

State of Nevada Department of Health and Human Services Division of Public & Behavioral Health

Agency Ref, #: SG-2025-00453-1

Budget Account: 3218

(Hereinafter referred to as the Department)

SUBAWARD AMENDMENT # 1

Program Name: Public Health Preparedness Bureau of Bureau of Health Protection and Prevention Donielle Allen / DPBHPHPFiscal@health.nv.gov	Subrecipient Name: Northern Nevada Public Health Andrea Esp / aesp@nnph.org
Address:	<u>Address:</u>
4126 Technology Way	1001 E 9Th St Bldg B
Carson City, Nevada 89706	Reno, Nevada, 89512-2845
Subaward Period:	Amendment Effective Date:
07/01/2023 through 06/30/2025	Upon approval by all parties.
This amendment reflects a change to: Ÿ Scope of Work Ÿ Te	erm L Budget L Funding Source

Reason for Amendment: Amendment to redirect funds in excess of 10% in support of change in activity level with no change to scope of work.

Required Changes

Current Language: See Section B, C and D of the original subaward.

Amended Language: See attached Section C revised on Nov 21, 2024.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$1,567.00	(\$1,567.00)	\$0.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$27,551.00	\$22,915.00	\$50,466.00
4. Equipment	\$20,000.00	(\$20,000.00)	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$5,000.00	(\$5,000.00)	\$0.00
TOTAL DIRECT COSTS	\$54,118.00	(\$3,652.00)	\$50,466.00
8. Indirect Costs	\$7,623.00	\$3,652.00	\$11,275.00
TOTAL APPROVED BUDGET	\$61,741.00	\$0.00	\$61,741.00

Incorporated Documents:

Section B: Description of Services, Scope of Work and Deliverables revised on Nov 21, 2024

Section C: Budget and Financial Reporting Requirements revised on Nov 21, 2024

Section D: Request for Reimbursement revised on Nov 21, 2024

Section E: Audit Information Request revised on Nov 21, 2024

Section F: Current or Former State Employee Disclaimer revised on Nov 21, 2024

Section G: Business Associate Addendum revised on Nov 21, 2024

Section H: Matching Funds Agreement revised on Nov 21, 2024

Exhibit A: Original Notice of Subaward and all previous amendments

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

Name	Signature	Date
Chad Kingsley, District Health Officer	Chad Kinglsey	4/7/2025
Janice Hadlock-Burnett, Bureau Chief	Janice Hadlock-Burnett	4/7/2025
for Cody Phinney, Administrator, DPBH	Cody Phinney	4/11/2025

Federal Award Computation					Match		
Total Obligated by this Action: \$0.00			Match Required L	ΥΫΝ			10.00%
Cumulative Prior Awards this Budge	Amount Required	this Action:			\$0.00		
Total Federal Funds Awarded to Date: \$61,741.00			Amount Required	Prior Awards:			\$6,174.10
			Total Match Amou	nt Required:			\$6,174.10
Research and Development Ÿ Y L	N						
Federal Budge	t Period			Feder	al Project Period		
7/1/2023 through 6/30/2025			7/1/2019 through 6/30/2025				
FOR AGENCY USE ONLY							
FEDERAL GRANT #: Source of Funds: 6 NU90TP922047-05-01 Nevada Public Health Emergency Preparedness (PHEP) Program		<u>% Funds:</u> 100.00	<u>CFDA:</u> 93.069	FAIN: NU90TP922047	Federal Grant by Federal 4/29/2	Agency:	
Budget Account Category GL			Function	Sub-org		Job Number	
3218 22 8516			-	-		9306924	
Non-Federal Source Of Funds % Fund		Amount	Budget Account	Category	GL	Function	Sub-Org
	0.00						
Job Number: Description:					,		

SECTION B

Description of Services, Scope of Work and Deliverables revised on Nov 21, 2024

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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 attachment.

<u>Objective</u>	Activities	Due Date	Documentation Needed
1. See attachment.	See attachment	06/30/2025	See attachment.

Domain 1 Summary				
Domain Name	Community Resilience			
Domain Description	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.			
Associated Capabilities	Community Preparedness			
	Community Recovery			
Community Preparedness Definition	 Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health Identify populations that may be disproportionately impacted by an incident or event and atrisk individuals with access and functional needs Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals who may be disproportionately apublic health incident or event Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors Convene or participate with community partners to identify and implement additional ways to strengthen community resilience Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster 			
Community Recovery Definition	Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.			
Planned Activity Type (Class	sify the Planned Activity Type for this Capability)			
Capability: Community Prep	paredness			
Please select ONE from the list below by placing an X in the appropriate cell on the left.				
X Build – plan to increase the capability or capacity of the capability				
Sustain – plan to maintain th	e current level of capability or capacity of the capability			
Scale back – plan to reduce to	he capability or capacity of the capability			
No planned activities this budget period – there are no planned activities to address this capability				
Capability: Community Rec				
	low by placing an X in the appropriate cell on the left.			
-	apability or capacity of the capability			
Sustain – plan to maintain the current level of capability or capacity of the capability				

Scale b	Scale back – plan to reduce the capability or capacity of the capability					
No plar	No planned activities this budget period – there are no planned activities to address this capability					
Strategi	Strategies/Activities					
Domain St	rategy	Strengthen Community Resilience				
1a. Planne	d Objective					
Incorpora	te AFN partners into	community response exercises to plan for and re	espond to populations			
disproport	tionately impacted b	y public health emergencies and all-hazards eve	nts.			
1b. Compl	etion Timeline					
required to a domain obje Note: To cre	accomplish the domain o active. Planned activities eate an additional planne	ne planned activity for each objective that describes the ne bjective. The planned activities should describe specific act should lead to measurable outputs. ed activity associated to the domain objective listed above,	ions that support the completion of a			
Planned Activity:						
Documentat	ion: ConOps or initial mee	eting agenda/Emails/Meeting notes	1			
Planned Activity:	ctivity: data, SPI) to be included in the exercise planning process. (ORR/AAR/Quad) □ Q1: July 1 – September Q2: October 1 – Decen Q3: January 1 – March		 □ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 			
Documentat	ion: ExPlan/Agendas/Situ	ation Manual/Participant feedback forms.				
Planned Activity:	and real events t	er data to create AFN population estimation for exercises to identify required transportation assets, durable medical is and population numbers. (ORR/AAR/Quad)	Completion Timeline: □ Q1: July 1 – September 30 □ Q2: October 1 – December 31 ⊠ Q3: January 1 – March 31 ⊠ Q4: April 1 – June 30			
Documentat	ion: Sign in sheets/feedba	ack forms				
1c. Functi	on Association (Sele	ct all that apply):				
-	Subrecipients must select the functions used to guide planned activities.					
Community Preparedness:						
	Determine risks to the health of the jurisdiction					
	X Strengthen community partnerships to support health preparedness Coordinate with partners and share information through community social networks					
Community Recovery:						
	tify and monitor commur	nity recovery needs				
	-	for public health and related systems for the community				
		to mitigate damage from future incidents				
	1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):					

