



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

Agency Ref, #: SG-2025-00383  
 Budget Account: 3218

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Public Health Preparedness Office of Bureau of Health Protection and Prevention Donielle Allen / DPBHPHFiscal@health.nv.gov	<b>Subrecipient's Name:</b> Northern Nevada Public Health Andrea Esp / aesp@nnph.org
<b>Address:</b> 4126 Technology Way Carson City, Nevada 89706	<b>Address:</b> 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
<b>Subaward Period:</b> 2024-07-01 through 2025-06-30	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q UEI #: GPR1NY74XPQ5

**Purpose of Award:** Funds are intended to demonstrate achievement in the Hospital Preparedness Program (HPP) domains according to the HPP cooperative agreement. SFY25 HPP BASE

**Region(s) to be served:** Y Statewide L Specific county or counties: Washoe County

**Approved Budget Categories**

1. Personnel	\$264,128.00
2. Travel	\$25,794.00
3. Operating	\$9,650.00
4. Equipment	\$80,000.00
5. Contractual/Consultant	\$26,181.00
6. Training	\$11,690.00
7. Other	\$848.00
<b>TOTAL DIRECT COSTS</b>	\$418,291.00
8. Indirect Costs	\$34,848.00
<b>TOTAL APPROVED BUDGET</b>	\$453,139.00

**Terms and Conditions:**

In accepting these grant funds, it is understood that:  
 The subrecipient shall be responsible for the timely submission of all required reports and documentation to the grant administrator. The subrecipient shall be responsible for the timely submission of all required reports and documentation to the grant administrator. The subrecipient shall be responsible for the timely submission of all required reports and documentation to the grant administrator.

**Incorporated Documents:**

- Section A: Grant Conditions and Assurances;
- Section B: Descriptions of Services, Scope of Work and Deliverables;
- Section C: Budget and Financial Reporting Requirements;
- Section D: Request for Reimbursement;
- Section E: Audit Information Request;
- Section F: Current or Former State Employee Disclaimer
- Section G: Business Associate Addendum
- Section H: Matching Funds Agreement (optional: only if matching funds are required)

Name	Signature	Date
Chad Kingsley, District Health Officer		
Janice Hadlock-Burnett, Bureau Chief		
for Cody Phinney Administrator, DPBH		

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Federal Award Computation		Match			
Total Obligated by this Action:	\$453,139.00	Match Required L Y Y N	10.00%		
Cumulative Prior Awards this Budget Period:	\$0.00	Amount Required this Action:	\$45,313.90		
Total Federal Funds Awarded to Date:	\$453,139.00	Amount Required Prior Awards:	\$0.00		
		Total Match Amount Required:	\$45,313.90		
Research and Development Y Y L N					
Federal Budget Period		Federal Project Period			
7/1/2024 through 6/30/2025		7/1/2024 through 6/30/2029			
FOR AGENCY USE ONLY					
<b>FEDERAL GRANT #:</b> 1 U3REP240774-01-00	<b>Source of Funds:</b> Nevada Public Health Preparedness Hospital Preparedness Program	<b>% Funds:</b> 100.00	<b>CFDA:</b> 93.889	<b>FAIN:</b> U3REP240774	<b>Federal Grant Award Date by Federal Agency:</b> 7/11/2024
Budget Account	Category	GL	Function	Sub-org	Job Number
3218	23	8516	N/A	N/A	9388925

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**SECTION A**

**GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an independent contractor with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as Department) shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers Compensation Insurance as the Recipient is an independent entity.
2. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - < The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
3. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be made if the termination is necessary for the Department to comply with applicable laws, regulations, or policies. All 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 employers liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 1101-117) and the Federal Water Pollution Control Act (33 U.S.C. 1361-1369) 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. 1101-117) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1361-1369). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular.  
**To acknowledge this requirement, Section E of this notice of subaward must be completed.**
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations 41 CFR 101-11.6 and 101-11.7, and the Recipient certifies that it is not on the Federal Acquisition Regulation (FAR) Excluded Parties List System (EPLS) or the Federal Acquisition Regulation (FAR) Restricted Parties List (RPLS) (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.

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11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
- < Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - < Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - < Any attempt to influence:
    - o The introduction or formulation of federal, state or local legislation; or
    - o The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - < Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - < Any attempt to influence:
    - o The introduction or formulation of federal, state or local legislation;
    - o The enactment or modification of any pending federal, state or local legislation; or
    - o The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - < Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - < Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
- < Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - < Not specifically directed at:
    - o Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - o Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - o Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

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

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**SECTION B**

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

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

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

**Scope of Work for Northern Nevada Public Health**

Primary Goal: See attached.

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. See attached.	See attached.	06/30/2025	See attached.

Goal: TRAVEL

- ~ ANACCHO Summit- Mandatory for at least one traveler to attend the summit; may be met and/or combined with travel funded from the CDC Cooperative Agreement funds
- ~ NHCP Conference- Mandatory for at least one traveler to attend the conference
- ~ State Public Health Preparedness Rural Preparedness Summit- attendance of at least one traveler is strongly recommended for all HPP recipients\*; may be combined and/or met with travel funded from the CDC Cooperative Agreement funds

**MANDATORY REPORTING**

- ~ Quarterly Progress Report must include a spend plan that includes remaining balances and spending projections for future quarters
- ~ Staffing changes, specifically vacancies must be reported and include projected salary savings as a result; include any plans or projections for redirect of salary savings

**BENCHMARKS**

The below benchmarks apply and will be monitored for HPP recipients; each can be found on page 42 within the NOFO

- ~ HPP BM 4
- ~ HPP BM 5
- ~ HPP BM 6

\*recipients= subrecipients to the Nevada ASPR Cooperative Agreement award

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Project intent and subrecipient specific benchmarks	Travel, reporting, and benchmarks	06/30/2025	Requests for reimbursement for mandatory travel; quarterly reporting to include spend plans and benchmark completion

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

# Northern Nevada Public Health (NNPH)

## ASPR Hospital Preparedness Program (HPP)

### Detailed Work Plan / Scope of Work

July 1, 2024, through June 30, 2025 (BP1)

## ASPR-HPP Requirements

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.

### CLINICAL ADVISOR

Percentage of FTE supporting the HCC: \_\_\_\_\_ 5% \_\_\_\_\_

Is this position's HCC time paid by HPP funds, in-kind or other?

\_\_\_\_\_ HPP Funds and in-kind \_\_\_\_\_

Name of Advisor's agency and position (unrelated to coalition)

Renown Health (Trauma Critical Care RN and Charge Nurse),  
Renown Health (Associate Nurse Manager of Children's Services)  
and Northern Nevada Medical Center (Assistant Chief of Nursing) \_\_

### HCC READINESS & RESPONSE COORDINATOR (RRC)

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)

\_\_\_\_ Northern Nevada Public Health, Public Health Emergency  
Response Coordinator \_\_\_\_

- Additionally, All HPP subrecipients must complete the HPP Exercise Form for all HCC-sponsored exercises.

***\*Important to note that the CAT will be sunseting after BP5 (end of FY24). ASPR will either release a new single-IT solution or will provide further guidance on future submissions...timeline TBD.***

# CAPABILITY 1: Foundation for Health Care and Medical Readiness

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Establish and Operationalize a Health Care Coalition			
<b>Recurring Statewide Objective: Each HCC will identify high-level healthcare system employees (CEOS, administrators, etc.) to include in future coalition membership, to enhance and sustain coalitions by expanding inclusion to general healthcare systems, by June 30, 2025.</b>			
Activity 1: Define Health Care Coalition Boundaries	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Review and revise, if necessary, IHCC bylaws. (Proposed HPP Capability 1: Incident Management and Coordination)	Agenda, meeting minutes	Q1/Q2
	2) Review and revise, if necessary, IHCC MOU. (Proposed HPP Capability 1: Incident Management and Coordination)	Agenda, meeting minutes	Q1/Q2
	3) As appropriate, core membership will approve all HCC plans and bylaws. (Proposed HPP Capability 1: Incident Management and Coordination)	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 1, Activity 1 (PHASE 1):</b> 1) Bylaws (as necessary) 2) IHCC MOU		
Activity 2: Identify Health Care	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

