	Q3	
	2) Core members should be represented at all HCC meetings, virtually or in person. Core members should sign all HCC-related documentation. Core members should participate in ALL HCC exercises. (see HPP FOA pg. 46)	Attendance log and meeting notes	Q4	

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	Core membership will be tracked through the attendance log		
3)	Contact healthcare facilities for update of point-of-contact (POC) spreadsheet quarterly For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, clinics	POC forms	Q1/Q2/Q3/Q4
4)	As appropriate, core membership will sign all HCC plans and bylaws		Q4
5)	Maintain a collaborative partnership with a variety of stakeholders to ensure the community has: - Medical equipment and supplies, - Real-time information, - Communication systems, and - Trained and educated health care personnel to respond to an emergency.	Agenda, meeting notes	Q4
6)	Local health department continued participation in the coalition.	Documented meeting attendance	Q1/Q2/Q3/Q4
7)	As requested, HCC will provide representation at other HCC meetings and events. For example, HCC meetings, PODs, trainings, and exercises.	Meeting notes	Q4
Output(s) for planned activities for Capability 1, Objective 1, Activity 2 (PHASE 1):			
1)	A list of core and additional members		
2)	Bylaws		
3)	HCC Plans		
Local Objective: Throughout the budget period, HCC will maintain the requirements of a mature coalition as outlined in the FOA.			
Activity 3:	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Establish Health Care Coalition Governance *	1) HCC will update and maintain the information annually related to its governance and maintain updated documentation in the Coalition Assessment Tool (CAT). (see HPP FOA pg.47) For example, bylaws, Preparedness Planning Guidelines, Response Guide.	Meeting notes	Q3	
	2) HCC will fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the Clinical Advisor and HCC Readiness and Response Coordinator (RRC). (see HPP FOA pg. 48-49; required documentation in scope of work and budget) The Coalition will identify and finalize Clinical Advisor Position to be to support the mission of the coalition.	Meeting notes, CV and scope of practice	Q1/Q2/Q3/Q4	
	Output(s) for planned activities for Capability 1, Objective 1, Activity 3 (PHASE 1): 1) Bylaws 2) Clinical Advisor MOU/MOA or contract			
Objective 2: Identify Risks and Needs				
Statewide Objective: Nevada will include at-risk populations (HPP population is <i>pediatrics for FY19</i>) into planning and exercise activities by June 30, 2020.				
Local Objective: By March 30, 2020, the HCC, with leadership from WCHD, will complete a Hazard Vulnerability Assessment (HVA) and resource assessment.				
Activity 1: Assess Hazard Vulnerabilities and Risks *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) HCC will annually update and maintain their HVA to identify risks and impacts and upload into the CAT. (see HPP FOA pg. 49) - Send out HVA template during first quarter. - Collect partner HVAs during second quarter. - Collate partner HVAs into one document during second quarter to create coalition HVA. - Review and approve coalition HVA results during a second quarter HCC meeting.	Meeting notes, calendar invites	Q2	

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Activity 2: Assess Regional Health Care Resources *	2) As requested, HCC will provide feedback on the JRA.	Meeting notes	Q4
	Output(s) for planned activities for Capability 1, Objective 2, Activity 1 (PHASE 1): 1) HVA		
	Local Objective: Throughout budget period, HCC in collaboration with WCHD, will continue to assess the coalition's inventory management		
Planned activity(s)		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) HCC will update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency, and available for verification during site visit. (see HPP FOA pg. 50) - HCC will maintain an inventory of the resources belonging to the coalition. 2) HCC will review current inventory tracking mechanism and gap and resource survey to determine if the coalition maintains visibility on members' resources and resource needs such as personnel, facilities, equipment, and supplies. - For example: WebEOC board development, research tracking mechanisms, vendor support for tracking of resources. 3) Coalition members to complete the coalition resource and gap analysis, adopted and modified from ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool during. - Send out resource and gap analysis survey during second quarter. - Analyze survey results during the second quarter - Identify top goals by provider type for the calendar year in second quarter. - Conduct provider type meetings to identify goals.	1) HCC will update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency, and available for verification during site visit. (see HPP FOA pg. 50)	Meeting notes	Q4
	2) HCC will review current inventory tracking mechanism and gap and resource survey to determine if the coalition maintains visibility on members' resources and resource needs such as personnel, facilities, equipment, and supplies.	Meeting notes	Q1
	3) Coalition members to complete the coalition resource and gap analysis, adopted and modified from ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool during.	Agenda, meeting notes, resource and gap analysis	Q2
Output(s) for planned activities for Capability 1, Objective 2, Activity 2 (PHASE 1):			
1) Coalition resource and gap analysis			

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Local Objective: Throughout the budget period, HCC will continue to prioritize resource gaps and mitigation strategies.			
Activity 3: Prioritize Resource Gaps and Mitigation Strategies	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Track HCC's 2019 and 2020 goals, objectives and activities. • For example, provide status at coalition meetings (anticipated to be monthly).	Tracking sheet, meeting notes	Q1/Q2/Q3/Q4
	2) Present HCC's 2019 accomplishments as it relates to goals, objectives and activities a. For example, presentation by HCC Chair to the District Board of Health.	Presentation	Q3
	3) Coordinate HCC's 2019 and 2020 goals, objectives and activities. • Schedule meetings with provider types to determine appropriate steps and activities to accomplish identified goals. ○ For example: assist in the facilitation of meetings, provide administrative support	Meeting notes, tracking sheet	Q1/Q2/Q3/Q4
	4) Revise, if necessary, and distribute HCC annual evaluation for members.	Annual evaluation	Q3
Output(s) for planned activities for Capability 1, Objective 2, Activity 3 (PHASE 1): 1) HCC Preparedness Plan 2) District Board of Health presentation			
Statewide Objective: Each of Nevada's HCCs will utilize CMS (Center for Medicare and Medicaid Services) data, at least two times per year, by June 30, 2020.			
Local Objective 1: Every six months, starting July 2019, WCHD will identify for HCC existing data sources and de-identified data from emPOWER and use for all-inclusive planning.			
Local Objective 2: Throughout the budget period, WCHD, on behalf of HCC, will continue to engage the community and health care partners.			
Activity 4: Assess Community	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs People with Disabilities, and Others with Unique Needs *	1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2019 during exercises or real-world events. - Obtain de-identified data from emPOWER (once every 6 months). - Example: Obtain in September for the revision of the HCC Preparedness Planning Guidelines and January for the grant planning purposes.	De-identified data	Q1, Q3
	2) (Joint HPP/PHEP activity) HPP/HCC will share emPOWER data with PHEP for at-risk planning.	De-identified data	Q1, Q3
	3) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2020. - Update HCC Preparedness Planning guidelines with whole community data. - For example: incorporation of empower data and research the utilization of the Agency for Toxic Substances and Disease Registry Social Vulnerability Index	Meeting notes	Q4
	4) Continue to identify, as available, IT tools that can help identify children, seniors, pregnant women, people with disabilities, and other unique needs.	Research material	Q1/Q2/Q3
	5) If applicable, conduct training and exercises for identified tools and populations with unique needs. For example: provide training and exercise assistance.	Training and exercise documents	Q1/Q2/Q3/Q4

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	5) If requested, provide emergency preparedness materials/education to healthcare partners. For example, hospitals, home health, hospice, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, and clinics.	Meeting notes	Q1/Q2/Q3/Q4
	6) As requested, work with organizations that work with at risk populations to prepare for emergencies. Examples: AFN training, education and exercising.	Meeting notes	Q1/Q2/Q3/Q4
	7) As appropriate, HCC will support member agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification through training opportunities.	Emails, meeting notes	Q1/Q2/Q3/Q4
	8) HCC will review agencies trained to be part of the NNAFN Support Team and identify additional agencies, if needed, to reach out to that can help prevent stress on hospitals during a medical surge event.	Meeting notes	Q1
	9) If necessary, HCC representatives will provide NNAFN Support Team training.	Training material	Q1/Q2/Q3/Q4
	10) As requested, NNAFN Support Team representatives will participate in PODs and other exercise.	Exercise documents	Q4
	11) Reach out to at least one agency during quarters two through four.	Agency information	Q2/Q3/Q4
	12) HCC will continue to work with home health and hospice agencies to increase planning efforts, through education, for individuals to remain in their residences.	Education material, meeting notes	Q1/Q2/Q3/Q4
	13) During exercises or a real-world event, HCC will work with Health District to assess medical transport needs for home health and hospice populations if they are unable to stay with their residences. a. Review the CMS Data Submission Quick Guide and determine if appropriate information is captured.	Meeting notes, exercise or event after-action reports	Q4