-	t provide at least one proposed output for each planned activity. The propose	d outputs should directly relate to the		
expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for				
each proposed ou		ubrecipients should insert a new row jor		
Proposed Output:	Mass shelter workgroup			
Proposed Output:	Mass shelter checklists			
Proposed Output:	Empower data			
2a. Planned Ob	jective			
Nevada will ev	aluate public health and medical services gaps and vulnerabilitie	es in response to extreme		
drought.				
2b. Completion	1 Timeline			
Subrecipients mus	t provide at least <u>one</u> planned activity for each domain objective that describe	es the necessary tasks, deliverables, or		
	to accomplish the domain objective. The planned activities should describe sp	ecific actions that support the		
-	omain objective. Planned activities should lead to measurable outputs.			
Note: To create a each planned acti	n <u>additional</u> planned activity associated to the domain objective listed above, : vity.	subrecipients should insert a new row for		
Planned	PHP program will participate in any drought education, training or exercise	Completion Timeline:		
Activity:	activities that State sets up.	☑ Q1: July 1 – September 30		
		Q2: October 1 – December 31		
		Q3: January 1 – March 31		
		⊠ Q4: April 1 – June 30		
	leeting notes/agendas			
Activity:				
Documentation:				
Planned		Completion Timeline:		
Activity:		Q1: July 1 – September 30		
		Q2: October 1 – December 31		
		Q4: April 1 – June 30		
Documentation:				
	Determine risks to the health of the jurisdiction			
		vradnoss offarts		
Planned Activity: Documentation: Planned Activity: Plannet Activity: Documentation: Plannet Activity: Documentation: Plannet Activity: Documentation: 2c. Function A Subrecipients must Community Prepare X Strengther X Strengther Coordinate Coordinate Community Recomment Identify and Support repare	risks to the health of the jurisdiction community partnerships to support health preparedness with partners and share information through community social networks training and provide guidance to support community involvement with prepa	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30		

2d. P	2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):				
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the					
	expected results of completing the planned activities and domain objective.				
	ro creat proposed	e an <u>additional</u> proposed output associated to the planned activity listed above, s output.	ubrecipients snould insert a new row for		
	sed Outp				
-	sed Outp				
Propo	sed Outp	ut:			
3a. P	lanned	Objective			
Deve	lop and	l conduct a mass care exercise to enable the identification and eva	luation of Health District		
respo	onsibilit	ies across all divisions.			
3b. C	omplet	ion Timeline			
Subre	cipients r	nust provide at least <u>one</u> planned activity for each domain objective that describe	es the necessary tasks, deliverables, or		
		red to accomplish the domain objective. The planned activities should describe sp	pecific actions that support the		
-		a domain objective. Planned activities should lead to measurable outputs.	aubrasinianta abauld incert a nour rous for		
	To creat planned d	e an <u>additional</u> planned activity associated to the domain objective listed above, : ictivity.	subrecipients snoula insert a new row for		
Planne Activit	ed	Develop WCHD shelter exercise to review all aspects of public health involvement to include a walkthrough of environmental health services operations, medical services and epidemiological surveillance with a review specific to CMIST considerations. (ORR /Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30		
Docun	nentatior	n: Sign in sheet/participant feedback forms			
Planne Activit		Conduct shelter exercise internal to WCHD. (ORR/AAR)	Completion Timeline: □ Q1: July 1 – September 30 ⊠ Q2: October 1 – December 31 ⊠ Q3: January 1 – March 31 □ Q4: April 1 – June 30		
Docun	nentatior	n: CMIST evaluation			
Planned Activity:		Develop AAR-IP for exercise. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30		
Docun	nentatior	n: AAR-IP			
3c. F	unctior	Association (Select all that apply):			
Subre	cipients r	nust select the functions used to guide planned activities.			
Comm	Community Preparedness:				
	Determine risks to the health of the jurisdiction				
Х	Strengt	hen community partnerships to support health preparedness			
	Coordinate with partners and share information through community social networks				
Х	X Coordinate training and provide guidance to support community involvement with preparedness efforts				
Comm	nunity Re	covery:			
	Identify	and monitor community recovery needs			
Х	Suppor	t recovery operations for public health and related systems for the community			

Х	Implement corrective actions to mitigate damage from future incidents			
3d. Pr	ropose	d Outputs (List the Proposed Outputs resulting from the Planned A	ctivities):	
expect	ed resul	nust provide at least one proposed output for each planned activity. The propose ts of completing the planned activities and domain objective.		
	To creat roposed	e an <u>additional</u> proposed output associated to the planned activity listed above, s output.	ubrecipients should insert a new row for	
Propos	ed Outp	ut: CMIST evaluation for exercise		
Propos	Proposed Output: AAR-IP			
Propos	ed Outp	ut: Exercise documents (ExPlan)		
4a. Pl	anned	Objective		
		2024, increase availability of internally developed Incident Comma	nd System (ICS) training	
resou	rces fo	r Health District Staff.		
4b. Co	omplet	ion Timeline		
	-	nust provide at least <u>one</u> planned activity for each domain objective that describe red to accomplish the domain objective. The planned activities should describe sp	-	
-	-	a domain objective. Planned activities should lead to measurable outputs.	sectife actions that support the	
	To creat lanned c	e an <u>additional</u> planned activity associated to the domain objective listed above, s ctivity.	subrecipients should insert a new row for	
Planne Activity	-	Develop protocol to guide recovery operations for District Health. (ORR/AAR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31	
Docum	ontation	: Protocol or processes/Updated plan documents if applicable	Q4: April 1 – June 30	
Planne		Create process and documentation for 'crash course' mini-response	Completion Timeline:	
Activity	-	training with focus on how to task staff to work in ICS structure outside of their division. (ORR/AAR)	 ☑ Q1: July 1 - September 30 ☑ Q2: October 1 - December 31 □ Q3: January 1 - March 31 □ Q4: April 1 - June 30 	
Docum	entation	: Mini-response training forms/sign in sheets		
Planned Activity:		Develop or identify ICS trainings for emergency public health operations such as POD operations (create in Q1) and/or CRC operations (create in Q3) and make them available in Bridge. (ORR/AAR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Docum	entatior	: Trainings in Everbridge		
4c. F	unctior	Association (Select all that apply):		
Subrec	ipients r	nust select the functions used to guide planned activities.		
Comm		eparedness:		
		ine risks to the health of the jurisdiction		
	-	hen community partnerships to support health preparedness		
		ate with partners and share information through community social networks		
Х	Coordin	ate training and provide guidance to support community involvement with prepa	aredness efforts	
Comm	unity Re	covery:		
Х	Identify and monitor community recovery needs			

X Suppo	Support recovery operations for public health and related systems for the community			
Impler	mplement corrective actions to mitigate damage from future incidents			
4d. Propose	d Outputs (List the Proposed Outputs resulting from the Planned Activities):			
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.				
Note: To crea	e an additional proposed output associated to the planned activity listed above, subrecipients should insert a new row for			
each proposed output.				
Proposed Out	ut: Recovery protocol			
Proposed Out	Proposed Output: Mini-response exercise template documents			
Proposed Out	Proposed Output: New ICS trainings on learning portal-Bridge			