**Nevada HPP Subgrantee Scope of Work  
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Coalition members	1) HCCs will document efforts to engage additional community agencies and educational agencies to attend the coalitions, further enhancing whole-community preparedness and response to healthcare incidents. (Proposed HPP Capability 8: Community Integration)	Healthcare contact list	Q1/Q2/Q3/Q4
	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. (Proposed HPP Capability 8: Community Integration)	Sign-in sheets, meeting notes	Q1/Q2/Q3/Q4
	3) Contact healthcare facilities for updated of point-of-contact (POC) spreadsheet quarterly. (Proposed HPP Capability 8: Community Integration) <ul style="list-style-type: none"> <li>• 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</li> </ul>	Healthcare Contact List	Q1/Q2/Q3/Q4
	4) As requested, HCC will provide representation at other HCC meetings and events. (Proposed HPP Capability 8: Community Integration) <ul style="list-style-type: none"> <li>• For example, HCC meetings, PODs, trainings, and exercises</li> </ul>	Meeting notes	Q1/Q2/Q3/Q4
	5) Representation from additional functional entities is essential for the purpose of supporting acute health care service delivery. HCC will recruit and incorporate the following entities into their membership. These entities include, but are not limited to the following: (Proposed HPP Capability 8: Community Integration) <ul style="list-style-type: none"> <li>- Medical Supply Chain organizations</li> <li>- Pharmacies</li> <li>- Blood Banks</li> <li>- Clinical Labs</li> <li>- Federal Health Care Organizations</li> <li>- Outpatient Care Centers &amp; LTC</li> </ul>	Healthcare Contact List	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 1, Objective 1, Activity 2 (PHASE 1):</b>			
1) Attendance records			
2) Updated Healthcare Contact List			

**Nevada HPP Subgrantee Scope of Work  
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<p>Activity 3: Establish Health Care Coalition Governance</p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) HCC will fund (in-kind support of dedicated time or reimbursement of time) to support Clinical Advisors and HCC Readiness and Response Coordinator (RRC). (Proposed HPP Capability 7: Specialty Care)</p> <ul style="list-style-type: none"> <li>• Scope of work for Clinical Advisor will be reviewed, if necessary</li> </ul>	<p>Meeting notes &amp; Scope of Work</p>	<p>Q1/Q2</p>
	<p>2) The HCC will annually update and maintain the following information related to its governance. For example, bylaws, Preparedness Planning Guidelines (Readiness Plan) and Response Guide (Response Plan). (Proposed HPP Capability 1: Incident Management and Coordination)</p> <ul style="list-style-type: none"> <li>• IHCC membership <ul style="list-style-type: none"> <li>○ Identification of core members</li> </ul> </li> <li>• HCC led or co-led by hospitals or healthcare organizations</li> <li>• ESF # lead agency with IHCC jurisdiction</li> <li>• Member guidelines for participation</li> <li>• Appropriate policies and procedures</li> <li>• HCC integration with existing state, local, and member specific incident management structures and roles.</li> </ul>	<p>Agenda, meeting minutes</p>	<p>Q1/Q2</p>
<p><b>Output(s) for planned activities for Capability 1, Objective 1, Activity 3 (PHASE 1):</b></p> <p>1) Clinical Advisor Scope of Work</p> <p>2) Bylaws, Response Guide (Response Plan), Preparedness Planning Guidelines (Readiness Plan)</p>			
<p>Objective 2: Identify Risks and Needs</p>			
<p><b>Recurring Statewide Objective: Nevada will include at-risk populations into planning and exercise activities by June 30, 2025.</b></p>			
<p>Activity 1: Assess Hazard</p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>

**Nevada HPP Subgrantee Scope of Work  
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Vulnerabilities and Risks	1) HCCs will annually update and maintain their HVA to identify risks and impacts, including impacts specific to AFN populations, and upload into the CAT or new reporting system (TBD). (Proposed HPP Capability 5: Resources; Capability 8: Community Integration) <ul style="list-style-type: none"> <li>• Send out HVA template during first quarter</li> <li>• Collect partner HVAs during first quarter</li> <li>• Collate partner HVAs into one document during second quarter to create coalition HVA</li> <li>• Review and approve coalition HVA results during a second quarter HCC meeting</li> </ul>	Meeting notes	Q1/Q2
	2) (Joint HPP/PHEP activity) HCCS will participate in a Risk Assessment (previously known as a Jurisdictional Risk Assessment) with ESF-8 and jurisdictional emergency management partners and submit once in the five-year FY 2024-2028 period, by uploading into the CAT or new reporting system (TBD). (Proposed HPP Capability 2: Information Management; Capability 6: Operational Continuity)	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 2, Activity 1 (PHASE 1):</b> 1) HVA 2) Risk Assessment		
Activity 2: Assess Regional Health Care Resources	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	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 the site visit. (Proposed HPP Capability 1: Incident Management and Coordination)	Inventory Tracking Policy/Procedures	Q1/Q2/Q3/Q4

**Nevada HPP Subgrantee Scope of Work  
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	<p>2) Coalition members to complete the coalition resource and gap analysis, adopted and modified from ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool. (Readiness Assessment as referenced on pg. 20 of HPP NOFO.) (Proposed HPP Capability 5: Resources; Capability 7: Specialty Care)</p> <ul style="list-style-type: none"> <li>• Send out resource and gap analysis survey during first quarter</li> <li>• Analyze survey results during the second quarter</li> <li>• Conduct provider type meetings to identify goals.</li> <li>• Identify top goals by provider type for the calendar year in second quarter</li> </ul>	Agenda, meeting notes, resource and gap analysis	Q1/Q2
	<p>3) Research Supply Chain Integrity Assessment (Proposed HPP Capability 5: Resources)</p>	Notes	Q1/Q2/Q3/Q4
	<p>4) Research Workforce Assessment and link requirements to upcoming HPP Capabilities (Proposed HPP Capability 4: Workforce)</p>	Notes	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 1, Objective 2, Activity 2 (PHASE 1):</b></p> <p>1) <a href="#">Assessment template and results</a></p> <p>2) <a href="#">Coalition Goals &amp; Objectives</a></p> <p>3) <a href="#">Inventory Policy</a></p>			
<p>Activity 3: Prioritize Resource Gaps and Mitigation Strategies</p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) <a href="#">Each HCC will create a list of stockpiled supplies used in at least one healthcare system within their jurisdiction, to provide to Nevada State PHP for purchasing purposes to determine resource gaps in state stockpiling, by June 30, 2025. (Proposed HPP Capability 5: Resources)</a></p> <p style="padding-left: 40px;">a. <a href="#">IHCC will work with coalition members to identify the benefit of a list and, with permission, provide the list to State PHP.</a></p>	<p><a href="#">Inventory Tracking Spreadsheet</a></p>	<p><a href="#">Q1/Q2/Q3/Q4</a></p>

**Nevada HPP Subgrantee Scope of Work  
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	<p>2) Track HCC’s FY25 goals, objectives and activities. (Proposed HPP Capability 8: Community Integration)</p> <ul style="list-style-type: none"> <li>For example, provide status at coalition meetings.</li> </ul>	Tracking sheet, meeting notes	Q1/Q2/Q3/Q4
	<p>3) Present HCC’s FY25 accomplishments as it relates to goals, objectives, and activities. (Proposed HPP Capability 8: Community Integration)</p> <ul style="list-style-type: none"> <li>For example, presentation by HCC Chair to the District Board of Health</li> </ul>	Presentation	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 1, Objective 2, Activity 3 (PHASE 1):</b></p> <p>1) <a href="#">Goals and Objectives for FY25</a></p> <p>2) <a href="#">District Board of Health Presentation</a></p>			
<p><b>Recurring 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, 2025.</b></p>			
<p>Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs People with Disabilities, and</p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>

**Nevada HPP Subgrantee Scope of Work  
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Others with Unique Needs	1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2024, during exercises or real-world events. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 2: Information Management; Capability 8: Community Integration) <ul style="list-style-type: none"> <li>a. IHCC will obtain de-identified emPOWER at least twice a year.</li> </ul>	De-identified data	Q1/Q2/Q3
	2) 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, 2025. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 2: Information Management; Capability 8: Community Integration) <ul style="list-style-type: none"> <li>• Update HCC Preparedness Planning guidelines with whole community data.</li> <li>• For example: incorporation of empower data and research the utilization of the Agency for Toxic</li> </ul>	Meeting notes	Q1/Q2/Q3/Q4
	3) (Joint HPP/PHEP Activity) HPP and PHEP recipients should conduct inclusive risk planning throughout the project period for the whole community including children, pregnant individuals, senior citizens, individuals with access and functional needs, including people with disabilities; individuals with pre-existing conditions; and others with unique needs and vulnerabilities. (Proposed HPP Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
	4) (Joint HPP/PHEP Activity) HPP and PHEP recipients should involve each funded HCC and its members in risk planning. In addition, HPP and PHEP recipients are encouraged to involve experts in chronic conditions and maternal and child health in risk planning. (Proposed HPP Capability 7: Specialty Care; Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4