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Output(s) for planned activities for Capability 1, Objective 2, Activity 4 (PHASE 1):			
1) De-identified data sets 2) HCC Preparedness Planning Guidelines 3) Update health care delivery support agency list			
Local Objective: Throughout the budget period, HCC will be resource for regulatory compliance and plan review.			
Activity 5: Assess and Identify Regulatory Compliance Requirements	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC, if requested, will assist with review, update and training of the Isolation and Quarantine Plan and Public Health/Legal Regulatory Plan.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 2, Activity 5 (PHASE 1):			
1) If requested, meeting notes to review, update and train of the Isolation and Quarantine Plan and Public Health/Legal Regulatory			
Objective 3: Develop a Health Care Coalition Preparedness Plan			
Local Objective: By March 2020, IHC will updated the HCC Preparedness Planning Guidelines in accordance with the FOA.			
Activity 1: Develop a Health Care Coalition Preparedness Plan *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will update and maintain the Preparedness Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan. (see HPP FOA pg.52) - Review and revise the HCC Preparedness Planning Guidelines. - Review guidelines during first quarter. - Update with annual HVA information from second quarter. - Update with annual coalition resource and gap analysis information in second quarter. - Approved by all core member organizations. All member organizations will be provided a final copy upon approval.	Agendas, meeting notes	Q1/Q2/Q3

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	2) HCC will identify if the coalition is located within a Regional Disaster Health Response System and share the information with coalition members.	Meeting notes	Q1
Output(s) for planned activities for Capability 1, Objective 3, Activity 1 (PHASE 1):			
1) HCC Preparedness Planning Guidelines			
Objective 5: Ensure Preparedness is Sustainable			
Statewide Objective: Nevada will participate in the Division of Emergency Management (DEM) sponsored Complex Coordinated Terrorism Attack (CCTA) statewide exercise by February 29, 2020.			
Local Objective: Throughout the budget period, HCC will participate in statewide exercises.			
Activity 1: Promote the Value of Health Care and Medical Readiness	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) At least one public health representative will participate on planning team, providing objectives and injects for HCCs and public health. As requested, HCC will collaborate with public health to develop applicable objectives and injects.	Meeting notes	Q1
	2) Identify lead public health and/or HCC representative to document involvement in CCTA exercise by July 15, 2019. HCC will identify a coalition representative for the CCTA exercise.	Meeting notes	Q1
Output(s) for planned activities for Capability 1, Objective 5, Activity 1 (PHASE 1):			
1) State developed exercise documents showing coalition input			
Local Objective: Throughout the budget period, HCC will continue to engage health care executives.			
Activity 2: Engage Health Care Executives	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Activity 3: Engage Clinicians *	1)	HCC will continue to promote health care executive's engagement in debriefs related to exercises, planned events, and real incidents. Healthcare executives from the core leadership of the coalition will be represented by at least 50% in no-notice exercise debrief.	Meeting notes	Q4
	Output(s) for planned activities for Capability 1, Objective 5, Activity 2 (PHASE 1): 1) Sign-in sheets for debrief			
	Local Objective: Throughout the budget period, HCC will engage clinicians in coalition activities.			
Activity 3: Engage Clinicians *	The Planned activity(s)		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1)	HCC Clinical Advisor will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (see HPP FOA pg. 52) Northern Nevada Emergency Physicians. Clinical advisor will serve as a liaison between the coalition and medical directors/medical leadership to achieve the objectives of the HCC.	CV/Resume of Clinical Advisor and scope of practice; meeting notes	Q1/Q2/Q3/Q4
	2)	Continue to reach out and engage champions among HCC members and other response organizations to promote HCC preparedness efforts to health care executives, clinicians, community leaders, and others as deemed appropriate. Examples of organizations to reach out to include: Nevada Chapter of American Academy of Pediatrics, Nevada Nurses Association, Northern Nevada Emergency Physicians.	Meeting notes, emails	Q1/Q2/Q3/Q4
	3)	Continue to engage with clinicians from Northern Nevada Infection Control (NNIC) Workgroup. - Attend NNIC Workgroup meetings. - A member of NNIC Workgroup to continue to be a member of HCC.	Meeting notes, emails	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 1): 1) Clinical Advisor Scope of Practice				

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Local Objective: Throughout the budget period, HCC will engage community leaders.			
Activity 4: Engage Community Leaders *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53) - The HCC Readiness and Response Coordinator will identify and engage at least three community leaders in health care preparedness planning and exercise to promote the resilience of the entire community. - Examples include: business, charitable organizations, media.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 5, Activity 4 (PHASE 1):			
	1) List of community organizations		
Local Objective: Throughout the budget period, HCC will promote sustainability of the coalition.			
Activity 5: Promote Sustainability of Health Care Coalitions *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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	1) Annually, HCCs should offer HCC members TA in meeting CMS Emerg. Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member's requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54) • HCC will to offer members technical assistance in meeting the CMS Emergency Preparedness Rule: Medicare and Medicaid Participating Providers and Suppliers. ○ Example includes: trainings, exercise assistance, resource sharing.	Meeting notes, calendar appointments	Q1/Q2/Q3/Q4
	2) Revise, as appropriate, marketing materials will be developed to continue to share the benefits of HCC activities with members and additional stakeholders to promote HCC preparedness efforts. • For example: website and video development, newsletter distribution.	Meeting notes	Q1/Q2/Q3/Q4
	3) Upon receipt, HHC Readiness and Response Coordinator will distribute state coalition newsletter to the HCC.	Newsletter, email	Q1/Q2/Q3/Q4
	4) HCC will explore ways to meet member's requirements for tax exemption through community benefit.	Meeting minutes	Q1/Q2/Q3/Q4
	5) Continue to review and discuss the coalitions sustainability outside of grant requirements • For example, administrative and financial support.	Meeting notes	Q1/Q2/Q3/Q4
	6) Review by-laws and Preparedness Planning Guidelines and update financial structure and funding sources, as appropriate.	Meeting notes	Q1/Q2/Q3/Q4

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	7) HCC will research ways to cost-share with other organizations with similar requirements For example: Hazard Vulnerability Assessment, joint exercises and trainings.	Meeting notes, emails	Q1/Q2/Q3/Q4
	8) HCC will review succession planning in by-laws and update, if necessary.	Meeting notes	Q1/Q2/Q3/Q4
	9) The HCC and subcommittees such as Supply Chain, will review current leverage group buying power to promote consistent equipment across the region to facilitate sharing in an emergency allocation. For example: Alpha Kits, MCI/MAEA supplies.	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 5, Activity 5 (PHASE 1):		
	1) By-laws		
	2) Preparedness Planning Guidelines		
PHASE 2: Train and Equip			
Objective 4: Train and Prepare the Health Care and Medical Workforce			
Statewide Objective: Annually, Nevada will provide ICS/NIMS/HICS training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2019. (see HPP FOA pg. 54)			
Local Objective: Throughout the budget period, HCC will promote ICS/NIMS/HICS training opportunities.			
Activity 1: Promote Role-Appropriate National Incident Management System Implementation *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Provide information to HCC leadership on NIMS training opportunities based on evaluation of existing NIMS education and request certificates. For example: IS 100, 200, 700 and 800	Training information, sign in sheets, certificates	Q1/Q2/Q3/Q4
	2) ICS/NIMS/HICS training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request. - HCC will maintain sign-in sheets for sponsored trainings and provide to Nevada State PHP upon request. - For example: Position specific training, ICS 300 and 400.	Sign in sheets	Q1/Q2/Q3/Q4