Domain	n 2 Summary		
Domain N	lame	Incident Management	
Domain D	Description	Incident management is the ability to activate, coordinate, and operations throughout all phases of an incident through use of command structure that is consistent with the National Incider coordinated with the jurisdictional incident, unified, or area co	a flexible and scalable incident nt Management System (NIMS) and
Associate	d Capabilities		
Emergency Operations Definition		Emergency operations coordination is the ability to coordinat direct and support an incident or event with public health or h standardized, scalable system of oversight, organization, ar jurisdictional standards and practices and the National Inciden	ealth care implications by establishing a nd supervision that is consistent with
Planned A	Activity Type (Classi	fy the Planned Activity Type for this Capability)	
Capability	y: Emergency Opera	tions Coordination	
Please selec	ct ONE from the list belo	w by placing an X in the appropriate cell on the left.	
Build	– plan to increase the ca	pability or capacity of the capability	
Sustai	in – plan to maintain the	e current level of capability or capacity of the capability	
Scale	back – plan to reduce th	e capability or capacity of the capability	
No pla	anned activities this buc	lget period – there are no planned activities to address this capa	bility
Strateg	ies/Activities		
Domain S	itrategy	Strengthen Incident Management	
1a. Plann	ed Objective		
		nal Incident Management System), NRF (National Re training and exercises.	esponse Framework), ICS
	letion Timeline	training and exercises.	
Subrecipien required to domain obj	its must provide at least accomplish the domain ective. Planned activitie	t one planned activity for each objective that describes the nece objective. The planned activities should describe specific action is should lead to measurable outputs. ned activity associated to the domain objective listed above, su	ns that support the completion of a
	nned activity.		
Planned Activity:		ealth activation exercise using emergency staff communication ng plan for the response, shift changes and a rotating schedule.	Completion Timeline: □ Q1: July 1 – September 30 ⊠ Q2: October 1 – December 31 ⊠ Q3: January 1 – March 31 □ Q4: April 1 – June 30
Documenta	tion: Exercise document	s/ExPlan	
Planned Activity:	positions and iden	n exercise and use real staff response to fill out needed ICS tify gaps in ability to staff the response as well as impacts to ob functions. (ORR, AAR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Documenta	tion: Sign in sheets/part	icipant feedback forms	•
Planned		d structure of ICS response and identify those 'have to' ew against the COOP plan for the Health District. (AAR)	Completion Timeline: Q1: July 1 – September 30

Documen	tation: Recommendations for COOP plan/AAR-IP	
1c. Fun	ction Association (Select all that apply):	
Subrecipi	ents must select the functions used to guide planned activities.	
Emergend	y Operations Coordination:	
C	onduct preliminary assessment to determine the need for activation of public health eme	ergency operations
X A	ctivate public health emergency operations	
XC	evelop and maintain an incident response strategy	
X N	Aanage and sustain the public health response	
XC	emobilize and evaluate public health emergency operations	
1d. Prop	oosed Outputs (List the Proposed Outputs resulting from the Planned Acti	ivities):
-	ents must provide at least one proposed output for each planned activity. The proposed o	outputs should directly relate to the
-	results of completing the planned activities and domain objective.	
	create an <u>additional</u> proposed output associated to the planned activity listed above, Sub posed output.	precipients should insert a new row for
Proposed		
Proposed	Output: AAR-IP	
Proposed	Output: List of 'have to' functions integrated into COOP plan	
2a. Plan	ned Objective	
By June	30, 2024, review and update the MCM plan, POD Manual and PIP plan.	
2b. Com	pletion Timeline	
completic Note: To	required to accomplish the domain objective. The planned activities should describe spec on of a domain objective. Planned activities should lead to measurable outputs. create an <u>additional</u> planned activity associated to the domain objective listed above, Sul ned activity.	
Planned Activity:	Update Medical Countermeasures (MCM) plan. Draft update in Q3 and complete in Q4 with any AAR-IP updates from exercise. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Documen	tation: Updated MCM plan	
Planned Activity:	Update Point of Dispensing Operations Manual. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☑ Q1: July 1 – September 30 □ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31
		Q4: April 1 – June 30
Documen	tation: Updated Point of Dispensing Operations Manual	🔲 Q4: April 1 – June 30
Planned	tation: Updated Point of Dispensing Operations Manual Update Pandemic Influenza Plan. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document agenda, sign in and meeting notes. (ORR)	□ Q4: April 1 – June 30 Completion Timeline: □ □ Q1: July 1 – September 30 ⊠ Q2: October 1 – December 31 ⊠ Q3: January 1 – March 31 □ Q4: April 1 – June 30
Planned Activity:	Update Pandemic Influenza Plan. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document	Completion Timeline: □ Q1: July 1 – September 30 ⊠ Q2: October 1 – December 31 ⊠ Q3: January 1 – March 31

			X	Q3: January 1 – March 31
			X	Q4: April 1 – June 30
Docume	entation: Upd	ated CBRNE Plan, as needed.		
2c. Fu	nction Ass	ociation (Select all that apply):		
Subreci	pients must s	elect the functions used to guide planned activities.		
Emerge	ncy Operatio	ns Coordination:		
	Conduct pre	liminary assessment to determine the need for activation of public health eme	ergen	cy operations
	Activate pub	lic health emergency operations		
х	Develop and	maintain an incident response strategy		
	Manage and	sustain the public health response		
	Demobilize a	and evaluate public health emergency operations		
2d. Pr	oposed Out	puts (List the Proposed Outputs resulting from the Planned Acti	vitie	es):
	•	rovide at least one proposed output for each planned activity. The proposed o	utpu	ts should directly relate to the
-		ompleting the planned activities and domain objective.		· · · · · · · · · · · · · · · · · · ·
	o create an <u>a</u> oposed outpu	<u>dditional</u> proposed output associated to the planned activity listed above, Subl t.	recipi	ients snouia insert a new row for
Propose	ed Output:	Updated Medical Countermeasures plan		
Propose	ed Output:	Updated POD Operations Manual		
Propose	ed Output:	Updated Pandemic Influenza Plan		
3a. Pla	inned Obje	ctive		
By Jun	e 30, 2024,	coordinate the evaluation of the WCHD Outbreak Response Pla	n fo	r relevance and update or
elimin	ate it base	d on EPHP input.		
3b. Co	mpletion T	imeline		
		rovide at least <u>one</u> planned activity for each domain objective that describes t		
-	-	accomplish the domain objective. The planned activities should describe speci ain objective. Planned activities should lead to measurable outputs.	ific ac	tions that support the
-		<u>dditional</u> planned activities should lead to measurable outputs.	nrecin	ients should insert a new row for
	anned activity		nccip	ients should insert a new row jor
Planned		iew Outbreak Response plan and evaluate it against the need for a process for	Con	npletion Timeline:
Activity	ider	ntifying activations processes for a public health response. (ORR/AAR)	\boxtimes	Q1: July 1 – September 30
				Q2: October 1 – December 31 Q3: January 1 – March 31
				Q4: April 1 – June 30
Docume	entation: Upd	ated Outbreak Response Plan or other plan/process		
Planned			Con	npletion Timeline:
Activity				Q1: July 1 – September 30
				Q2: October 1 – December 31 Q3: January 1 – March 31
				Q4: April 1 – June 30
Docume	entation:			
Planned			Con	npletion Timeline:
Activity	:			Q1: July 1 – September 30
				Q2: October 1 – December 31
				Q3: January 1 – March 31 Q4: April 1 – June 30