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	<p>5) As requested, work with organizations that work with at risk populations to prepare for emergencies, including exercises and updating response guidelines (Response Plan) (Proposed HPP Capability 1: Incident Management and Coordination; Capability 6: Operational Continuity; Capability 8: Community Integration)</p> <ul style="list-style-type: none"> <li>Examples: AFN training, education, exercises, emergency preparedness materials to healthcare partners.</li> </ul>	Meeting notes, Exercise AAR's	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 1, Objective 2, Activity 4 (PHASE 1):</b></p> <p>1) De-identified data sets</p> <p>2) HCC Preparedness Planning Guidelines</p>			
Activity 5: Assess and Identify Regulatory Compliance Requirements	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC, if requested, will assist with review, update, and training of the Isolation and Quarantine Plan, and Public Health/Legal Regulatory Plan. (Proposed HPP Capability 5: Resources)	Meeting notes	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 1, Objective 2, Activity 3 (PHASE 1):</b></p> <p>1) Isolation and Quarantine Plan</p>			
<b>Objective 3: Develop a Health Care Coalition Preparedness Plan</b>			
Activity 1:	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

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Develop a Health Care Coalition Preparedness Plan	<p>1) HCC will update and maintain their preparedness plan (Readiness Plan) annually and following major incidents or large-scale exercises. The plan must be approved by all its core members organizations. All the HCC’s additional member organizations should be given an opportunity to provide input into the preparedness plan (Readiness Plan), and all member organizations must receive a final copy of the plan. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration)</p> <ul style="list-style-type: none"> <li>• Gather annual HVA information from first quarter</li> <li>• Review and update guidelines during second quarter</li> <li>• Update with annual coalition resource and gap analysis information in second quarter</li> </ul>	Agendas, meeting notes	Q1/Q2
<p><b>Output(s) for planned activities for Capability 1, Objective 3, Activity 1 (PHASE 1):</b></p> <p>1) HCC Preparedness Planning Guidelines (Readiness Plan)</p>			
<p><b>PHASE 2: Train and Equip</b></p>			
<p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p>			
Activity 1: Promote Role-Appropriate National Incident Management System Implementation	<p><b>Planned activity(s)</b></p>	<p><b>Activity Documentation</b></p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) NIMS and other sponsored trainings will be offered (sign-in sheets will be maintained and made available to NV State PHP upon request) (Proposed HPP Capability 1: Incident Management and Coordination)</p>	<p>Training information, sign in sheets, certificates</p>	<p>Q1/Q2/Q3/Q4</p>

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	2) Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education and levels and need. (Proposed HPP Capability 1: Incident Management and Coordination)	Training certificates	Q1/Q2
	3) Continue to promote NIMS training opportunities to HCC and request certificates. (Proposed HPP Capability 1: Incident Management and Coordination)	Agendas, training information, certificates	Q1/Q2/Q3/Q4
	2) Assist HCC members, as requested, with incorporating NIMS components into their emergency operations plans. (Proposed HPP Capability 1: Incident Management and Coordination) For example: review of plans, trainings	Email	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 1 (PHASE 2):</b> 1) Training Certificates (if provided by individual)		
Activity 2: Education and Train on Identified Preparedness and Response Gaps	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will develop a list of planned training activities based on the FY25 goals and objectives and appropriate improvement items from after-action reports (AARs). Training activities may include but are not limited to initial education, continuing education, appropriate certifications and just-in-time training. Awareness and operational level training on all aspects of HCC functions focused on preparedness, response and recovery should be conducted. (Proposed HPP Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4

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	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 2 (PHASE 2):</b> 1) <a href="#">Goals &amp; Objectives Tracking Form</a> 2)		
<b>PHASE 3: Exercise and Respond</b>			
<b>Objective 4: Train and Prepare the Health Care and Medical Workforce</b>			
Activity 3: Plan and Conduct Coordinated Exercises with Health Care coalition Members and Other Response Organizations	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will plan and conduct an exercise based on the identified needs from AAR's, HVAs and Resource and Gap Analysis. (Proposed HPP Capability 5: Resources; Capability 7: Specialty Care)	Exercise documentation	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 3 (PHASE 3):</b> 1) <a href="#">AAR/IP</a>		
Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will follow HSEEP fundamentals for coalition sponsored exercises. (Proposed HPP Capability 1: Incident Management and Coordination)	Exercise documentation	Q1/Q2/Q3/Q4

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	2) HCC will promote individual members to follow HSEEP fundamentals for individual exercises. (Proposed HPP Capability 1: Incident Management and Coordination)	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 4 (PHASE 3):</b> 1) ExPlan 2) AAR		
Activity 5: Evaluate Exercises and Responses to Emergencies	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) AARs from previous years will be used to train staff and update plans. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) <ul style="list-style-type: none"> <li>Example: Chemical Exercise, MCI Full-Scale Exercise, Comms exercises</li> </ul>	AAR/IP Tracking Sheet	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 5 (PHASE 3):</b> 1) Updated Plans 2) Coalition Goals & Objectives		
Activity 6: Share Leading Practices and Lessons Learned	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) After action reports will be shared with HCC members, when available. (Proposed HPP Capability 8: Community Integration)	Meeting notes, email	Q1/Q2/Q3/Q4

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	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 6 (PHASE 3):</b> 2) AAR/IPs		
Objective 5: Ensure Preparedness is Sustainable			
Activity 1: Promote the Value of Health Care and Medical Readiness	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Upon receipt, HHC Readiness and Response Coordinator will distribute state coalition newsletter to the HCC. (Proposed HPP Capability 8: Community Integration)	Email	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 1 (PHASE 3):</b> 1) Newsletters		
Activity 2: Engage Health Care Executives	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will continue to promote health care executive’s engagement in debriefs related to exercises, planned events, and real incidents. (Proposed HPP Capability 8: Community Integration) <ul style="list-style-type: none"> <li>Healthcare executives from the core leadership of the coalition will be represented in no-notice exercise debrief</li> </ul>	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 2 (PHASE 3):</b> 1) AAR/IPs		
Activity 3: Engage Clinicians	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

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	1) HCC Clinical Advisor, in collaboration with the HCC Readiness and Response Coordinator, 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. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 4: Workforce; Capability 6: Operational Continuity; Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
	2) Continue to reach out and engage HCC members and other response organizations to promote HCC preparedness efforts to clinicians, community leaders, and others as deemed appropriate. (Proposed HPP Capability 8: Community Integration)	Meeting notes, emails	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 1):</b> 1) Meeting notes 2) Timesheets		
Activity 4: Engage Community Leaders	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	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. (Proposed HPP Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 4 (PHASE 1):</b> 1) AAR/IP		

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Activity 5: Promote Sustainability of Health Care Coalitions	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency 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. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 6: Operational Continuity)</p> <ul style="list-style-type: none"> <li>Review and update financial structure and funding sources, as appropriate, such as bylaws and preparedness plan</li> </ul>	Meeting notes	Q1/Q2/Q3/Q4
	<p><b>Output(s) for planned activities for Capability 1, Objective 5, Activity 5 (PHASE 3):</b></p> <p>1) Meeting notes 2) By-laws 3) Preparedness Planning Guidelines (Readiness Plan)</p>		

## CAPABILITY 2: Health Care and Medical Response Coordination

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans			
Activity 1: Develop a Health Care Organization Emergency Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) As requested, HCC will assist healthcare member organizations to develop individual EOPs (see page 26 in Capabilities document) (Proposed HPP Capability 8: Community Integration) <ul style="list-style-type: none"> <li>• Example: Provide guidance documents, resources, ASPR Tracie website</li> </ul>	Emails	Q1/Q2/Q3/Q4
	2) As requested, HCC will participate in the review, revision, and training/exercising of county response plans. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) <ul style="list-style-type: none"> <li>• HCC will participate in LEPC</li> <li>• For example: hazard mitigation, damage assessment, behavioral health and Medical Examiner plans, Family Assistance center</li> </ul>	Meeting notes	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 2, Objective 1, Activity 1 (PHASE 1):</b> 1) <a href="#">County Plans, if updated</a>			

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Activity 2: Develop a Health Care Coalition Response Plan	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) HCC Response Plan (IHCC Response Guide) describes the HCC’s operational roles that support strategic planning, situational awareness, information sharing, and resource management. (Proposed HPP Capability 2: Information Management)</p>	<p>Meeting notes</p>	<p>Q1/Q2</p>
	<p>2) Research Workforce Readiness/Resilience Plan (Proposed Capability 4: Workforce)</p>	<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>
	<p>3) Update WebEOC “REG-Ops-Healthcare Representative” Contact information within the system to ensure accurate. (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration)</p>	<p>WebEOC System Access</p>	<p>Q1/Q2/Q3/Q4</p>
<p><b>Output(s) for planned activities for Capability 2, Objective 1, Activity 2 (PHASE 1):</b>          1) Healthcare Contact List          2) Response Guide</p>			
<p>Objective 2: Utilize Information Sharing Processes and Platforms</p>			
<p><b>Recurring Statewide Objective: Nevada will exercise processes to share real-time information related to an incident, the current state of the health care delivery system, and situational awareness across the various response organizations and levels of government during exercises and real-world events throughout the budget period.</b></p>			
Activity 1: Develop Information Sharing Procedures	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) HCC will define and integrate into HCC Response Plan (IHCC Response Guide) procedures for sharing Essential Elements of Information (EIs). (Proposed HPP Capability 2: Information Management)</p>	<p>Meeting notes</p>	<p>Q1/Q2/Q3</p>