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	3) Continue to promote NIMS training opportunities to HCC and request certificates. 4) Assist HCC members, as requested, with incorporating NIMS components into their emergency operations plans. For example: review of plans, trainings.	Agendas, training information, sign in sheets, certificates Request for assistance	Q1/Q2/Q3/Q4 Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 4, Activity 1 (PHASE 2): 1) Certificates 2) Sign in sheets 3) Number of people trained			
Local Objective: By January 2020, HCC will develop a list of planned training activities for calendar year 2020.			
Activity 2: Educate and Train on Identified Preparedness and Response Gaps *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCCs will submit a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents; uploaded into the CAT. (see HPP FOA pg. 55) HCC will develop a list based on the 2019 and 2020 goals and objectives and appropriate improvement items from AARs.	Meeting notes	Q1/Q2/Q3
	Output(s) for planned activities for Capability 1, Objective 4, Activity 2 (PHASE 2): 1) List of training activities (work plan)		
PHASE 3: Exercise and Respond			
Objective 4: Train and Prepare the Health Care and Medical Workforce			
Statewide Objective: Nevada will participate in the Division of Emergency Management (DEM) sponsored Complex Coordinated Terrorism Attack (CCTA) statewide exercise by February 29, 2020.			
Local Objective: During the budget period, HCC will participate in the CCTA statewide exercise.			
Activity 3: Plan and Conduct	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Coordinated Exercises with Health Care Coalition Members and Other Response Organizations	1) (Joint HPP/PHEP activity) At least one public health representative will participate on planning team, providing objectives and injects for HCCs and public health. As requested, HCC will collaborate with public health to develop applicable objectives and injects.	Meeting notes	Q1
	2) (Joint HPP/PHEP activity) Identify lead public health and/or HCC representative to document involvement in CCTA exercise by July 15, 2019. HCC will identify a coalition representative for the CCTA exercise.	Meeting notes	Q1
	3) HCC will participate in DEM sponsored CCTA statewide full-scale exercise (FSE) based upon Extent of Play Agreement for HCC and <u>must</u> include a surge of patients into the health care system by November 30, 2019. (see HPP FOA pg. 55) HCC will participate in the CCTA statewide exercise per the Extent of Play Agreement.	Meeting notes	Q1/Q2
	4) Exercise Evaluation Guide (EEG) for HCC for Silver Crucible FSE.	Silver Crucible EEG	Q2
Output(s) for planned activities for Capability 1, Objective 4, Activity 3 (PHASE 3): 1) State produced CCTA exercise documents 2) Evaluation guides to inform CCTA Silver Crucible AAR/IP.			
Local Objective: Throughout the budget period, HCC will utilize HSEEP principles and other regulatory requirements when designing exercises.			
Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will follow HSEEP fundamentals for coalition sponsored exercises	Exercise documentation	Q1/Q2/Q3/Q4
	2) HCC will promote individual members to follow HSEEP fundamentals for individual exercises	Meeting notes	Q1/Q2/Q3/Q4
	3) As appropriate, HCC sponsored exercises will include health care accreditation requirements. For example: Joint Commission Emergency Management Standards, Emergency Preparedness requirements for CMS	Exercise documentation	Q1/Q2/Q3/Q4

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Output(s) for planned activities for Capability 1, Objective 4, Activity 4 (PHASE 3): 1) Coalition exercise documents in HSEP format 2) Where able, health care accreditation requirements within exercise documents will be provided			
PHASE 4: Evaluate and Share Lessons Learned			
Objective 4: Train and Prepare the Health Care and Medical Workforce			
Statewide Objective: Nevada will participate in the Division of Emergency Management (DEM) sponsored Complex Coordinated Terrorism Attack (CCTA) statewide exercise by February 29, 2020.			
Local Objective: During the budget period, HCC will participate in the CCTA statewide exercise.			
Activity 5: Evaluate Exercises and Responses to Emergencies	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) CCTA FSE After-Action Report will be developed, specific to public health (ESF 8) and HCC involvement, to identify opportunities for improvement by February 29, 2020. (see Cap 1, Objective 5, Activity 1 (PHASE 1)) AS requested, HCC will provide feedback for the AAR.	Meeting Notes	Q2/Q3
Output(s) for planned activities for Capability 1, Objective 4, Activity 5 (PHASE 4): 1) State produced exercise documentation			

CAPABILITY 2: Health Care and Medical Response Coordination

HPP Capabilities, Objectives, and Activities		Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans				
Statewide Objective: During revision cycles, Nevada LHAs will provide the opportunity to jurisdictional HCC to conduct a review and add input into identified emergency preparedness and response plan.				
Local Objective: Throughout the budget period, HCC will participate in the update of response plans within the jurisdiction.				
Activity 1: Develop a Health Care Organization Emergency Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) LHA identifies plan(s) being revised by August 31, 2019. - HCC, as requested, will assist Washoe County to identify plan(s) being revised by August 31, 2019. - For example, EOP and Annexes.	Meeting notes	Q1	
	2) HCC meeting agenda and notes documenting input provided on the plan by HCC by June 30, 2020. - If requested, HCC will help to develop plan to revise identified plans by the end of first quarter. - As requested, HCC will review and offer feedback of identified plans by June 30, 2020.	Meeting notes	Q1/Q2/Q3/Q4	
	3) HCC will promote healthcare member organizations to develop individual EOPs (see page 26 in Capabilities document) Examples: HCC Meetings, HCC MOU (possible update)	Meeting notes	Q1/Q2/Q3/Q4	

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	4) As requested, HCC will participate in the review, revision, and training/exercising of county response plans. • HCC will participate in LEPC • For example: hazard mitigation; damage assessment, and behavioral health plans. Output(s) for planned activities for Capability 2, Objective 1, Activity 1 (PHASE 1): 1) Response Guide	Meeting notes	Q1/Q2/Q3/Q4
Local Objective: By March 2020, HCC will update the HCC Response guide.			
Activity 2: Develop a Health Care Coalition Response Plan *	Planned activity(s) 1) HCC will coordinate the development of its Response Plan by involving core members and other HCC members; HCC will review and update Response Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; plan uploaded into CAT. (see HPP FOA pg. 56) • (Joint HPP/PHEP activity) HCC will update, as appropriate, the Response Guide, based on review, trainings/exercises, improvement plans, and lessons learned.	Activity Documentation Meeting notes	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3

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2) HCC Response Plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management. (see HPP FOA pg. 57) • (Joint HPP/PHEP activity) HCC will review the Response Guide to make sure it meets the following requirements: ○ HCC integration with the jurisdiction's ESF-8 lead agency to ensure information is provided to local, state, and federal officials. ○ The HCC's ability to effectively communicate and address resource needs requiring ESF-8 assistance. In cases where the HCC serves as the jurisdiction's ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. ○ The HCC's ability to support the increase of emergency and inpatient services to meet the demands of a medical surge event (with or without warning; short or long duration). All communities should be prepared to respond to conventional and mass violence trauma. ○ The HCC's ability to determine bed, staffing, and resource availability; identify patient movement requirements; support acute care patient management and throughput; initiate and support crisis care plans. ○ The provision of behavioral health support and services to patients, families, responders, and staff. ○ The incorporation of available resources for management of mass fatalities through ESF8.	Meeting notes	Q1/Q2/Q3
3) (Joint HPP/PHEP activity) HCC will work with Public Health to specify coordination with the coalition within the all-hazards public health and medical preparedness and response plans. • For example: MCM Plan, Pandemic Influenza Plan	Meeting notes	Q4