Documentation:	
3c. Function As	sociation (Select all that apply):
Subrecipients must	select the functions used to guide planned activities.
Emergency Operation	ons Coordination:
Conduct pr	eliminary assessment to determine the need for activation of public health emergency operations
Activate pu	blic health emergency operations
X Develop an	d maintain an incident response strategy
Manage an	d sustain the public health response
Demobilize	and evaluate public health emergency operations
3d. Proposed Ou	tputs (List the Proposed Outputs resulting from the Planned Activities):
•	provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the completing the planned activities and domain objective.
Note: To create an each proposed outp	<u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for ut.
Proposed Output:	WCHD workgroup
Proposed Output:	Updated Outbreak Response Plan and/or another plan
Proposed Output:	

Domain Name Information Management Domain Description Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts, and warnings using a whole community approach, and to exchange health information and struational awarness with federal, state, iocal, territorial and tribial levels of governments and partners. Associated Capabilities Emergency Public Information and Warning Emergency Public Information and Warning Emergency Public Information and Warning Emergency Public Information and structions to the public and incident management personnel. Definition	Dor	main 3 Summary		
Domain Description Information management is the ability to develop and maintain systems and produces that facilitate the communication of timely, accurate, accessible information and structional awareness with federal, state, local, territorial and tribal levels of governments and partners. Associated Capabilities Emergency Public Information and Warning Emergency Public Information and Warning Emergency Public Information and Warning Information Sharing Emergency Public Information and Warning is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information, alerts, warnings, and notifications to the public and incident management personnel. Information Sharing Information and warning is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information as well as issuing of public health alerts to all levels of government and the private sector. This capability includes the routine sharing of information and Warning Planned Activity Type (Classify the Planned Activity Type for this Capability. Sustain – plan to mointain the current level of capability or capacity of the capability. Sustain – plan to mointain the current level of capability or capacity of the capability. Sustain – plan to mointain the current level of capability. Scale back – plan to reduce the capability or capacity of the capability. Sustain – plan to increase the capability or capacity of the capability. Strategies/Activi	Dom	nain Name	Information Management	
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		ty: Emergency Commu	inications and Public Information Plan. Document agenda, sign in	 ☑ Q1: July 1 - September 30 ☑ Q2: October 1 - December 31 ☑ Q3: January 1 - March 31
	Docu	mentation: Updated ECPIP		

Planne Activit		relop a public health activation communications drill utilizing alternate modes of nmunication with public when standard methods are inoperable. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Docun	nentation: ExP	Plan, messaging, meeting notes	
Planne Activit		elop AAR-IP. (ORR)	Completion Timeline: □ Q1: July 1 – September 30 □ Q2: October 1 – December 31 □ Q3: January 1 – March 31 ☑ Q4: April 1 – June 30
Docun	nentation: AA	R-IP	
1c. F	unction As	sociation (Select all that apply):	
Recipi	ents must sel	ect the functions used to guide planned activities.	
Emerg	ency Public Ir	nformation and Warning:	
	Activate the	emergency public information system	
	Determine t	he need for a Joint Information System	
	Establish an	d participate in information system operations	
х	Establish av	enues for public interaction and information exchange	
	Issue public	information, alerts, warnings, and notifications	
Inform	nation Sharing	3:	
х	Identify stal	reholders that should be incorporated into information flow and define informat	tion sharing needs
х	Identify and	develop guidance, standards, and systems for information exchange	
	Exchange in	formation to determine a common operating picture	
1d. P	roposed O	utputs (List the Proposed Outputs resulting from the Planned Activ	vities):
-	-	ovide at least one proposed output for each planned activity. The proposed outp	outs should directly relate to the
-		completing the planned activities and domain objective.	
	To create an proposed outp	<u>additional</u> proposed output associated to the planned activity listed above, recip out.	pients should insert a new row for
	sed Output:	Updated Emergency Communications and Public Information Plan (ECPIP)	
Propos	sed Output:	ExPlan/Exercise documents	
Propo	sed Output:	AAR-IP	
2a. P	lanned Obj	ective	
By Ju	ne 30, 2024	4, provide multiple opportunities to implement new processes and	d public information pushout
to th	e communi	ty with a focus on providing access to hard-to-reach local populat	tions.
2b. C	ompletion	Timeline	
produ compl	cts required t etion of a do	ovide at least <u>one</u> planned activity for each domain objective that describes the r o accomplish the domain objective. The planned activities should describe speci nain objective. Planned activities should lead to measurable outputs.	ific actions that support the
	-	ctivity, recipients must indicate which quarter of the budget period they expect t the activities. PLEASE CHECK ONLY ONE.	to complete the activities and work
	To create an lanned activi	<u>additional</u> planned activity associated to the domain objective listed above, reci _l ty.	ipients should insert a new row for

Planne Activit	y: acti suci trai	ate media information protocol that can be disseminated at the beginning of an vation event to be provided to response staff that includes basic instructions in as interactions with media, etiquette, identification of briefing areas and ning. (AAR) mpleted protocol (formatted in email/training/video)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Planne Activit	ed Idei	ntify communications trainings that may include CDC Crisis and Emergency Risk nmunication (CERC) for Communication team. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Docun	nentation: Tra	aining certificates	
Planne Activit	ed As p ay: mo	part of the fall flu POD exercises and other activities as appropriate, create 2 or re culturally appropriate media and/or informational pushout documents in port of the exercise/s. (ORR)	Completion Timeline: □ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 □ Q4: April 1 – June 30
Docun	nentation: Pre	ss releases/informational flyers	
2c. F	unction As	sociation (Select all that apply):	
Recipi	ents must sel	ect the functions used to guide planned activities.	
Emerg	ency Public Ir	oformation and Warning:	
	Activate the	emergency public information system	
	Determine t	he need for a Joint Information System	
Х	Establish an	d participate in information system operations	
	Establish av	enues for public interaction and information exchange	
х	Issue public	information, alerts, warnings, and notifications	
Inforn	nation Sharing	3:	
	Identify stak	eholders that should be incorporated into information flow and define informat	ion sharing needs
	Identify and	develop guidance, standards, and systems for information exchange	
	Exchange in	formation to determine a common operating picture	
2d. P	roposed Ou	utputs (List the Proposed Outputs resulting from the Planned Activ	vities):
outpu Note:	ts should dire	wide at least one proposed output (1,000 characters per proposed output) for e ctly relate to the expected results of completing the planned activities and doma <u>additional</u> proposed output associated to the planned activity listed above, recip nut.	ain objective.
Propo	sed Output:	Media Protocol	
Propo	sed Output:	CERC trained Public Information Officers	
Propo	sed Output:	Two media or informational pushout documents to support emergency ope	rations.
3a. P	lanned Obj	ective	
Provi to sta		e opportunities to drill and review internal modes of communicati	ons for information pushout
3b. C	ompletion	Timeline	