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	2) HCC in coordination with its public health agency members and HPP and PHEP recipients will develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses by June 30, 2025. (Proposed HPP Capability 2: Information Management)	Meeting notes	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 2, Objective 2, Activity 1 (PHASE 1):</b>			
1) Response Guide (Response Plan) 2) Preparedness Planning Guidelines (Readiness Plan)			
Activity 2: Identify Information Access and Data Protection Procedures	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will continue to provide training/exercising, as requested, and promote information sharing platform to provide situational awareness. (Proposed HPP Capability 2: Information Management)	Meeting notes, training materials	Q1/Q2/Q3/Q4
	2) Update WebEOC “REG-Ops-Healthcare Representative” Contact information within the system to ensure accurate. (Proposed HPP Capability 2: Information Management)	WebEOC system access	Q1/Q2/Q3/Q4
	3) Develop WebEOC data sharing agreement. (Proposed HPP Capability 2: Information Management)	Meeting notes	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 2, Objective 2, Activity 2 (PHASE 1):</b>			
1) Healthcare Contact List 2) WebEOC Data Sharing Agreement 3)			
Activity 3: Utilize	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

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Communications Systems and Platforms	1) Coalition will conduct two redundant communication drills. For example: WebEOC, 800 MHz, Code Red and Ham radio (Proposed HPP Capability 2: Information Management; Capability 6: Operational Continuity; Capability 8: Community Integration)	Exercise documents	Q1/Q2/Q3/Q4
	2) Keep communication system or app updated for redundant communications, based on updated Point of Contact quarterly information. (Proposed HPP Capability 2: Information Management; Capability 6: Operational Continuity; Capability 8: Community Integration)	Contact spreadsheet	Q1/Q2/Q3/Q4
	3) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net. (Proposed HPP Capability 2: Information Management)	Net Control Log	Q1/Q2/Q3/Q4
	5) As appropriate, HCC will continue to share pertinent emergency information with HCC members, the ESF-8 lead agency and other stakeholders. (Proposed HPP Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 2, Objective 2, Activity 3 (PHASE 1):</b> 1) Healthcare Contact List 2) AAR/IPs 3) 800 MHz and Ham Stats Log		
<b>PHASE 2: Train and Equip</b>			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Activity 4: Communicate with the Public During an Emergency	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Verify Emergency Communication and Public Information Plan. (Proposed HPP Capability 2: Information Management)	Meeting notes	Q1/Q2

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	<b>Output(s) for planned activities for Capability 2, Objective 3, Activity 4 (PHASE 2):</b> 1) Meeting notes		
<b>PHASE 3: Exercise and Respond</b>			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Activity 1: Identify and Coordinate Resource Needs during an Emergency	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will continue to train its members on WebEOC, as one of the information sharing platforms. (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration)	Meeting notes, sign in sheets	Q1/Q2/Q3/Q4
	2) Continue to train and exercise on the Healthcare Operating Status Form. (Proposed HPP Capability 2: Information Management, Capability 8: Community Integration) <ul style="list-style-type: none"> <li>Examples include: redundant communications, WebEOC training, exercises</li> </ul>	Training	Q1/Q2/Q3/Q4
	3) Continue to ensure multiple HCC members, as deemed appropriate, understand and have access to the coalition’s information sharing systems/platforms. (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration)	User information to platforms	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 2, Objective 3, Activity 1 (PHASE 3):</b> 1) Healthcare Contact List 2) Sign in sheets		
Activity 2: Coordinate	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

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Incident Action Planning During an Emergency	<p>1) HCC will review the Communications Plan within the Response Guide (Response Plan) and update, if necessary. (NOFO pg. 27) (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration)</p>	Meeting notes	Q1/Q/Q3
<p><b>Output(s) for planned activities for Capability 2, Objective 3, Activity 2 (PHASE 3):</b></p> <p>1) <a href="#">Response Guide (Response Plan)</a></p>			

# CAPABILITY 3: Continuity of Health Care Service Delivery

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Identify Essential Functions for Health Care Delivery			
Objective 2: Plan for Continuity of Operations			
Activity 1: Develop a Health Care Organization Continuity of Operations Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) If requested, the HCC will provide technical assistance on continuity of operations planning. (Proposed HPP Capability 6: Operational Continuity)	Meeting notes/plans (if appropriate)	Q1/Q2/Q3
<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 1 (PHASE 1):</b> 1) <a href="#">Response Guide (Response Plan)</a> 2) <a href="#">Preparedness Planning Guidelines (Readiness Plan)</a>			
Activity 2: Develop a Health Care Coalition Continuity of Operations Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

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	<p>1) HCC will update the HCC continuity of operations (COOP) plan within the Response plan, if necessary. It needs to continue to include: (Proposed HPP Capability 6: Operational Continuity)</p> <ul style="list-style-type: none"> <li>a. Activation and response functions</li> <li>b. Multiple points of contact for each HCC member</li> <li>c. Orders of succession and delegations of authority for leadership continuity</li> <li>d. Immediate actions and assessments to be performed in case of disruptions</li> <li>e. Safety assessment and resource inventory to determine ongoing HCC operations</li> <li>f. Redundant, replacement, or supplemental resources, including communications systems</li> <li>g. Strategies and priorities for addressing disruptions to mission critical systems such as electricity, water, and medical gases.</li> </ul> <p>List of essential records and forms, including locations of electronic and hard copies of each.</p>	Meeting notes, to include identified potential updates	Q1/Q2/Q3
<p><b>Output(s) for planned activities for Capability 3, Objective 2, Activity 2 (PHASE 1):</b>  1) <a href="#">Response Guide (Response Plan)</a></p>			
Activity 3: Continue Administrative and Finance Functions	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC Finance Subcommittee will meet as needed to review administrative and finance functions. (Proposed HPP Capability 6: Operational Continuity)	Meeting notes, agendas	Q1/Q2/Q3/Q4

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	2) Review and revise, if necessary, IHCC bylaws. (Proposed HPP Capability 1: Incident Management and Coordination)	Meeting notes, agendas	Q1/Q2
<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 3 (PHASE 1):</b>			
1) <a href="#">Finance Subcommittee Meeting Notes &amp; Agendas</a>			
Activity 4: Plan for Health Care Organization Sheltering-in-Place	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) If requested, the HCC will provide technical assistance on continuity of operations planning. (Proposed HPP Capability 6: Operational Continuity)	Emails	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 4 (PHASE 1):</b>			
1) <a href="#">Emails</a>			
<b>Objective 3: Maintain Access to Non-Personnel Resources during an Emergency</b>			
Activity 1: Assess Supply Chain Integrity	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Research Supply Chain Integrity Assessment (Proposed HPP Capability 1: Incident Management and Coordination; Capability 5: Resources)	Notes	Q1/Q2/Q3/Q4

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	<p><b>Output(s) for planned activities for Capability 3, Objective 2, Activity 4 (PHASE 1):</b>  1) Research</p>		
<p>Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements</p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) All HPP recipients, HCCs or HCC members purchasing pharmaceuticals and other medical material or supplies (e.g., PPE) with HPP funds must document the following: (Proposed HPP Capability 5: Resources)</p> <ul style="list-style-type: none"> <li>• Strategies for acquisition, storage, rotation with day-to-day supplies, and use</li> <li>• Inventory Management Program Protocols for all cached material</li> <li>• Policies relating to the activation and deployment of their stockpile</li> <li>• Policies relating to the disposal of expired materials</li> </ul>	<p>Meeting minutes</p>	<p>Q1/Q2/Q3/Q4</p>
	<p>2) Review and revise (if necessary) the inventory tracking policy. (Proposed HPP Capability 5: Resources)</p>	<p>Meeting minutes</p>	<p>Q1/Q2/Q3/Q4</p>
	<p>3) Review and revise, if necessary, the policy related to the activation and deployment of any stockpile (Pharmaceuticals, PPE, supplies) and a policy relating to the disposal of expired materials (Proposed HPP Capability 5: Resources)</p>	<p>Policy or SOP</p>	<p>Q1/Q2/Q3/Q4</p>
	<p><b>Output(s) for planned activities for Capability 3, Objective 3, Activity 2 (PHASE 1):</b>  1) Inventory Tracking Policy  2) Supply/Storage Tracking SOP</p>		