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Output(s) for planned activities for Capability 2, Objective 1, Activity 2 (PHASE 1):			
1) Response Guide 2) MCM Plan 3) Pandemic Influenza Plan			
Objective 2: Utilize Information Sharing Processes and Platforms			
Statewide Objective: Nevada will create essential elements of information to be shared bi-directionally during real-world events between ESF 8 representatives and HCC.			
Local Objective: Throughout the budget period, HCC will participate in the sharing of essential elements of information (EIs).			
Activity 1: Develop Information Sharing Procedures *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) (State-led) The Nevada State PHP program will create an EEI document and provide it to HCC liaisons and LHAs by August 31, 2019. When received by Nevada State PHP Program, HCC will distribute the developed EEI document.	Distribution method	Q1
	2) (State-led) Nevada will host quarterly meetings and highlight the individual ESF 8 processes for information sharing and resource requesting during real-world events, beginning in July 1, 2019. (Joint HPP/PHEP activity) HCC, in coordination with WCHD and State, will develop processes and procedures to rapidly acquire and share clinical knowledge between healthcare providers and between healthcare organizations during responses.	Meeting notes	Q1/Q2/Q3/Q4
	3) HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EIs). (see HPP FOA pg.58) HCC will review procedures for sharing EIs and, if necessary, update in Response Guide and Preparedness Planning Guidelines.	Meeting notes	Q1/Q2/Q3

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	4) HCC will review the ASPR provided coordinated pre-event, post-event, special event-specific EEIs and if necessary will revise HCC EEIs.	Meeting notes	Q2
	5) (State-led) Nevada State PHP Program will lead annual information sharing exercises with all LHAs and HCC jurisdictions to review and improve policies and procedures	Exercise documentation (ExPlan, IPM, MPM, FPM, AAR/IP)	Q3
	Output(s) for planned activities for Capability 2, Objective 2, Activity 1 (PHASE 1): 1) Distribution documents showing State EEI document shared with HCC 2) If necessary, updates to Response Guide and Preparedness Planning Guidelines 3) Updated resource requesting procedures for emPOWER data		
Local Objective: Throughout the budget period, HCC will train and exercise on the collections of EEIs.			
Activity 2: Identify Information Access and Data Protection Procedures	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to provide training/exercising, as requested, and promote the coalition EEI collection form to provide situational awareness during emergencies.	Meeting notes, training materials	Q1/Q2/Q3/Q4
	2) HCC will exercise EEI collection form at least twice a year.	Exercise documentation	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 2, Objective 2, Activity 2 (PHASE 1): 1) AAR/IP		
Statewide Objective: Nevada's HCCs will develop or revise emergency preparedness and response plans, as appropriate, to identify situational awareness protocols and communication systems by June 30, 2020.			
Local Objective: Throughout the budget period, HCC will train and exercise redundant communications.			
Activity 3: Utilize	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Communications Systems and Platforms	1) Nevada HCCs will conduct call-down drills for membership utilizing information sharing platforms identified in individual emergency and response plans. - HCC will conduct call-down drills for membership utilizing information sharing platforms identified in individual emergency and response plans. - For example, WebEOC and Healthcare Operating Status Form	Meeting notes/ exercise documentation	Q1/Q2/Q3/Q4
	2) Nevada HCCs will update, as appropriate, emergency preparedness and response plans based on drill lessons learned. - HCC will update, as appropriate, emergency preparedness and response plans based on drill lessons learned, trainings, and exercises. - HCC examples include: HCC Preparedness Planning Guidelines, HCC Response Guide, Alternate Care Site.	Meeting notes, updated plans	Q1/Q2/Q3
	3) Coalition will conduct two redundant communication drills. For example: VESTA, WebEOC, 800 MHz, and Ham radio.	Exercise documents	Q2/Q4
	4) Keep VESTA updated for redundant communications, based on updated Point of Contact quarterly information.	Calendar appointments	Q1/Q2/Q3/Q4
	5) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net.	Net Control Log	Q1/Q2/Q3/Q4
	6) As appropriate, HCC will continue to share pertinent emergency information with HCC members, the ESF-8 lead agency and other stakeholders.	Meeting notes	Q1/Q2/Q3/Q4

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Output(s) for planned activities for Capability 2, Objective 2, Activity 3 (PHASE 1): 1) HCC Preparedness Planning Guidelines 2) HCC Response Guide 3) Redundant Communication AAR/IPs			
PHASE 2: Train and Equip			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Local Objective: Throughout the budget period, HCC and PHEP will determine type of information that will be disseminated to the public ensure information is accurate and consistent.			
Activity 4: Communicate with the Public during an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) (Joint HPP/PHEP activity) Continue to collaborate with JIC, as appropriate, to determine type of information that will be disseminated to the public ensure information is accurate and consistent.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 2, Objective 3, Activity 4 (PHASE 2):			
1) Hospital Net Script 2) AAR/IP			
PHASE 3: Exercise and Respond			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Local Objective: Throughout the budget period, HCC will continue to train and exercise on redundant communications.			
Activity 1: Identify and Coordinate Resource Needs during an Emergency *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to train its members on WebEOC, as one of the information sharing platforms.	Meeting notes, sign in sheets	Q4
	2) Continue to train and exercise on the Healthcare Operating Status Form.	Training	Q2

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	3) Conduct redundant communications exercise utilizing Healthcare Operating Status Form. Examples include: redundant communications, WebEOC training, exercises	Exercise documents	Q1/Q2
	4) Continue to ensure multiple HCC members, as deemed appropriate, understand and have access to the coalition's information sharing systems/platforms.	User information to platforms	Q1/Q2/Q3/Q4
	5) (State-led) Nevada State PHP Program will lead an annual information sharing exercise, utilizing policies and procedures created for identified emPOWER data as well as state Medicaid data to better streamline data requesting and receiving between the Nevada State PHP Program, LHAs and HCC jurisdictions, and better understand situations requiring this type of data information exchange. Activities include development of planning team, planning meetings, exercise documentation including AAR.	Exercise documentation (ExPlan, IPM, MPM, FPM, AAR/IP)	Q3
	Output(s) for planned activities for Capability 2, Objective 3, Activity 1 (PHASE 3): 1) AAR/IP 2) Updated resource requesting procedures for emPOWER data		
	Local Objective: By March 2020, HCC will update the HCC Response guide.		
Activity 2: Coordinate Incident Action Planning During an Emergency *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) (Joint HPP/PHEP activity) HCC will review the Communications Plan within the Response Guide and update, if necessary. (page 30 HPP Capabilities document)	Meeting notes	Q1/Q2/Q3
Local Objective: Throughout the budget period, HCC will continue to assist those members without the capability to alert and notify staff, patients and visitors during an emergency.	Output(s) for planned activities for Capability 2, Objective 3, Activity 2 (PHASE 3): 1) Response Guide		
	Local Objective: Throughout the budget period, HCC will continue to assist those members without the capability to alert and notify staff, patients and visitors during an emergency.		
Activity 3: Communicate	Planned activity(s)	Activity Documentation	Completion Quarter

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with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency	1) HCC will continue to assist those members without the capability to alert and notify staff, patients and visitors during an emergency, if requested. For example: review resource and gap analysis question related to the ability to alert and notify staff, patients, and visitors to better understand members' needs.	Request for assistance	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 2, Objective 3, Activity 3 (PHASE 3): 1) As necessary, meeting notes reviewing the resource gap analysis questions		

CAPABILITY 3: Continuity of Health Care Service Delivery

HPP Capabilities, Objectives, and Activities		Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Identify Essential Functions for Health Care Delivery				
Local Objective: Bu June 2020, HCC will identify the essential functions for health care delivery.				
Activity 1: Identify Essential Functions for Health Care Delivery	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) HCC will begin researching essential functions for health care delivery. (page 32-33 Capabilities Guide)	Research notes	Q1/Q2/Q3	
	2) If necessary, HCC will incorporate essential functions for health care delivery into coalition plans.	Meeting notes/ plans (if appropriate)	Q1/Q2/Q3/Q4	
	Output(s) for planned activities for Capability 3, Objective 1, Activity 1 (PHASE 1): 1) Response Guide (if appropriate) 2) Preparedness Planning Guidelines (if appropriate)			
Objective 2: Plan for Continuity of Operations				
Local Objective: By June 2020, HCC will update the HCC Response guide.				
Activity 2: Develop a	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	