produc	ts required t	ovide at least <u>one</u> planned activity for each domain objective that describes the n o accomplish the domain objective. The planned activities should describe specif nain objective. Planned activities should lead to measurable outputs.		-	
	-	ctivity, recipients must indicate which quarter of the budget period they expect t the activities. PLEASE CHECK ONLY ONE.	o con	nplete	e the activities and work
		additional planned activity associated to the domain objective listed above, recip	oients	s shoi	ıld insert a new row for
	anned activi				
Planne		I/exercise all forms of internal communications methods quarterly. (ORR)	Con	npleti	on Timeline:
Activity	' :		X		July 1 – September 30
			X	•	October 1 – December 31 January 1 – March 31
			\mathbf{X}		April 1 – June 30
Docum	entation: AA	R-IP			
Planne	d Ma	intain Code Red bi-weekly exercising with assigned staff. (ORR)	Con	npleti	on Timeline:
Activity	' :		X	-	July 1 – September 30
			X	•	October 1 – December 31 January 1 – March 31
					April 1 – June 30
Docum	entation: Me	essaging schedule, CodeRed messages		_	
Planne	1	velop a yearly AAR-IP for communication exercises. (ORR)	Con	npleti	on Timeline:
Activity			\mathbf{X}	•	July 1 – September 30
			X		October 1 – December 31
			X		January 1 – March 31 April 1 – June 30
Docum	entation: AA	R-IP		Q4.	
		sociation (Select all that apply):			
		ect the functions used to guide planned activities.			
		nformation and Warning:			
	-	emergency public information system			
	Determine t	he need for a Joint Information System			
х	Establish an	d participate in information system operations			
	Establish av	enues for public interaction and information exchange			
х	Issue public	information, alerts, warnings, and notifications			
Inform	ation Sharing	3:			
	Identify stal	ceholders that should be incorporated into information flow and define informat	ion s	harin	g needs
х	Identify and	develop guidance, standards, and systems for information exchange			
	Exchange in	formation to determine a common operating picture			
3d. Pr	oposed O	utputs (List the Proposed Outputs resulting from the Planned Activ	vities	s):	
-	-	ovide at least one proposed output for each planned activity. The proposed output	uts sh	nould	directly relate to the
-		completing the planned activities and domain objective.	ionto	ah a u	ld incont a now now for
	roposed outp	<u>additional</u> proposed output associated to the planned activity listed above, recip out.	nents	Snou	iu insert u new row jor
	ed Output:	Exercise document – running ExPlan			
	ed Output:	Biweekly CodeRed exercises			
Propos	ed Output:	AAR-IP			

Domain 4 Summary	
Domain Name	Countermeasures and Mitigation
Domain Description	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.
Associated Capabilities	Medical Countermeasure Dispensing and Administration
	Medical Materiel Management and Distribution
	Nonpharmaceutical Interventions
	Responder Safety and Health
Medical Countermeasure Dispensing and Administration Definition	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.
Medical Materiel Management and Distribution	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.
Nonpharmaceutical Interventions	Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include Isolation Quarantine Restrictions on movement and travel advisories or warnings Social distancing External decontamination Hygiene Precautionary protective behaviors
Responder Safety and Health	Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.
Planned Activity Type (Classify th	e Planned Activity Type for this Capability)
Capability: Medical Countermeas	ure Dispensing and Administration
Please select ONE from the list below by	placing an X in the appropriate cell on the left.
Build – plan to increase the capal	bility or capacity of the capability
X Sustain – plan to maintain the cu	rrent level of capability or capacity of the capability
Scale back – plan to reduce the co	apability or capacity of the capability
No planned activities this budge	t period – there are no planned activities to address this capability
Capability: Medical Materiel Mar	agement and Distribution
Please select ONE from the list below by	placing an X in the appropriate cell on the left.
Build – plan to increase the capal	bility or capacity of the capability
X Sustain – plan to maintain the cu	rrent level of capability or capacity of the capability
Scale back – plan to reduce the co	apability or capacity of the capability
	t period – there are no planned activities to address this capability
Capability: Nonpharmaceutical In	iterventions

	select ONE	from the list below by p	lacing an X in the appropriate cell on the left	t.	
			ity or capacity of the capability		
			ent level of capability or capacity of the capab	bility	
	Scale back	– plan to reduce the cap	ability or capacity of the capability		
			period – there are no planned activities to add	dress this capab	ility
	-		•		,
		ponder Safety and H		<u> </u>	
-			lacing an X in the appropriate cell on the left	i.	
			lity or capacity of the capability	hilitu	
			ent level of capability or capacity of the capab	omty	
			ability or capacity of the capability		
	No planneo	d activities this budget p	period – there are no planned activities to add	dress this capab	ility
Strat	tegies/A	Activities			
Domai	in Strateg	3y	Strengthen Countermeasures and	Mitigation	
1a. Pla	anned Ob	jective			
Compl	lete a full	-scale exercise of ar	n anthrax event within the CRI jurisdi	iction.	
1b. Co	ompletion	Timeline			
Planned Activity:			rn Nevada Health District on the developmen nrax exercise in Las Vegas. (ORR)		Completion Timeline: X Q1: July 1 – September 30
Note: T	-	n <u>additional</u> planned act	d lead to measurable outputs. ivity associated to the domain objective liste	ed above, subre	cipients should insert a new row fo
			•	nt and	Completion Timeline:
Activity:	/:	participation in CRI Anth	ırax exercise in Las Vegas. (ORR)		
					 Q2: October 1 – December 31 Q3: January 1 – March 31
Docume	entation: Pl	lanning meeting docume			🛛 Q4: April 1 – June 30
	d		ents/agendas/sign in sheets		Q4: April 1 – June 30
Planned		Participate in CRI Anthra	ents/agendas/sign in sheets ax exercise in Las Vegas. (ORR)		Q4: April 1 – June 30 Completion Timeline:
		Participate in CRI Anthra			
		Participate in CRI Anthra			Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3
Planned Activity:		Participate in CRI Anthra			Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31
Activity:	<i>י</i> :		ax exercise in Las Vegas. (ORR)		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3
Activity: Docume	entation: Sig	gn in sheets/acknowledg	ax exercise in Las Vegas. (ORR) gement in ExPlan		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30
Activity: Docume Planned	: entation: Się d		ax exercise in Las Vegas. (ORR) gement in ExPlan		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline:
Activity: Docume Planned	: entation: Się d	gn in sheets/acknowledg	ax exercise in Las Vegas. (ORR) gement in ExPlan		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30
Activity: Docume Planned	: entation: Się d	gn in sheets/acknowledg	ax exercise in Las Vegas. (ORR) gement in ExPlan		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31
Activity: Docume Planned	: entation: Się d	gn in sheets/acknowledg	ax exercise in Las Vegas. (ORR) gement in ExPlan		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31
Activity: Docume Planned Activity:	: entation: Się d	gn in sheets/acknowledg Participate in AAR-IP de	ax exercise in Las Vegas. (ORR) gement in ExPlan		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31
Activity: Docume Planned Activity:	r: entation: Sig d /: entation: AA	gn in sheets/acknowledg Participate in AAR-IP de AR-IP	ax exercise in Las Vegas. (ORR) gement in ExPlan velopment. (ORR)		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Activity: Docume Planned Activity: Docume Planned	r: entation: Sig d /: entation: AA	gn in sheets/acknowledg Participate in AAR-IP de AR-IP Conduct programmatic	ax exercise in Las Vegas. (ORR) gement in ExPlan	t practices	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline:
Activity: Docume Planned Activity: Docume Planned	r: entation: Sig d /: entation: AA	gn in sheets/acknowledg Participate in AAR-IP de AR-IP Conduct programmatic	ax exercise in Las Vegas. (ORR) gement in ExPlan velopment. (ORR) review of exercise and AAR-IP to identify best	t practices DRR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline:
Activity: Docume Planned Activity: Docume Planned	r: entation: Sig d /: entation: AA	gn in sheets/acknowledg Participate in AAR-IP de AR-IP Conduct programmatic	ax exercise in Las Vegas. (ORR) gement in ExPlan velopment. (ORR) review of exercise and AAR-IP to identify best	t practices DRR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30
Activity: Docume Planned Activity: Docume	r: entation: Sig d /: entation: AA	gn in sheets/acknowledg Participate in AAR-IP de AR-IP Conduct programmatic	ax exercise in Las Vegas. (ORR) gement in ExPlan velopment. (ORR) review of exercise and AAR-IP to identify best	t practices ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31