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<b>PHASE 2 Train and Equip</b>			
Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks			
Objective 5: Protect Responders’ Safety and Health			
<b>Activity 1: Distribute Resources Required to Protect Health Care Workforce</b>	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 6: Operational Continuity) <ul style="list-style-type: none"> <li>Review and revise Mutual Aid Evacuation Agreement based on guidance pertaining to the Patient Movement Plan (See NOFO pg. 30)</li> </ul>	Meeting notes	Q1/Q2/Q3/Q4
	2) Coalition members to complete cybersecurity assessment. (Proposed HPP Capability 6: Operational Continuity) <ul style="list-style-type: none"> <li>Develop cybersecurity assessment during first quarter</li> <li>Send out cybersecurity assessment during second quarter</li> <li>Analyze assessment results during the third quarter</li> </ul>	Meeting notes	Q1/Q2/Q3
	3) Coalition members to completed extended downtime health care delivery impact assessment. (Proposed HPP Capability 6: Operational Continuity) <ul style="list-style-type: none"> <li>Develop assessment during first quarter</li> <li>Send out assessment during second quarter</li> <li>Analyze assessment results during the third quarter</li> </ul>	Meeting notes	Q1/Q2/Q3
<b>Output(s) for planned activities for Capability 3, Objective 5, Activity 1 (PHASE 1):</b> 1) Preparedness Plan 2) Cybersecurity assessment 3) Downtime Health Care Delivery Impact Assessment			

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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. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 6: Operational Continuity)	Meeting notes	Q1/Q2/Q3
	2) 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. (Proposed HPP Capability 5: Resources)	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 3, Objective 5, Activity 2 (PHASE 1):</b> 1) Training sign in forms, if applicable 2) Yearly goals & activity sheet		
Activity 3: Develop Health Care Worker Resilience	1) HCC will disseminate health care worker resilience information and resources with coalition partners. (Proposed HPP Capability 4: Workforce; Capability 8: Community Integration)	Emails	Q1/Q2/Q3/Q4
	2) HCC will provide technical assistance, if requested. (Proposed HPP Capability 4: Workforce)	Meeting notes	Q1/Q2/Q3/Q4

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	<b>Output(s) for planned activities for Capability 3, Objective 5, Activity 3 (PHASE 1):</b> 1) Meeting notes		
Objective 6: Plan for Health Care Evacuation and Relocation			
Activity 1: Develop and Implement Evacuation and Relocation Plans	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 6: Operational Continuity) <ul style="list-style-type: none"> <li>Review and revise Mutual Aid Evacuation Agreement based on guidance pertaining to the Patient Movement Plan (See NOFO pg. 30)</li> </ul>	Meeting notes	Q1/Q2/Q3/Q4
	2) 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. (Proposed HPP Capability 5: Resources)	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 1):</b> 1) Training materials		
Objective 7: Coordinate Health Care Delivery System Recovery			

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Activity 1: Plan for Health Care Delivery System Recovery	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) HCC will participate in state and local pre-emergency recovery planning activities as appropriate. (Proposed HPP Capability 8: Community Integration)</p>	<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>
	<p>2) Research Workforce Assessment and link requirements to upcoming HPP Capabilities. (Proposed HPP Capability 4: Workforce)</p>	<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>
	<p>3) If requested, the HCC will provide technical assistance on continuity of operations planning. (Proposed HPP Capability 6: Operational Continuity)</p>	<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>
	<p><b>Output(s) for planned activities for Capability 3, Objective 7, Activity 1 (PHASE 1):</b>  1) <a href="#">Research on workforce assessment</a></p>		
Activity 2: Assess Health Care Delivery System Recovery after an Emergency	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) If requested, HCC will provide technical assistance on data collection and analysis to identify priorities in the constitution and delivery of community health care services at the onset of an emergency. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration)</p>	<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>

**Nevada HPP Subgrantee Scope of Work  
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	<p>2) HCC will update response plans with lessons learned from emergencies as appropriate. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 6: Operational Continuity; Capability 8: Community Integration)</p>	Meeting notes	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 3, Objective 7, Activity 2 (PHASE 1):</b> 1) <a href="#">Response plans</a></p>			
Activity 3: Facilitate Recovery Assistance and Implementation	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) If requested, HCC will facilitate recovery assistance and implementation with coalition partners. (Proposed HPP Capability 1: Incident Management and Coordination)</p>	Meeting notes	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 3, Objective 7, Activity 3 (PHASE 1):</b> 1) <a href="#">Response Guide (Response Plan)</a></p>			

## CAPABILITY 4: Medical Surge

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Plan for a Medical Surge			
<b>Recurring Statewide Objective: Annually, volunteers will be invited to participate in training and exercise opportunities sponsored by HCCs, LHAs and the Nevada State PHP Program.</b>			
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. (Proposed HPP Capability 8: Community Integration)	Meeting notes/emails	Q1/Q2/Q3/Q4
	2) Incorporate MRC process into Response Plan (IHCC Response Guide) to ensure that health care-centric roles during acute care medical surge response can be filled. MRC duties that can be funded by HPP include, Triage support staff, ED staff, Medical Shelter clinical staff and field hospital clinical staff. (Proposed HPP Capability 8: Community Integration)	Response plan	Q1/Q2

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	<p>3) Ensure that Acute care hospitals participate in National Disaster Management System (NDMS) and enter into formal agreements with NDMS. This is intended to improve HCC’s surge capacity and enhance hospital preparedness in a response to a medical surge event. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 4: Workforce)</p>	NDMS Agreements	Q1/Q2/Q3/Q4
	<p>4) NDMS receiving facilities should be ready to receive and treat patients during an NDMS activation. HCC’s can invest HPP resources in the following areas: Patient reception planning, NDMS exercises and decontamination resources, PPE and CBRN monitoring devices. (Proposed HPP Capability 4: Workforce)</p>	Emails	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 4, Objective 1, Activity 1 (PHASE 1):</b>  1) <a href="#">Response Guide (Response Plan)</a>  2) <a href="#">NDMS Agreements</a></p>			
<p><a href="#">Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan</a></p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>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. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 5: Resources)</p>	Meeting notes	Q1/Q2/Q3/Q4
	<p>2) Review and revise Mass-Casualty Incident (MCI) Plan to incorporate requirements of the Medical Surge Support Plan (See NOFO pg. 81) (Proposed HPP Capability 4: Workforce; Capability 5: Resources)</p>	Meeting notes	Q1/Q2/Q3/Q4
	<p><b>Output(s) for planned activities for Capability 4, Objective 1, Activity 2 (PHASE 1):</b>  1) <a href="#">MCI Plan</a></p>		

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Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (Proposed HPP Capability 1: Incident Management and Coordination)	Meeting notes	Q1/Q2
	2) HCC will review & revise the medical surge support plan (i.e. MCIP) to meet the grant requirements and annexes; upload into the CAT or new reporting system (TBD). (See NOFO pg. 81) (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1) – Statewide Objective 1:</b>			
1) Response Guide (Response Plan) 2) 3)			
<b>PHASE 3: Exercise and Respond</b>			
Objective 1: Plan for a Medical Surge			
Activity 1: Incorporate Medical Surge into a Health Care Coalition Response Plan	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) If requested, HCC will assist in any plan updates that public health, Washoe County or PHEP program make. Specifically processes to reunify families, reunification considerations for children and family notification and initiation of reunification process. (Proposed HPP Capability 8: Community Integration)	Meeting sign in sheets	Q1/Q2/Q3/Q4

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	<p>2) HCC will review &amp; revise the medical surge support plan and CBRNE (i.e. MCIP) to meet the grant requirements and annexes; upload into the CAT or new reporting system (TBD). (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration)</p>	Meeting notes	Q1/Q2/Q3/Q4
	<p>3) In coordination with the PHEP program and regional partners across state lines conduct concept of operations meeting, initial planning meeting and create exercise documentation for chemical exercise, as requested. (Proposed HPP Capability 8: Community Integration)</p>	Situational Manual/Sign-in sheets/agendas	Q1/Q2/Q3/Q4
	<p>4) Assist with the development of the AAR-IP, as requested. (Proposed HPP Capability 8: Community Integration)</p>	AAR-IP	Q1/Q2/Q3/Q4
	<p>5) HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (Proposed HPP Capability 8: Community Integration)</p>	Meeting notes	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3):</b>          1) Response Guide (Response Plan) /Preparedness Plan (Readiness Plan)          2) AAR/IP</p>			
<p><b>Objective 2: Respond to a Medical Surge</b></p>			
<p>Activity 1: Implement Emergency Department and Inpatient Medical Surge Response</p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>