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Health Care Coalition Continuity of Operations Plan	1) HCC will review the Continuity of Operations section of the HCC Response Guide to determine the necessity of the following components based on level of coalition response: - o Activation and response functions, - o Multiple points of contact for each HCC member, - o Orders of succession and delegations of authority for leadership continuity, - o Immediate actions and assessments to be performed in case of disruptions, - o Safety assessment and resource inventory to determine whether or not the coalition can continue to operate, - o Redundant, replacement, or supplemental resources, including communication systems, and - o Strategies and priorities for addressing disruptions to mission critical systems that include but not limited to electricity, water, and medical gases.	Meeting notes, to include identified potential updates	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 2, Activity 2 (PHASE 1):			
Activity 4: Plan for Health Care Organization Sheltering-in-Place	1) HCC Response Guide	Planned activity(s)	Activity Documentation
	1) If requested, HCC will provide technical assistance and training on sheltering-in-place.		Meeting notes/training materials
Output(s) for planned activities for Capability 3, Objective 2, Activity 4 (PHASE 1):			Q1/Q2/Q3/Q4
1) If available, training documents			
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			
Local Objective: By March 2020, HCC will develop an activation policy for stockpiles.			

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Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will document required information regarding purchasing pharmaceuticals and other medical materiel or supplies with HPP funds, and upload documentation into the CAT. (see HPP FOA pg. 63) - HCC will continue to review strategies for acquisition, storage, rotation with day-to-day supplies in regards to purchasing pharmaceuticals and identify strategies for other medical material. - Review HCC Inventory Tracking Policy and make identified updates. - For example: Determine if mention of MOU needs to be included and if language pertaining to the disposal of expired materials is sufficient.	Meeting notes	Q1
	2) Develop policy for the activation and deployment of coalition stockpiles.	Meeting notes	Q1
	3) HCC will complete the resource and gap analysis to continue assessing the integrity assessment to evaluate equipment and supply needs that will be in demand during an emergency. The results from the analysis will be given to the Supply Chain Subcommittee to further support efforts.	Resource and gap analysis	Q1/Q2/Q3
Output(s) for planned activities for Capability 3, Objective 3, Activity 2 (PHASE 1):			
	1) Coalition stockpile activation policy		
	2) Resource and gap analysis		
Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks			
Local Objective: Throughout the budget period, HCC will provide technical assistance on information systems and networks.			
Activity 1: Develop	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Strategies to Protect Health Care Information Systems and Networks	1) If requested, HCC will provide technical assistance and training on information systems and networks. Output(s) for planned activities for Capability 3, Objective 4, Activity 1 (PHASE 1): 1) If available, training documents	Meeting notes/training documentation	Q1/Q2/Q3/Q4
Objective 6: Plan for Health Care Evacuation and Relocation			
Local Objective: By June 2020, HCC will update the HCC Response Guide.			
Activity 1: Develop and Implement Evacuation and Relocation Plans *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63) HCC will revise the Response Guide as identified.	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 1): 1) Response Guide		
Local Objective: BY June 2020, HCC will provide MAEA training to increase evacuation capability.			
Activity 2: Develop and Implement Evacuation Transportation Plans	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will be prepared to engage, if necessary, when one or more health care organizations have lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation. Examples include: alternate care site, evacuation, emergency credentialing, MAEA.	Meeting notes	Q1/Q2/Q3/Q4
	2) HCC will provide MAEA training and purchase supplies as identified.	Training documents	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 6, Activity 2 (PHASE 1): 1) Alternate Care Site 2) Emergency Credentialing 3) MAEA			

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Objective 7: Coordinate Health Care Delivery System Recovery			
PHASE 2: Train and Equip			
Objective 5: Protect Responders' Safety and Health Activities			
Local Objective: By March 2020, HCC will update the HCC Preparedness Planning Guidelines.			
Activity 1: Distribute Resources Required to Protect the Health Care Workforce *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will support and promote regional PPE procurement and provide documentation in HCC Preparedness Plan. (see HPP FOA pg. 65) HCC will review Preparedness Planning Guidelines and identify language to support and promote regional PPE procurement.	Meeting notes	Q1/Q2/Q3
Output(s) for planned activities for Capability 3, Objective 5, Activity 1 (PHASE 2):			
1) Preparedness Planning Guidelines			
Local Objective: Throughout the budget period, HCC will offer training and technical assistance to promote responders' safety and health.			
Activity 2: Train and Exercise to Promote Responders' Safety and Health *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will equip, train, and provide resources necessary to protect responders, employees and their families from hazards during response and recovery operations and document in HCC training planning. (see HPP FOA pg. 65) (Joint HPP/PHEP activity) HCC will review previously identified equipment, trainings and resources necessary to protect responders, employees and their families from hazards during response and recovery operations and make any relevant recommendations.	Meeting notes	Q1/Q2/Q3
2) Promote HCC involvement in PODS (joint activity with PHEP)			
Meeting notes			Q2

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3) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FCA pg. 65) • (Joint HPP/PHEP activity) HCC, in collaboration with PHEP, will identify policies and practices regarding the type of PPE necessary for various pathogens. • For example: Pharmaceutical Cache Plan, activation of coalition stockpiles.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 5, Activity 2 (PHASE 2): 1) Training Plan		
PHASE 3: Exercise and Respond		
Objective 7: Coordinate Health Care Delivery System Recovery		
PHASE 4: Evaluate and Share Lessons Learned		
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency		

CAPABILITY 4: Medical Surge

HPP Capabilities, Objectives, and Activities		Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Plan for a Medical Surge				
Statewide Objective: Annually, volunteers will be included in training opportunities and incorporated into exercises sponsored by HCCs LHAs and the Nevada State PHP Program. (see HPP FOA pg. 66-67)				
Local Objective: Throughout the budget period, HCC will offer training and exercise opportunities to volunteers.				
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) Related to trainings, training opportunities will be distributed to volunteers as the trainings are identified as appropriate. HCC will distribute training opportunities to volunteers as appropriate.	Meeting notes/emails	Q1/Q2/Q3/Q4	
	2) Nevada HCCs, LHAs and the Nevada PHP Program will include injects for the utilization of volunteers in the exercise design. As appropriate, HCC will include injects for spontaneous volunteers (can be a request).	Meeting notes	Q1/Q2/Q3/Q4	
	3) (Joint HPP/PHEP activity) Review and update, as appropriate, the HCC agreed upon rapid emergency credentialing from exercise in previous budget period for situations requiring supplemental staffing in healthcare facilities.	Meeting notes	Q1	

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Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan *	4) (Joint HPP/PHEP activity) Review and update, as appropriate, the HCC agreed upon emergency credentialing process to identify and address volunteer liability, licensure, workers comp, scope of practice, and third-party reimbursement issues, which could deter volunteer use, to include governmental and non-governmental volunteer registration programs (i.e. MRC, ESAR-VHP) and hospital, HCC, jurisdictional, or state-based assistance teams. For example: development of a guideline addressing volunteer emergency credentialing.	Meeting notes	Q1
	5) HCC will promote coalition members eligible to participate in NDMS to enter into formal agreements with NDMS.	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 4, Objective 1, Activity 1 (PHASE 1): 1) Emergency Credentialing Guideline		
	Local Objective: By September 2019, HCC will confirm with EMS coalition members that plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment.		
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will work with Public Health and EMS coalition members to confirm that regional plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment.	Meeting notes	Q1
	Output(s) for planned activities for Capability 4, Objective 1, Activity 2 (PHASE 1): 1) If applicable, updated regional MCI plan		
Local Objective: By June 2020, HCC will have participated in the development of a pediatric annex in the MCIP.			
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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	1) HCC will develop complementary coalition-level Pediatric annex to the base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs; upload into the CAT. (see HPP FOA pg. 70-71)	Meeting notes	Q1/Q2/Q3/Q4
	HCC will provide input on elements to be included in the MCIP Pediatric Response information.		
Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1):			
1) MCIP			
Objective 2: Respond to a Medical Surge			
Statewide Objective: Nevada will conduct an exercise, including all HCCs and LHAs, on Alternate Care Sites (ACS), focusing on the interaction between ACS and/or Federal Medical Station (FMS) and/or Disaster Medical Facility (DMF) by June 30, 2020.			
Local Objective: By June 2020, IHC will participate in an alternate care site exercise.			
Activity 3: Develop an Alternate Care System	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) (State-led) Creation of a planning team for exercise by December 31, 2019.	Meeting notes	Q2
	As requested, HCC will participate in a planning team.		
	2) (State-led) Development of exercise materials, to include objectives and injects for HCCs and critical community partners by March 29, 2020.	Meeting notes	Q3
	As requested, HCC will participate in the development of objectives and injects.		
	3) (State-led) After-Action Report will be developed to identify opportunities for improvement within 90 days of exercise.	Meeting notes	Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 1):			
1) State produced exercise documents			