st select the functions used to guide planned activities. neasure Dispensing and Administration
Determine medical countermeasure dispensing/administration strategies
Receive medical countermeasures to be dispensed/administered
Activate medical countermeasure dispensing/administration operations
Dispense/administer medical countermeasures to targeted population(s)
Report adverse events
Management & Distribution
Direct and activate medical materiel management and distribution
Acquire medical materiel from national stockpiles or other supply sources
Distribute medical materiel
Monitor medical materiel inventories and medical materiel distribution operations
Recover medical materiel and demobilize distribution operations
cal Interventions
Engage partners and identify factors that impact nonpharmaceutical interventions
Determine nonpharmaceutical interventions
Implement nonpharmaceutical interventions
Monitor nonpharmaceutical interventions
and Health
Identify responder safety and health risks
Identify and support risk-specific responder safety and health training
Monitor responder safety and health during and after incident response
Outputs (List the Proposed Outputs resulting from the Planned Activities):
st provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the
of completing the planned activities and domain activity.
an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row d output.
Exercise planning documents (WCHD listed as participant)
WCHD participation in exercise
AAR-IP (Southern Nevada led)
List of best practices to incorporate into local planning
bjective
24, plan, coordinate and conduct a c <u>hemical exercise in close coordination with regional partners</u>
24, plan, coordinate and conduct a chemical exercise in close coordination with regional partners tal Preparedness Program (HPP).

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

Planned	Coordinate with HPP program and regional partners to choose most	Completion Timeline:
Activity:	concerning chemical threat hazard for Washoe County, identify risks, gaps	 ☑ Q1: July 1 – September 30
/ celivity.	and mitigation requirements and use the information created to design a	\square Q1: July 1 – September 30 \square Q2: October 1 – December 31
	chemical tabletop exercise. (ORR/FOA/Quad)	Q3: January 1 – March 31
		□ Q4: April 1 – June 30
Documentation:	List of chemical threats/list of gaps/list of resources	
Planned	In coordination with the HPP program and regional partners conduct	Completion Timeline:
Activity:	concept of operations meeting, initial planning meeting and create exercise	□ Q1: July 1 – September 30
	documentation for chemical exercise. (FOA/AAR/Quad)	\boxtimes Q1: July 1 – September 30
		☑ Q3: January 1 – March 31
		Q4: April 1 – June 30
Documentation: S	ituation Manual/Sign in sheets/agendas	
Planned	Conduct Chemical exercise. (FOA/AAR/Quad)	Completion Timeline:
Activity:		□ Q1: July 1 – September 30
		Q2: October 1 – December 31
		🗵 Q3: January 1 – March 31
		🛛 Q4: April 1 – June 30
Documentation: E	xercise announcements/sign in sheets	
Planned	Develop AAR-IP. (FOA/AAR/Quad)	Completion Timeline:
Activity:		Q1: July 1 – September 30
		Q2: October 1 – December 31
		Q3: January 1 – March 31
		🖾 Q4: April 1 – June 30
Documentation: A	AAR-IP	
2c. Function	Association (Select all that apply):	
Subrecipients mu	st select the functions used to guide planned activities.	
Medical Counter	neasure Dispensing and Administration	
x	Determine medical countermeasure dispensing/administration strategies	
x	Receive medical countermeasures to be dispensed/administered	
х	Activate medical countermeasure dispensing/administration operations	
x	Dispense/administer medical countermeasures to targeted population(s)	
x	Report adverse events	
Medical Materiel	Management & Distribution	
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operation	ns
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceuti		
	Engage partners and identify factors that impact nonpharmaceutical intervention	IS
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety		

	Identify responder safety and health risks	
х	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
2d. Proposed	d Outputs (List the Proposed Outputs resulting from the Planned Act	ivities):
expected result	nust provide at least one proposed output for each planned activity. The proposed or s of completing the planned activities and domain objective. e an <u>additional</u> proposed output associated to the planned activity listed above, sub output.	
Proposed Outpu		
Proposed Outpu		
Proposed Outpu	Jt: AAR-IP	
Proposed Outpu	ut:	
3a. Planned	Objective	
By March <u>30</u>	, 2024, plan, coordinate and conduct a Point of Dispensing exercise t	that includes a f <u>ocus on</u>
	ergency use authorizations, and multidivisional staffing models.	
3b. Completi		
of a domain act	ed to accomplish the domain activity. The planned activities should describe specif ivity. Planned activities should lead to measurable outputs.	ic actions that support the completion
	e an <u>additional</u> planned activity associated to the domain objective listed above, su ctivity.	brecipients should insert a new row for
each planned a Planned		Completion Timeline: Q1: July 1 – September 30
<i>each planned a</i> Planned Activity:	ctivity. Develop exercise plan for Fall Flu POD activities to focus on POD security,	Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 □ Q3: January 1 – March 31
each planned a Planned Activity: Documentation Planned	ctivity. Develop exercise plan for Fall Flu POD activities to focus on POD security, EUA/IND protocols, and multidivisional staffing. (ORR/JRA/Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30
each planned a Planned Activity: Documentation Planned Activity:	ctivity. Develop exercise plan for Fall Flu POD activities to focus on POD security, EUA/IND protocols, and multidivisional staffing. (ORR/JRA/Quad) : Exercise documents/agendas/meeting notes	Completion Timeline: Image: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Q3: January 1 – March 31
each planned a Planned Activity: Documentation Planned Activity: Documentation Planned	ctivity. Develop exercise plan for Fall Flu POD activities to focus on POD security, EUA/IND protocols, and multidivisional staffing. (ORR/JRA/Quad) : Exercise documents/agendas/meeting notes Conduct POD exercise and evaluate upon completion. (ORR/JRA/Quad)	Completion Timeline: Image: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30
each planned a Planned Activity: Documentation Planned Activity: Documentation Planned Activity:	ctivity. Develop exercise plan for Fall Flu POD activities to focus on POD security, EUA/IND protocols, and multidivisional staffing. (ORR/JRA/Quad) : Exercise documents/agendas/meeting notes Conduct POD exercise and evaluate upon completion. (ORR/JRA/Quad) : Sign in sheets/media pushouts/participant evaluations Develop AAR-IP. (ORR/JRA/Quad)	Completion Timeline: Image: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Completion Timeline: Q1: July 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31
each planned a Planned Activity: Documentation Planned Activity:	ctivity. Develop exercise plan for Fall Flu POD activities to focus on POD security, EUA/IND protocols, and multidivisional staffing. (ORR/JRA/Quad) : Exercise documents/agendas/meeting notes Conduct POD exercise and evaluate upon completion. (ORR/JRA/Quad) : Sign in sheets/media pushouts/participant evaluations Develop AAR-IP. (ORR/JRA/Quad)	Completion Timeline: Image: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Completion Timeline: Q1: July 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31