**Nevada HPP Subgrantee Scope of Work  
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	1) (Joint HPP/PHEP Activity) HPP and PHEP recipients should coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction’s response to incidents. HPP recipients and HCC should incorporate the use of volunteers to support acute care medical surge response training, drills, and exercises throughout the five-year project period. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
	2) HCC will establish a relationship with their regional transfer center and work towards identifying trigger points for patient movement, supporting specialty care within the healthcare system. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution)	Meeting notes	Q1/Q2/Q3/Q4
	3) Within two weeks of exercise, committee will pull HCC acute care census for planning purposes. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration)	Emails	Q1/Q2/Q3
	4) Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise. (Proposed HPP Capability 8: Community Integration)	MRSE tool	Q1/Q2/Q3
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3):</b> 1) AAR/IP 2) MRSE Tool		
Activity 3: Develop an Alternate Care System	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

**Nevada HPP Subgrantee Scope of Work  
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	<p>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. (Proposed HPP Capability 4: Workforce; Capability 8: Community Integration)</p>	Meeting notes	Q1/Q2/Q3/Q4
	<p>2) Review and revise the alternate care site plan. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 5: Resources; Capability 8: Community Integration)</p>	Meeting notes	Q1/Q2/Q3/Q4
	<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 3):</b></p> <p>1) Meeting notes discussing public health, medical and mental health needs of those impacted by an incident at congregate locations, if appropriate</p>		
<p>Activity 4: Provide Pediatric Care during a Medical Surge Response</p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
	<p>1) Update MCI plan with partners and verify burn, pediatrics, CBRNE, etc. do not need to be updated. include pediatric items as needed. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration)</p>	Meeting notes	Q1/Q2/Q3

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	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 4 (PHASE 3):</b> 1) MCI Plan		
Activity 5: Provide Surge Management during a Chemical or Radiation Emergency Event	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will determine the need and feasibility to exercise their Chemical Surge Annex (i.e. CBRNE and MCIP); upload in CAT or new system. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
	2) HCC will determine the need and feasibility to exercise their Radiation Surge Annex (i.e. CBRNE and MCIP); upload in CAT or new system. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 5 (PHASE 3):</b> 1) MCI Plan		
Activity 6: Provide Burn Care during a Medical Surge Response	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Review and revise burn annex in MCIP as appropriate. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4

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	2) Educational materials that are received by HCC regarding Burn Care during a medical surge response, will be pushed out to partners for their education. (Proposed HPP Capability 8: Community Integration)	Emails	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 6 (PHASE 3):</b>			
1) MCIP			
Activity 7: Provide Trauma Care during a Medical Surge Response	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Educational materials that are received by HCC regarding Trauma Care during a medical surge response, will be pushed out to partners for their education. (Proposed HPP Capability 8: Community Integration)	Emails	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 7 (PHASE 3):</b>			
1) emails			
Activity 8: Respond to Behavioral Health Needs during a Medical Surge	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) HCC will share Behavioral Health training opportunities for healthcare partners during a medical Surge Response if one becomes available. (Proposed HPP Capability 8: Community Integration)	Emails	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 8 (PHASE 3):</b>			
1) Training sign in sheets (if applicable)			
Activity 9: Enhance Infectious Disease Preparedness and Surge Response	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) When appropriate 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. (Proposed HPP Capability 8: Community Integration)	Email	Q1/Q2/Q3/Q4

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	<p>2) HCC will determine the need and feasibility to exercise the Infectious Disease Preparedness and Surge Response Annex (i.e. Response Guide); upload in CAT or new system. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration)</p>	Meeting notes	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 9 (PHASE 3):</b> 1) <a href="#">Response Guide (Response Plan)</a></p>			
<p>Activity 10: Distribute Medical Countermeasures during Medical Surge Response</p>	<p align="center"><b>Planned activity(s)</b></p>	<p align="center"><b>Activity Documentation</b></p>	<p align="center"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>
<p>1) (Joint HPP/PHEP activity) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands for distributing medical countermeasures: (Proposed HPP Capability 1: Incident Management and Coordination; Capability 5: Resources)</p> <ul style="list-style-type: none"> <li>• Establish a medical common operating picture</li> <li>• Develop or update plans accordingly</li> <li>• Establish key indicators in EEIs</li> <li>• Provide real-time information sharing</li> <li>• Coordinate public messaging</li> </ul>			
Emails			
Q1/Q2/Q3/Q4			
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 10 (PHASE 3):</b> 1) <a href="#">Emails</a></p>			

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Activity 11: Manage Mass Fatalities	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) As requested, update with regional partners, the Mass Fatality Plans. (Proposed HPP Capability 5: Resources)	Meeting notes	Q1/Q2/Q3/Q4
	2) As requested, update with regional partners, the Family Assistance Center Plan. (Proposed HPP Capability 5: Resources; Capability 8: Community Integration)	Meeting notes	Q1/Q2/Q3/Q4
<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 11 (PHASE 3):</b></p> <p>1) <a href="#">Mass Fatality Plan</a></p> <p>2) <a href="#">Family Assistance Center Plan</a></p>			

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

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to:  
 This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant # 1  
 U3REP240774-01-00 from Nevada Public Health Preparedness Hospital Preparedness Program . Its contents are solely the responsibility of the  
 authors and do not necessarily represent the official views of the Department nor Nevada Public Health Preparedness Hospital Preparedness  
 Program .

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1  
 U3REP240774-01-00 from Nevada Public Health Preparedness Hospital Preparedness Program .

Subrecipient agrees to adhere to the following budget:

<b>Total Personnel Costs</b> including fringe							<b>Total:</b>	\$264,128.00
<u>Employee</u>	<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>Subject to Indirect? Fringe Salary</u>	
Nancy Diao Division Director	\$197,750.00	41.00%	15.00%	12.00	100.00%	\$41,824.13	L L	
Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of Northern Nevada Public Health (NNPH); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes health care 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 technical support in the designing of functional processes for emergency response and reporting.								
Andrea Esp Preparedness and EMS Program Manager	\$141,772.50	47.00%	16.00%	12.00	100.00%	\$33,344.89	L L	
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 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, NNPH 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 NNPH being the fiduciary agent for the healthcare coalition, the Program Manager is the first approval within the financial structure.								
Jordyn Marchi Public Health Emergency Response Coordinator	\$93,160.40	47.00%	95.00%	12.00	100.00%	\$130,098.50	L L	
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 NNPH and local healthcare system and emergency response professionals; through the coalition, develops and strengthens partnerships with hospitals, healthcare organizations, community groups, emergency response personnel, medical examiners office, and healthcare organizations; through the coalition, collaborates 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.								
Kelsey Zaski Office Specialist	\$73,195.40	54.00%	50.00%	12.00	100.00%	\$56,360.46	L L	
Office Specialist (OS): Works to support the healthcare coalition through documenting and achieving the identified grant initiatives and annual goals. Provides information or resolves problems with require 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 all related documentation and records.								
Overtime	\$2,500.00	0.00%	100.00%	12.00	100.00%	\$2,500.00	L L	
Overtime in support of after hours exercises and trainings and COVID-19/EID response. PHP often plans/coordinates cross divisional exercises with personnel funded by different sources. For instance, a radiological exercise would utilize Environmental Health Services personnel as subject matter experts. Grant funded and non-grant funded staff may be compensated for cross-divisional exercises focused on healthcare response.								