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PHASE 3: Exercise and Respond			
Objective 2: Respond to a Medical Surge			
Statewide Objective: Annually, each HCC will conduct a “low to no-notice” surge test exercise, including all core HCC members, by June 30, 2020.			
Local Objective: By June 2020, HCC will conduct a low to no-notice exercise and hospital surge exercise.			
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Documented identification of “trusted insider” and planning committee. • HCC will identify a trusted insider and planning committee for the coalition surge exercise.	Meeting notes	Q1/Q2/Q3
	2) Within two weeks of exercise, committee will pull HCC acute care census for planning purposes. • If appropriate, HCC will use licensed bed count, as this is a higher number than the census.	Meeting notes	Q1/Q2/Q3
	3) Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise. • HCC will provide exercise documentation within 90 days of the exercise.	Exercise documentation	Q4
	4) HCC will complete the HCC Surge Estimator Tool by January 1, 2020, to support determination of their surge capacity; must be uploaded into the CAT. (see HPP FOA pg. 78) • The HCC will utilize the completed HCC Surge Estimator Tool.	Completed documents	Q2
	5) HCC will conduct an exercise using the “Hospital Surge Test”.	Exercise documentation	Q1/Q2/Q3/Q4

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	6) As appropriate, purchase supplies to be utilized by the HCC for medical surge, healthcare facilities evacuation or mass casualty training and/or response.	Meeting materials, purchasing documents	Q1/Q2/Q3/Q4
	7) As necessary, HCC will participate in the update of the Mass Casualty Incident Plan and Alpha Mass Casualty Incident Plan. - For example: planning meetings, training and exercising. - As able, purchase supplies as identified	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3): 1) AAR/IP 2) Updated MCIP 3) Updated Alpha MCIP		
Local Objective: Throughout BP1 Supplement, HCC will be available to assist, as appropriate or requested by WCHD, in addressing health issues by those in congregate locations.			
Activity 3: Develop an Alternate Care System *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will coordinate with PHEP to address the public health, medical and mental health needs of those impacted by an incident at congregate locations. (see HPP FOA pg. 79) (Joint HPP/PHEP activity) As requested, HCC will coordinate with PHEP to address public health, medical and mental health needs of those impacted by an incident at congregate locations. - For example: Serve as a subject matter expert.	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 4, Objective 2, Activity 2 (PHASE 3): 1) As requested, meeting notes discussing public health, medical and mental health needs of those impacted by an incident at congregate locations.		
Local Objective: By June 2020, HCC will exercise its pediatric care surge annex.			
Activity 4: Provide Pediatric Care during a Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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*	1) HCC will validate their Pediatric Care Surge Annex via a standardized tabletop/discussion exercise format and submit results and data sheet to ASPR via the CAT. (see HPP FOA pg. 79)	Meeting notes; exercise documents	Q3
	Upon request of local Public Health, HCC will participate in a tabletop/discussion exercise to validate the Pediatric Care Surge planning.		
Output(s) for planned activities for Capability 4, Objective 2, Activity 4 (PHASE 3):			
	1) After action report		
Local Objective: Throughout the budget period, HCC will enhance burn surge capacity through training and plan development.			
Activity 6: Provide Burn Care during a Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will participate in burn surge training For example: UMC burn surge training and Utah burn surge training.	Training documents, meeting notes	Q2
	2) Evaluate if HCC member hospitals are able to receive, stabilize, and manage burn patients. Example: no-notice coalition surge exercise, hospital surge exercise.	Exercise documents	Q1/Q2/Q3/Q4
	1) As identified in BP1 as a need within the region's MCI Plan, HCC will participate in the update of the Mass Casualty Incident Plan and serve as subject matter experts to expand the burn response section within the plan.	MCIP	Q1/Q2/Q3/Q4
	2) Continue to include HAI coordinators and quality improvement professionals at the health care facility and jurisdictional levels in coalition activities.	Meeting notes	Q1/Q2/Q3/Q4
	1) As appropriate, HCC will work to enhance burn and trauma response capability within the region. Example: training, exercising, plan updates, purchasing of supplies.	Meeting notes	Q1/Q2/Q3/Q4

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Output(s) for planned activities for Capability 4, Objective 2, Activity 6 (PHASE 3): 1) AAR/IP 2) MCIP 3) Number of people trained			
Local Objective: During the budget period, HCC will be prepared to collaborate with PHEP if there was an infectious disease outbreak.			
Activity 9: Enhance Infectious Disease Preparedness and Surge Response *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) During an infectious disease outbreak, HCC will coordinate required activities to ensure the ability to surge to meet the demands during a highly infectious disease response. (see HPP FOA pg. 80) • (Joint HPP/PHEP activity) HCC will coordinate the following activities to ensure the ability to surge to meet the demands during a highly infectious disease response: • Establish a medical common operating picture • Develop or update plans accordingly • Establish key indicators in EEIs • Provide real-time information sharing • Coordinate public messaging	Meeting notes	Q1/Q2/Q3/Q4
	2) As requested, HCC will provide technical assistance or training for infectious disease plans.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 9 (PHASE 3): 1) As appropriate, HCC will provide activities for the ability to surge to meet the demands during a highly infectious disease response			

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 1 U3REP190613-01-00 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 U3REP190613-01-00 from the Assistant Secretary for Preparedness and Response (ASPR).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

Total Personnel Costs	including fringe	Total:	\$236,514.00
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Randall Todd</u> <u>Epi Center Director</u>	\$187,142.00	43.00%	15.00%	12	100.00%	\$40,012

Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of the Washoe County Health District (WCHD); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes healthcare emergency preparedness, emergency medical services, vital records, communicable disease investigation, surveillance and epidemiology, data collection, analysis and dissemination; provides medical expertise on infectious and communicable diseases for staff, health care providers and the general community, and is the liaison between Public Health Preparedness and the medical community; During an event, assists with risk communication by providing technical expertise. The EPHP Director is also a partner of the healthcare coalition, provides technical expertise on emergency planning for communicable disease as well as provides technological support in the designing of functional processes for emergency response and reporting.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Christina Conti</u> <u>Preparedness and EMS</u> <u>Program Manager</u>	\$106,364.00	43.00%	16.00%	12	100.00%	\$24,336

Preparedness and EMS Program Manager: Directly supervises PHP staff at the WCHD; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives and activities, to include healthcare coalition identified activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; provides direct, consistent, timely and accurate communication and coordination with PHP program staff at the Nevada State Health Division, Health District Leadership Team, EPHP Director and PHP staff. The Program Manager provides close fiscal and programmatic accountability and feedback; provides continuous monitoring of PHP grant activities to ensure that projects are completed on time and with high quality. Specific to the healthcare coalition, the Program Manager participates on the development and/or revision of emergency plans, is the primary planner for mass fatality initiatives, is a responder to the Emergency Operations Center facilitating communication with the coalition membership during an emergency. With the Health District being the fiduciary agent for the healthcare coalition, the Program Manager is the first approval within the financial structure.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Andrea Esp</u> <u>Public Health Emergency</u> <u>Response Coordinator (HCC</u> <u>Readiness Response)</u>	\$93,044.00	43.00%	95.00%	12	100.00%	\$126,400

Public Health Emergency Response Coordinator (HCC Readiness and Response Coordinator): Specifically identified to work with the coalition as the Healthcare Coalition Readiness and Response Coordinator. Work is achieved by coordinating planning actions between the WCHD and local healthcare system and emergency response professionals; through the coalition, develops and strengthen partnerships with hospitals, healthcare organizations, community groups, emergency response personnel, medical examiner's office, and healthcare organizations; through the coalition, collaborate with healthcare system leaders on disaster preparedness planning, training and exercises. With approval from the coalition, the coordinator is able to represent the coalition on various boards and committees, research and write staff reports, make recommendations and presentations to the healthcare coalition leadership and financial sub-committee.