Subrecipie	ents must select	the functions used to guide planned activities.		
Medical C	ountermeasure	Dispensing and Administration		
х	Determ	Determine medical countermeasure dispensing/administration strategies		
х	Receive	e medical countermeasures to be dispensed/administered		
х	Activat	e medical countermeasure dispensing/administration operations		
х	Dispen	se/administer medical countermeasures to targeted population(s)		
	Report	adverse events		
Medical N	lateriel Manage	ment & Distribution		
	Direct	and activate medical materiel management and distribution		
	Acquire	e medical materiel from national stockpiles or other supply sources		
	Distrib	ute medical materiel		
	Monito	or medical materiel inventories and medical materiel distribution operations		
	Recove	r medical materiel and demobilize distribution operations		
Nonpharmaceutical Interventions				
	Engage	Engage partners and identify factors that impact nonpharmaceutical interventions		
	Determ	Determine nonpharmaceutical interventions		
	Implen	nent nonpharmaceutical interventions		
	Monito	Monitor nonpharmaceutical interventions		
Responde	Responder Safety and Health			
	Identify	Identify responder safety and health risks		
	Identify	y and support risk-specific responder safety and health training		
	Monito	Monitor responder safety and health during and after incident response		
3d. Prop	osed Output	s (List the Proposed Outputs resulting from the Planned Activities):		
-	-	le at least one proposed output for each planned activity. The proposed outputs should directly relate to the eting the planned activities and domain activity.		
	create an <u>additie</u> osed output.	onal proposed output associated to the planned activity listed above, subrecipients should insert a new row for		
Proposed	Output:	Exercise documents		
Proposed		Participant feedback forms		
Proposed	posed Output: AAR-IP			

Proposed Output:

Domain 5 Summary				
Domain Name	Surge Management			
Domain Description	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other non-medical volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.			
Associated Capabilities	Fatality Management			
	Mass Care			
	Medical Surge			
	Volunteer Management			
Fatality Management Fatality management is the ability to coordinate with organizations and agencies to provide fa management services. The public health agency role in fatality management activities may inc supporting Recovery and preservation of remains Identification of the deceased Determination of cause and manner of death Release of remains to an authorized individual Provision of mental/behavioral health assistance for the grieving 				
	The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.			
Mass Care Definition	Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.			
Medical Surge Definition	Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.			
Volunteer Management Definition	Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.			
Planned Activity Type (Class	sify the Planned Activity Type for this Capability)			
Capability: Fatality Manage	ment			
Please select ONE from the list be	low by placing an X in the appropriate cell on the left.			
X Build – plan to increase the capability or capacity of the capability				
Sustain – plan to maintain the current level of capability or capacity of the capability				
Scale back – plan to reduce the capability or capacity of the capability				
No planned activities this bu	dget period – there are no planned activities to address this capability			
Capability: Mass Care				
	low by placing an X in the appropriate cell on the left.			
-	Build – plan to increase the capability or capacity of the capability			
	e current level of capability or capacity of the capability			
, , , , , , , , , , , , , , , , , , ,				