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

<b>In-State Travel</b>	<b>Total:</b>					<b>\$1,247.00</b>
<b>Destination of Trip:</b> Nevada Emergency Preparedness Association (NEPA) Preparedness Summit (Reno, NV)						
	Cost	# of Trips	# of Days	# of Staff	Total	
Cost of travel (airfare, rail, bus, or car) for staff	\$0.00	0		0	0	\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00	0		0	0	\$0.00
Cost of meals (hotel breakfast, lunch, dinner) for staff	\$0.00	0		0	0	\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00	0		0	0	\$0.00
Cost of parking (airport, train, bus, or car) for staff	\$0.00	0		0	0	\$0.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00	0		0	0	\$0.00
Cost of other transportation (rental car, taxi, etc.) for staff	\$200.00	5		2	1	\$200.00
2 coalition members or 1 coalition member and PHERC to share research and best practices, network, and collaborate on ways to move healthcare preparedness forward. Venue tbd; parking expenses projected based on average hotel parking in Reno.						\$200.00

<b>Destination of Trip:</b> Partner Meetings - Las Vegas						
	Cost	# of Trips	# of Days	# of Staff	Total	
Cost of travel (airfare, rail, bus, or car) for staff	\$315.00	1		0	1	\$315.00
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00	0		0	0	\$0.00
Cost of meals (hotel breakfast, lunch, dinner) for staff	\$86.00	1		1	1	\$86.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00	0		0	0	\$0.00
Cost of parking (airport, train, bus, or car) for staff	\$0.00	0		0	0	\$0.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00	0		0	0	\$0.00
Cost of other transportation (rental car, taxi, etc.) for staff	\$0.00	0		0	0	\$0.00
Meetings with coalition partners throughout the state (Las Vegas day trips).						\$401.00

<b>Destination of Trip:</b> Partner meetings - local						
	Cost	# of Trips	# of Days	# of Staff	Total	
Cost of travel (airfare, rail, bus, or car) for staff	\$0.00	0		0	0	\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00	0		0	0	\$0.00
Cost of meals (hotel breakfast, lunch, dinner) for staff	\$0.00	0		0	0	\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00	0		0	0	\$0.00
Cost of parking (airport, train, bus, or car) for staff	\$0.00	0		0	0	\$0.00

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Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.67	482	0	2	\$646.00
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Routine local trips to healthcare facilities. Mileage calculated at \$0.67 per mile x 48.2 miles x 10 trips = \$646.					\$646.00

<b>Out of State Travel</b>					<b>Total:</b>	<b>\$24,547.00</b>
<b>Destination of Trip:</b> Association of Healthcare Emergency Preparedness Professionals (AHEPP), Orlando, FL						
	Cost	# of Trips	# of Days	# of Staff	Total	
Úæ\ q * kÁÁ Á; Áæ ÁÁÁ Áq • ÁÁÁ Áæ • ÁÁÁ of trips x # of staff	\$600.00	1		3	\$1,800.00	
Baggage fee: \$ amount per person x # of trips x # of staff	\$100.00	1		3	\$300.00	
Úæ\ q * kÁÁ Á; Áæ ÁÁÁ Áq • ÁÁÁ Áæ • ÁÁÁ of trips x # of staff	\$80.00	1	3	3	\$720.00	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$235.00	1	3	3	\$2,115.00	
Ö; [ ~ ] áÁ; á • [ ] kÁÁ Á; Áæ ÁÁÁ Áq • ÁÁÁ of staff	\$40.00	1	3	3	\$240.00	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00	0		0	\$0.00	
Úæ\ q * kÁÁ Á; Áæ ÁÁÁ Áq • ÁÁÁ Áæ • ÁÁÁ of staff	\$14.00	1	3	3	\$126.00	
Coalition members to share research and best practices, network, and collaborate on ways to move healthcare preparedness forward. Date of conference TBD. Lodging GSA rate of location is \$170 + estimated \$80 for taxes/fees = \$250 lodging. Travel will not be reimbursed above the current GSA rate of location.					\$5,301.00	

<b>Destination of Trip:</b> Preparedness Summit, San Antonio, TX						
	Cost	# of Trips	# of Days	# of Staff	Total	
Úæ\ q * kÁÁ Á; Áæ ÁÁÁ Áq • ÁÁÁ Áæ • ÁÁÁ of trips x # of staff	\$600.00	1		4	\$2,400.00	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00	0		0	\$0.00	
Úæ\ q * kÁÁ Á; Áæ ÁÁÁ Áq • ÁÁÁ Áæ • ÁÁÁ of trips x # of staff	\$74.00	1	4	4	\$1,184.00	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$233.05	1	3	4	\$2,797.00	
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Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00	0		0	\$0.00	
Úæ\ q * kÁÁ Á; Áæ ÁÁÁ Áq • ÁÁÁ Áæ • ÁÁÁ of staff	\$14.00	1	4	4	\$224.00	
NNPH PHERC and 2 Coalition members will gain knowledge to assist in protecting the health of the Washoe County community in the event of a public health emergency. Date of travel is TBD. GSA rate for lodging in location is \$143 + estimated \$155 for taxes/fees. Travel will not be reimbursed above the current GSA rate for location.					\$7,005.00	

<b>Destination of Trip:</b> Joint Commission Conference Unknown City, State						
	Cost	# of Trips	# of Days	# of Staff	Total	

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Cost of travel: \$ amount per person x # of trips x # of staff	\$600.00	1		3	\$1,800.00
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00	0		0	\$0.00
Per diem: \$ amount per person x # of days x # of staff	\$74.00	1	4	3	\$888.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$290.00	1	3	3	\$2,610.00
Out-of-pocket: \$ amount per person x # of staff	\$50.00	1	3	3	\$300.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00	0		0	\$0.00
Per diem: \$ amount per person x # of days x # of staff	\$14.00	1	4	3	\$168.00
NNPH PHERC or 1 Coalition member will gain knowledge to assist in protecting the health of the Washoe County community in the event of a public health emergency. Dates and location of travel TBD, Atlanta, GA used as placeholder. GSA rate for lodging is \$199 + estimated fees/taxes \$91 = \$290 lodging. Travel will not be reimbursed above the current GSA rate for location of travel.					\$5,766.00

Destination of Trip: National Healthcare Coalition Preparedness Conference (NHCCP); Orlando, FL (Dec 10-12, 2024)					
	Cost	# of Trips	# of Days	# of Staff	Total
Cost of travel: \$ amount per person x # of trips x # of staff	\$600.00	1		4	\$2,400.00
Baggage fee: \$ amount per person x # of trips x # of staff	\$50.00	1		4	\$200.00
Per diem: \$ amount per person x # of days x # of staff	\$80.00	1	3	4	\$960.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$202.25	1	3	4	\$2,427.00
Out-of-pocket: \$ amount per person x # of staff	\$40.00	1	3	4	\$320.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00	0		0	\$0.00
Per diem: \$ amount per person x # of days x # of staff	\$14.00	1	3	4	\$168.00
4 coalition members or 3 coalition members and PHERC will attend the Coalition Preparedness Conference to learn about healthcare preparedness planning and methods to involve and engage other healthcare and non-traditional partner facilities in planning efforts. GSA lodging rate for area \$140 + estimated \$62 fees/taxes = \$202 for lodging. Travel will not be reimbursed above current GSA rate for location.					\$6,475.00

Operating					Total:	\$9,650.00
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?	
Office Supplies	\$20.83	1.0	12.0	\$250.00	L	
General office supplies						
Light refreshments/beverages	\$3,000.00	1.0	1.0	\$3,000.00	L	
Refreshments will support SOW trainings and exercises.						
Operating Supplies	\$533.30	1.0	12.0	\$6,400.00	L	

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Supplies to support the operations of the program to achieve grant deliverables, including medical surge (i.e. alpha kits, handheld radios, medical supply bags, bleeding control kits, wheeled stretchers, etc.)

<b>Equipment</b>					<b>Total:</b>	<b>\$80,000.00</b>
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?	
Lucas Device	\$16,000.00	5	1	\$80,000.00	Y	
Mechanical CPR devices (Lucas 3) for use in medical surge and/or MCI response. These devices are life saving pieces of equipment that have a lifetime of several years.						

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<b>Contractual/Contractual and all Pass-thru Subawards</b>				<b>Total:</b>	\$26,181.00
<u>Name of Contractor/Subrecipient:</u> HCC Approved Clinical Advisor					
<u>Method of Selection:</u> Sole Source					
<u>Period of Performance:</u> 7/1/2024 - 6/30/2025					
<u>Scope of Work:</u> Clinical Advisor position(s), sole source with the sponsoring healthcare facility(ies).					
<u>*Sole Source Justification:</u> Clinical Advisor is a required position within the grant, the applicant's sponsoring hospital would be the appropriate contractor for services.					
<u>Budget</u>					
Personnel	\$10,000.00				
<u>Method of Accountability:</u> The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.					<b>Total:</b> \$10,000.00

<u>Name of Contractor/Subrecipient:</u> TBD					
<u>Method of Selection:</u> Sole Source					
<u>Period of Performance:</u> 7/1/2024 - 6/30/2025					
<u>Scope of Work:</u> Medical Surge supplies rotation assistance					
<u>*Sole Source Justification:</u> Rotation of medical surge supplies requires an organization with logistical expertise and utilization of the supplies needing to be rotated.					
<u>Budget</u>					
Personnel	\$10,000.00				
<u>Method of Accountability:</u> The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.					<b>Total:</b> \$10,000.00

<u>Name of Contractor/Subrecipient:</u> TBD					
<u>Method of Selection:</u> Competitive Bid					
<u>Period of Performance:</u> 7/1/2024 - 6/30/2025					
<u>Scope of Work:</u> Exercise transportation assistance					
<u>Budget</u>					
Personnel	\$6,181.00				
<u>Method of Accountability:</u> The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.					<b>Total:</b> \$6,181.00

<b>Training</b>					<b>Total:</b>	\$11,690.00
	Amount	# of FTE or Units	# of Months or Occurrences		Cost	
AHEPP Registration	\$700.00	3	1		\$2,100.00	
Coalition members to share research and best practices, network, and collaborate on ways to move healthcare preparedness forward.						
NEPA Registration	\$150.00	5	1		\$750.00	
Up to 5 coalition members or coalition members and PHERC to share research and best practices, network, and collaborate on ways to move healthcare preparedness forward.						