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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Jackie Lawson Office Support Specialist	\$62,688.00	43.00%	50.00%	12	100.00%	\$45,636

Office Support Specialist (OSS): Works to support the healthcare coalition through documenting and achieving the identified grant initiatives and annual goals. Provides information or resolves problems with required explanation of coalition or department processes; performs support services to management and the coalition through preparation of agendas, transcribes minutes, maintains records and updates contact lists; processes paperwork for purchases that support coalition initiatives and maintains the all related documentation and records.

Total Fringe Cost:	\$ 71,120.00	Total Salary Cost:	\$ 165,394.00
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Fringe includes insurance, retirement, incentive. WCHD uses direct expenditures for fringe and the percentage calculation above is for actual anticipated expenditures.

Travel	Total:	\$ 19,572.00
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<u>Out-of-State Travel</u>	<u>\$16,422.00</u>
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National Healthcare Coalition Preparedness

Conference: Houston, TX

	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	
Airfare: \$602.00 cost per trip (Reno & Houston, TX) x 1 trip x 3 staff	\$602.00	1		3	\$1,806.00
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 3 staff x 3 days	\$66.00	1	3	3	\$594.00
Lodging: \$157 per day + \$30 tax = total \$187 x 1 trip x 2 nights x 3 staff	\$187.00	1	2	3	\$1,122.00
Ground Transportation: \$20 per r/trip x 2 trips x 3 staff	\$20.00	2	1	3	\$120.00

Justification:

National Healthcare Coalition Preparedness Conference: Attendance at a national conference increase knowledge of coalitions across country and how to increase coalition preparedness and response capabilities. The participants in this information exchange would be coalition members, to be identified during a coalition meeting and included in the official meeting minutes.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>NACCHO Preparedness Summit: Dallas, TX</u>					
Airfare: \$700.00 cost per trip (Reno & Houston, TX) x 1 trip x 7 staff	\$700.00	1		7	\$4,900.00
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 7 staff x 3 days	\$66.00	1	3	7	\$1,386.00
Lodging: \$157 per day + \$30 tax = total \$187 x 1 trip x 2 nights x 7 staff	\$187.00	1	2	7	\$2,618.00
Ground Transportation: \$20 per r/trip x 3 trips x 2 staff	\$20.00	3	1	2	\$120.00

Justification:

NACCHO (National Association of State and Territorial Health Officials) Preparedness Summit: Attendance at a national conference increases knowledge of coalitions across country and how to increase coalition preparedness and response capabilities. The participants in this information exchange would be coalition members, to be identified during a coalition meeting and included in the official meeting minutes.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>AHEPP Conference: Orlando, FL</u>					
Airfare: \$640.00 cost per trip (Reno & Orlando, FL) x 1 trip x 3 staff	\$640.00	1		3	\$1,920.00
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 3 staff x 3 days	\$66.00	1	3	3	\$594.00
Lodging: \$152 per day + \$35 tax = total \$187 x 1 trip x 2 nights x 3 staff	\$187.00	1	2	3	\$1,122.00
Ground Transportation: \$20 per r/trip x 2 trips x 3 staff	\$20.00	2	1	3	\$120.00

Justification:

AHEPP (Association of Healthcare Emergency Preparedness Professionals): Attendance at a national conference increases knowledge of coalitions across country and how to increase coalition preparedness and response capabilities. The participants in this information exchange would be coalition members, to be identified during a coalition meeting and included in the official meeting minutes. (3 coalition members)

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In-State Travel

\$3,150.00

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Meeting with Coalition Partners: Northern Nevada</u>					
Per Diem: \$47.00 per day per GSA rate for area x 3 trips x 1 staff	\$47.00	3	1	1	\$141.00
Motor Pool:(\$100 car/day) x 3 trips x 1 days	\$100.00	3	1	1	\$300.00

Justification:

Meeting with coalition partners throughout the State. Staff member affiliated with this meeting is the Public Health Emergency Response Coordinator.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Meeting with Coalition Partners: Las Vegas, NV</u>					
Airfare: \$350.00 cost per trip (Reno & Las Vegas) x 1 trip x 1 staff	\$350.00	1	1	1	\$350.00
Per Diem: \$69.00 per day per GSA rate for area x 1 trip x 1 staff x 1 day	\$69.00	1	1	1	\$69.00
Motor Pool:(\$100 car/) x 1 trip x 1 day	\$100.00	1	1	1	\$100.00

Justification:

Meeting with coalition partners throughout the State. One meeting in Las Vegas. Staff member affiliated with this meeting is the Public Health Emergency Response Coordinator.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Meetings on behalf of Coalition</u>					
Mileage: (\$0.58 per mile x 45.40 miles per r/trip) x 19 trips x 1 staff	\$26.322	19		1	\$500.00

Justification:

Attendance at meetings around the region, on behalf of the Coalition.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>UMC Burn Center: Washoe County, Nevada</u>					
Airfare: \$249.00 cost per trip (Las Vegas & Reno) x 1 trip x 5 staff	\$249.00	1	1	5	\$1,245.00
Per Diem: \$69.00 per day per GSA rate for area x 1 trip x 5 staff x 1 day	\$69.00	1	1	5	\$345.00
Motor Pool:(\$100 car/) x 1 trip x 1 day	\$100.00	1	1	1	\$100.00

Justification:

UMC (University Medical Center of Southern Nevada) Burn Center staff to travel to Washoe County to provide education to regional hospitals and first responders. The participants in this information exchange would be coalition members, to be identified during a coalition meeting and included in the official meeting minutes.

<u>Supplies</u>	<u>Total:</u>	
General Office Supplies	\$500.00	
General Operating Supplies	\$1,217.00	
Coalition Emergency Preparedness Supplies	\$20,000.00	
Bleed Control Kits, MCI/MAEA tags, MCI/MAEA Supplies	\$13,873.00	
Bleed Control Kits, MCI/MAEA tabs, MCI/MAEA Supplies	\$1,915.00	

Justification: Office supplies for day to day operations; operating supplies for day to day operations; Supplies to support coalition emergency preparedness efforts, to include but not limited to 800 MHz radios and radio supplies to support redundant communications during emergency or disaster incidents. Medical Tent to support MCI at special events.

<u>Equipment</u>	<u>Total:</u>	
	\$0.00	

<u>Contractual/Contractual</u>	<u>Total:</u>	
	\$51,403.00	

<u>Contract to provide custom WebEOC Board Updates</u>	Total:	\$1,000.00
<u>Method of Selection:</u> sole source		

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Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Provide support to make updates to one or more healthcare boards in WebEOC. WebEOC health boards are essential to achieving goals and objectives of the subgrant.

* Sole Source Justification: The company that owns WebEOC is the sole entity to make certain changes to the boards in WebEOC.

Budget

Personnel	\$1,000.00
Travel	\$0.00
Total Budget	\$1,000.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and Public Health Emergency Response Coordinator (PHERC) will be responsible for supervising the consultant's work.

Support for Emergency Plan Development **Total: \$4,000.00**

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Assist in the coordination of plan development and/or revision to include: coordination of planning meetings and preparing document. Per federal grant requirements, the coalition is required to develop and maintain plans and is outlined in the subgrant.