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NHCPC Registration	\$700.00	4	1	\$2,800.00
4 coalition members or 3 coalition members and PHERC will attend the Coalition Preparedness Conference to learn about healthcare preparedness planning and methods to involve and engage other healthcare and non-traditional partner facilities in planning efforts.				
Preparedness Summit Registration	\$835.00	4	1	\$3,340.00
Up to 4 including NNPH PHERC and 2 Coalition members will gain knowledge to assist in protecting the health of the Washoe County community in the event of a public health emergency.				
Joint Commission Registration	\$900.00	3	1	\$2,700.00
NNPH PHERC or 1 Coalition member will gain knowledge to assist in protecting the health of the Washoe County community in the event of a public health emergency.				

<b>Other</b>	<b>Total:</b>	<b>\$848.00</b>
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Expenditure	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect
Copier/Printer Lease	\$29.33	1	12	\$352.00	L
Justification: Copies are made for a variety of programmatic documents/needs.					
Other	\$12.50	1	12	\$150.00	L
Justification: Replacement of office items is estimated based on potential anticipated needs of staff and prior years/historical actuals.					
Postage	\$1.00	1	12	\$12.00	L
Justification: Program postage charges.					
Conference Calls	\$13.90	1	12	\$167.00	L
Justification: Estimated based on potential anticipated needs of staff/community partners.					
Long Distance	\$13.90	1	12	\$167.00	L
Justification: Long distance calls are estimated based on potential anticipated needs of staff/community partners.					

<b>TOTAL DIRECT CHARGES</b>	<b>\$418,291.00</b>
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<b>Indirect Charges</b>	Indirect Rate:	10.3%	<b>\$34,848.00</b>
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Indirect Methodology: Indirect rate is calculated on the total costs minus equipment.

<b>TOTAL BUDGET</b>	<b>\$453,139</b>
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Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

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

<b>FUNDING SOURCES</b>	Public Health Preparedness	Other Funding	Program Income	TOTAL					
SECURED									
ENTER TOTAL REQUEST	\$453,139.00								\$453,139.00

**EXPENSE CATEGORY**

Personnel	\$264,128.00								\$264,128.00	
Travel	\$25,794.00								\$25,794.00	
Operating	\$9,650.00								\$9,650.00	
Equipment	\$80,000.00								\$80,000.00	
Contractual/Consultant	\$26,181.00								\$26,181.00	
Training	\$11,690.00								\$11,690.00	
Other Expenses	\$848.00								\$848.00	
Indirect	\$34,848.00								\$34,848.00	
TOTAL EXPENSE	\$453,139.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$453,139.00	
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	
Total Indirect Cost	\$34,848.00	Total Agency Budget							\$453,139.00	
									Percent of Subrecipient Budget	100.00%

**B. Explain any items noted as pending:**

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**C. Program Income Calculation:**

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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.**

the program upon termination of this agreement.

The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

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

**The Subrecipient agrees:**

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

Total reimbursement through this subaward will not exceed \$453,139.00;

Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;

Indicate what additional supporting documentation is needed in order to request reimbursement;

A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

Any work performed after the BUDGET PERIOD will not be reimbursed. If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement. If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.; and

Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

Any work performed after the BUDGET PERIOD will not be reimbursed.

If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.

If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:

Providing technical assistance, upon request from the Subrecipient;

Providing prior approval of reports or documents to be developed;

Forwarding a report to another party, i.e. CDC.

The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.

The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Status Reports and Request for Funds must be submitted by the 20th of each month in accordance with the guidelines and all forms prescribed by the program for invoicing purposes, unless specific exceptions are provided in writing by the awarding program manager.

All subgrantees are expected to fulfill grant obligations and spend down all awarded funding within the subaward budget period.

For all 12-month budget period awards, sub-awardees should have approximately 67% of the awarded budget within the first eight

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

<\*\*\*\*\*The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

**Both parties agree:**

<\*\*\*\*\*The site visit/monitoring schedule may be clarified here. The Department will conduct at least annual site visits with the Subrecipient to monitor progress on goals and objectives outlined in the Scope of Work and to meet and converse with staff working on the project to determine successes and challenges associated with the project.

<\*\*\*\*\*The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

<\*\*\*\*\*All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.

<\*\*\*\*\*This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after the date of termination. The Department reserves the right to terminate this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

<\*\*\*\*\*A Request for Reimbursement is due on a Monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.

<\*\*\*\*\*Reimbursement is based on actual expenditures incurred during the period being reported.

<\*\*\*\*\*Payment will not be processed without all reporting being current.

<\*\*\*\*\*Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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**SECTION D  
Request for Reimbursement**

<u>Program Name:</u> Public Health Preparedness	<u>Subrecipient Name:</u> Northern Nevada Public Health
<u>Address:</u> 4126 Technology Way, Carson City, Nevada 89706	<u>Address:</u> 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<u>Subaward Period:</u> 07/01/2024 - 06/30/2025	<u>Subrecipient's:</u> EIN: 88-6000138  Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s)	Calendar Year
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Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$264,128.00	\$0.00	\$0.00	\$0.00	\$264,128.00	0.00%
2. Travel	\$25,794.00	\$0.00	\$0.00	0.0000	\$25,794.00	0.00%
3. Operating	\$9,650.00	\$0.00	\$0.00	\$0.00	\$9,650.00	0.00%
4. Equipment	\$80,000.00	\$0.00	\$0.00	\$0.00	\$80,000.00	0.00%
5. Contractual/Consultant	\$26,181.00	\$0.00	\$0.00	\$0.00	\$26,181.00	0.00%
6. Training	\$11,690.00	\$0.00	\$0.00	\$0.00	\$11,690.00	0.00%
7. Other	\$848.00	\$0.00	\$0.00	\$0.00	\$848.00	0.00%
8. Indirect	\$34,848.00	\$0.00	\$0.00	\$0.00	\$34,848.00	0.00%
<b>Total</b>	<b>\$453,139.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$453,139.00</b>	<b>0.00%</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Preparedness Hospital Preparedness Program	\$45,313.90	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that 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.

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: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_

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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 by an independent accounting firm.  
 Yes  No
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? L Yes  No
3. When does your organization's fiscal year end? 6/20/2024
4. What is the official name of your organization? Northern Nevada Public Health
5. How often is your organization audited? Annually
6. When was your last audit performed? 12/27/2023
7. What time-period did your last audit cover? 7/1/2022 - 6/30/2023
8. Which accounting firm conducted your last audit? Eide Bailly

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

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SECTION F

**Current or Former State Employee Disclaimer**

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

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

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

- YES      Y      If YES, list the names of any current or former employees of the State and the services that each person will perform.
- NO        L      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
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Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

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

STATE OF NEVADA  
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SECTION G

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

Hereinafter referred to as the "Covered Entity"

And

**Northern Nevada Public Health**

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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individual. Refer to 45 CFR 160.103.

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

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breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

1. **Effect of Termination:**

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

VI. MISCELLANEOUS

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

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5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

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**SECTION H  
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as %Department-D and Northern Nevada Public Health (referred to as %Subrecipient-E

<b>Program Name</b>	Public Health Preparedness	<b>Subrecipient Name</b>	Northern Nevada Public Health
<b>Federal grant Number</b>	1 U3REP240774-01-00	<b>Subaward Number</b>	
<b>Federal Amount</b>	\$453,139.00	<b>Contact Name</b>	Northern Nevada Public Health
<b>Non-Federal (Match) Amount</b>	\$45,313.90	<b>Address</b>	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<b>Total Award</b>	\$453,139.00		
<b>Performance Period</b>	07/01/2024 through 06/30/2029		

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

**FINANCIAL SUMMARY FOR MATCHING FUNDS**

Total Amount Awarded	\$453,139.00
Required Match Percentage	10.00%
Total Required Match	\$45,313.90

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$25,161.00
2	Travel	\$	\$2,629.70
3	Operating	\$	\$2,166.60
4	Contract/Consultant	\$	\$2,618.10
5	Supplies	\$	\$8,000.00
6	Training	\$	\$1,169.00
7	Other	\$	\$84.80
8	Indirect	\$	\$3,484.70
	<b>Total</b>	<b>\$</b>	<b>\$45,313.90</b>

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