Budget

Personnel	\$3,250.00
Travel	\$750.00
Total Budget	\$4,000.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Support for Exercise Development **Total: \$7,000.00**

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Assist in the development of an exercise to include: planning meetings, planning documents, exercise coordination, and evaluation documents. All documents to be HSEEP (Homeland Security Exercise and Evaluation Program) compliant. Per federal grant requirements, the coalition is required to develop and/or participate in a variety of exercise to include but not limited to: coalition surge, hospital surge, pediatrics surge, and burn surge. Without the execution of these exercises, the coalition would not meet federal grant requirements.

Budget

Personnel	\$5,500.00
Travel	\$1,500.00
Total Budget	\$7,000.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Moulage Exercise/Training **Total: \$3,000.00**

Method of Selection: sole source

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Provide moulage for exercises. Per federal grant requirements, the coalition is required to develop and/or participate in a variety of exercise to include but not limited to: coalition surge, hospital surge, pediatrics surge, and burn surge. Without the execution of these exercises, the coalition would not meet federal grant requirements. Moulage helps exercises to be more realistic providing a greater benefit to the healthcare preparedness community and as a result contribute to the successful completion of grant goals and objectives.

* Sole Source Justification: Other options were researched on the internet and only one additional perspective company was located within the United States, but unable to provide the services.

Budget

Personnel	\$2,500.00
Travel	\$500.00
Total Budget	\$3,000.00

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Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Clinical Advisor Contract Services

Total: \$10,000.00

Method of Selection: sole source

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work:

1. Provide clinical leadership to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities (e.g., blood banks), and EMS agencies.
2. Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance.
3. Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities.
4. Assure that the coalition mass casualty/surge plans provide for appropriate distribution (and re-distribution) of trauma patients to avoid overloading single centers whenever possible and work with health care facilities to understand their capabilities and capacity.
5. Assure that subject matter experts are available, and a process exists to support secondary transfer prioritization in specialty surge (e.g., burn, pediatric) mass casualty situations (i.e., identify which patients are a priority to transfer to specialty care centers when adequate transportation or inpatient resources are unavailable).

Per federal grant requirements, the coalition must have a clinical advisor. Without a clinical advisor, the coalition is in violation of grant requirements.

* Sole Source Justification: At this time, only one person in the region meets the grant requirements to fill the role of the clinical advisor for the healthcare coalition.

Budget

Personnel	\$9,900.00
Travel	\$100.00
Total Budget	\$10,000.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Training Support: Radiation, Bleeding Control, HICS, Decontamination, Emergency Operations Planning, MCIP, MAEA. Contractual Support: exercises and/or emergency response plan development as identified by Coalition membership

Total: \$26,403.00

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Develop training material and execute training. Per federal grant requirements, the coalition needs to provide training to its coalition members. The coalition identified a variety of trainings needed among the healthcare preparedness community. If these types of trainings do not occur, it would be out of compliance with federal grant requirements.

Budget

Personnel	\$22,403.00
Travel	\$4,000.00
Total Budget	\$26,403.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Other	Total:	\$11,684.00
Conference Registration: National Healthcare Coalition Preparedness Conference \$595.00 x 3 attendees	\$1,785.00	
Conference Registration: NACCHO Preparedness Summit \$644.00 x 7 attendees	\$4,508.00	
Conference Registration: AHEPP Conference \$695.00 x 3 attendees	\$2,085.00	
Seminars-Meetings: Healthcare Disaster/Emergency Management Certification for Advisors; \$2,370.00 x 1 meeting	\$2,370.00	
Minor Furniture and Equipment: As needed to replace printer, fax, office chair, etc. \$12.50/mo. x 12 months	\$150.00	
Telephone: Phone for staff (2 landlines, long distance, & conference calls) \$31.17/mo. x 12 months	\$374.00	
Postage: \$1.00/mo. x 12 months	\$12.00	
Copy Machine Expenses: \$33.33/mo. x 12 months	\$400.00	

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TOTAL DIRECT CHARGES			\$356,678.00
<u>Indirect Charges</u>	Indirect Rate:	10.00%	\$35,668.00
Indirect Methodology: 10% of all direct expenses per Federally approved indirect agreement.			
TOTAL BUDGET			Total: \$392,346.00

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Form 2

Applicant Name: Washoe County Health District - HPP
PROPOSED BUDGET SUMMARY
(Form Revised May 2019)

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

FUNDING SOURCES	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED		n/a	n/a	n/a	n/a	n/a	n/a	
ENTER TOTAL REQUEST	\$392,346							\$392,346

EXPENSE CATEGORY

Personnel	\$236,514	n/a	n/a	n/a	n/a	n/a	n/a	\$236,514
Travel	\$19,572	n/a	n/a	n/a	n/a	n/a	n/a	\$19,572
Operating	\$37,505	n/a	n/a	n/a	n/a	n/a	n/a	\$37,505
Equipment	\$0	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Contractual/Consultant	\$51,403	n/a	n/a	n/a	n/a	n/a	n/a	\$51,403
Other Expenses	\$11,684	n/a	n/a	n/a	n/a	n/a	n/a	\$11,684
Indirect	\$35,668	n/a	n/a	n/a	n/a	n/a	n/a	\$35,668

TOTAL EXPENSE	\$392,346	\$0	\$0	\$0	\$0	\$0	\$0	\$392,346
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$35,668
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Total Agency Budget	\$392,346
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:
n/a

C. Program Income Calculation:
n/a

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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).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$39,234.60**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H. These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

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 **\$392,346.00**;
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$39,234.60**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2020 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within **90 days of exercise completion**.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

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

The Department agrees:

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

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Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- 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.

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

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SECTION D**

Agency Ref. #: **HD 17249**
Budget Account: 3218
GL: 8516
Draw #: _____

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2019 to June 30, 2020	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				
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	\$236,514.00	\$0.00	\$0.00	\$0.00	\$236,514.00	0.0%
2. Travel	\$19,572.00	\$0.00	\$0.00	\$0.00	\$19,572.00	0.0%
3. Supplies	\$37,505.00	\$0.00	\$0.00	\$0.00	\$37,505.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$51,403.00	\$0.00	\$0.00	\$0.00	\$51,403.00	0.0%
6. Other	\$11,684.00	\$0.00	\$0.00	\$0.00	\$11,684.00	0.0%
7. Indirect	\$35,668.00	\$0.00	\$0.00	\$0.00	\$35,668.00	0.0%
Total	\$392,346.00	\$0.00	\$0.00	\$0.00	\$392,346.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$39,234.60	\$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 _____

FOR Department USE ONLY

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

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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Washoe County Health District (WCHD) HPP Reimbursement Worksheet Month _____ HD 17249							
Personnel	Title	Description					Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.58/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
		TOTAL					
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
TOTAL EXPENDITURES							

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? ☒ YES ☐ NO
3. When does your organization's fiscal year end? June 30, 2020
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? Annually
6. When was your last audit performed? FY19 in progress
7. What time-period did your last audit cover? 7/1/18 - 6/30/19
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

Notification of Utilization of Current or Former State Employee

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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NOTICE OF SUBAWARD

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost

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to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

IV. **OBLIGATIONS OF COVERED ENTITY**

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

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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 Washoe County Health District (referred to as "Subrecipient").

Program Name	Public Health Preparedness (PHP)	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	1 U3REP190613-01-00	Subaward Number	HD 17249
Federal Amount	\$392,346.00	Contact Name	Christina Conti
Non-Federal (Match) Amount	\$39,234.60	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	\$392,346.00		
Performance Period	July 1, 2019 to June 30, 2020		

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 **\$392,346.00**
Required Match Percentage 10%
Total Required Match **\$39,234.60**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	23,651.40
2	Travel	\$	1,957.20
3	Supplies	\$	3,750.50
4	Equipment	\$	0.00
5	Contractual/Consultant	\$	5,140.30
6	Other	\$	1,168.40
7	Indirect Costs	\$	3,566.80
	Total	\$	39,234.60

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