	,	Scale back – plan to reduce the capability or capacity of the capability		
1	No planned activities this budget period – there are no planned activities to address this capability			
Capability: Medical Surge				
		w by placing an X in the appropriate cell on the left.		
x	Build – plan to increase the capability or capacity of the capability			
	Sustain – plan to maintain the	current level of capability or capacity of the capability		
	Scale back – plan to reduce the capability or capacity of the capability			
	No planned activities this budg	et period – there are no planned activities to address this	capability	
Сар	ability: Volunteer Manage	ement		
Plea	se select ONE from the list belo	w by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the cap	ability or capacity of the capability		
	Sustain – plan to maintain the o	current level of capability or capacity of the capability		
	Scale back – plan to reduce the	capability or capacity of the capability		
	No planned activities this budg	et period – there are no planned activities to address this	capability	
Str	ategies/Activities			
Don	nain Strategy	Strengthen Surge Management		
1a.	Planned Objective			
By J	lune 30, 2024, increase av	ailability of WebEOC training resources to Hea	Ith District Staff.	
1b.	Completion Timeline			
		one planned activity for each objective that describes th		
requ dom <i>Note</i>	nired to accomplish the domain nain objective. Planned activities e: To create an <u>additional</u> plann	one planned activity for each objective that describes th objective. The planned activities should describe specific s should lead to measurable outputs. ned activity associated to the domain objective listed abo	actions that support the completion of a	
requ dom Note each Plani	ain objective. Planned activities <i>To create an <u>additional</u> planned</i> <i>planned activity.</i> ned Develop WebEOC in	objective. The planned activities should describe specific s should lead to measurable outputs.	actions that support the completion of a	
requ dom Note each Plann Activ	ain objective. Planned activities <i>To create an <u>additional</u> planned</i> <i>planned activity.</i> ned Develop WebEOC in	objective. The planned activities should describe specific s should lead to measurable outputs. <i>The dativity associated to the domain objective listed abo</i> structions for WCHD staff. (ORR/AAR)	c actions that support the completion of a ove, subrecipients should insert a new row for Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Image: Q3: January 1 – March 31	
requ dom Note each Plann Activ	ain objective. Planned activities :: To create an <u>additional</u> planned planned activity. ned Develop WebEOC in vity: umentation: Completed training ned Develop WebEOC training	objective. The planned activities should describe specific s should lead to measurable outputs. and activity associated to the domain objective listed abor structions for WCHD staff. (ORR/AAR) manual aining for Bridge training system and push out to all	c actions that support the completion of a ove, subrecipients should insert a new row for Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Image: Q3: January 1 – March 31	
requ dom Note each Plann Activ Docu Plann Activ	ain objective. Planned activities :: To create an <u>additional</u> planned planned activity. ned Develop WebEOC in vity: umentation: Completed training ned Develop WebEOC training	objective. The planned activities should describe specific s should lead to measurable outputs. and activity associated to the domain objective listed abores structions for WCHD staff. (ORR/AAR) manual aining for Bridge training system and push out to all AR)	c actions that support the completion of a ove, subrecipients should insert a new row for Completion Timeline: Image: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Image: Q1: July 1 – September 30 Q2: October 1 – December 31 Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Image: Q2: October 1 – December 31 Image: Q3: January 1 – March 31	
requ dom Note each Plann Activ Docu Plann Activ	ired to accomplish the domain main objective. Planned activities activity. Ined Develop WebEOC in vity: Develop WebEOC in Develop WebEOC in Develop WebEOC training Ned Develop WebEOC training Ned Develop WebEOC training Med Develop WebEOC training Med Participate and coor	objective. The planned activities should describe specific s should lead to measurable outputs. and activity associated to the domain objective listed abores structions for WCHD staff. (ORR/AAR) manual aining for Bridge training system and push out to all AR)	c actions that support the completion of a ove, subrecipients should insert a new row for Completion Timeline: Image: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Image: Q1: July 1 – September 30 Q2: October 1 – December 31 Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Image: Q2: October 1 – December 31 Image: Q3: January 1 – March 31	
requ dom Note each Plann Activ Docu Plann Activ	Interd to accomplish the domain rain objective. Planned activities Interd control Int	objective. The planned activities should describe specific s should lead to measurable outputs. and activity associated to the domain objective listed abor structions for WCHD staff. (ORR/AAR) manual aining for Bridge training system and push out to all AR) odule dinate with Human Services Agency (HSA)	cactions that support the completion of a ove, subrecipients should insert a new row for Completion Timeline: ☑ Q1: July 1 – September 30 □ Q2: October 1 – December 31 □ Q3: January 1 – March 31 □ Q4: April 1 – June 30 Completion Timeline: ☑ ☑ Q1: July 1 – September 30 □ Q2: October 1 – December 31 □ Q2: October 1 – December 31 □ Q3: January 1 – March 31 □ Q4: April 1 – June 30 Completion Timeline: ☑ ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31	
requ dom Note each Plann Activ Docu Plann Activ Docu Plann Activ	Interd to accomplish the domain rain objective. Planned activities Interd control Int	objective. The planned activities should describe specific s should lead to measurable outputs. The activity associated to the domain objective listed about structions for WCHD staff. (ORR/AAR) manual aining for Bridge training system and push out to all AR) odule dinate with Human Services Agency (HSA) the Disaster Behavioral Health Annex, as able. (ORR/JRA)	cactions that support the completion of a ove, subrecipients should insert a new row for Completion Timeline: ☑ Q1: July 1 – September 30 □ Q2: October 1 – December 31 □ Q3: January 1 – March 31 □ Q4: April 1 – June 30 Completion Timeline: ☑ ☑ Q1: July 1 – September 30 □ Q2: October 1 – December 31 □ Q2: October 1 – December 31 □ Q3: January 1 – March 31 □ Q4: April 1 – June 30 Completion Timeline: ☑ ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31	

Fatali	ty Management		
	Determine the public health agency role in fatality management		
Х	Identify and facilitate access to public health resources to support fatality management operations		
	Assist in the collection and dissemination of antemortem data		
Х	Support the provision of survivor mental/behavioral health services		
	Support fatality processing and storage operations		
Mass	Care		
	Determine public health role in mass care operations		
	Determine mass care health needs of the impacted population		
Х	Coordinate public health, medical, and mental/behavioral health services		
	Monitor mass care population health		
Medi	cal Surge		
	Assess the nature and scope of the incident		
	Support activation of medical surge		
	Support jurisdictional medical surge operations		
	Support demobilization of medical surge operations		
Volun	iteer Management		
	Recruit, coordinate, and train volunteers		
	Notify, organize, assemble, and deploy volunteers		
	Conduct or support volunteer safety and health monitoring and surveillance		
	Demobilize volunteers		
Other	(please specify)		
1d. F	Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
	cipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the ted results of completing the planned activities and domain objective.		
Note:	To create an additional proposed output associated to the planned activity listed above, Subrecipients should insert a new row fo		
each j	proposed output.		
Propo	osed Output: Updated WebEOC instructions and/or video		
Propo	osed Output: Updated Behavioral Health Plan if completed (PHP does not own plan)		
Propo	osed Output:		
2a. P	Planned Objective		
Cond	duct shelter exercise with a focus on clarifying processes and protocols for Health District with engagement		

across divisions.

2b. Completion Timeline

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

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

Planne Activit		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30					
Docum	Documentation: ExPlan/planning meeting agendas						
Planne Activit	d Incorporate communications drill into shelter exercise for notification of	Completion Timeline:☑Q1: July 1 – September 30☑Q2: October 1 – December 31☑Q3: January 1 – March 31☑Q4: April 1 – June 30					
Docum	nentation: Shelter ExPlan, communications message						
Planne Activit	d Incorporate into shelter exercise the WCHD MRC component for clarification	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30					
Docum	entation: AAR-IP, Shelter ExPlan						
2c. F	unction Association (Select all that apply):						
Subree	ipients must select the functions used to guide planned activities.						
Fatalit	y Management						
	Determine the public health agency role in fatality management						
	Identify and facilitate access to public health resources to support fatality management operations						
	Assist in the collection and dissemination of antemortem data						
	Support the provision of survivor mental/behavioral health services						
	Support fatality processing and storage operations						
Mass	Care						
х	Determine public health role in mass care operations						
	Determine mass care health needs of the impacted population						
х	Coordinate public health, medical, and mental/behavioral health services						
х	Monitor mass care population health						
Medic	al Surge						
	Assess the nature and scope of the incident						
	Support activation of medical surge						
	Support jurisdictional medical surge operations						
	Support demobilization of medical surge operations						
Volunt	Volunteer Management						
х	Recruit, coordinate, and train volunteers						
х	Notify, organize, assemble, and deploy volunteers						
	Conduct or support volunteer safety and health monitoring and surveillance						
	Demobilize volunteers						

Other (ple	Other (please specify)				
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):					
-	Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.				
	Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.				
Proposed	Output: AAR-IP				
Proposed	Output:	Updated plan/protocol			
Proposed	Output:				
3a. Plan	ned Obj	ective			
Coordin	ate with	partners and identify and clarify Health District roles and re	espon	sibilities in the Family	
Assistar	nce Cent	er Plan.			
3b. Com	pletion	Timeline			
Subrecipi	ents must	provide at least one planned activity for each domain objective that desc	ribes t	he necessary tasks, deliverables, or	
-	-	o accomplish the domain objective. The planned activities should describe	e speci	fic actions that support the	
-		nain objective. Planned activities should lead to measurable outputs.		and the should include a second se	
	create an ined activi	<u>additional</u> planned activity associated to the domain objective listed above ty.	ve, Sub	recipients snoula insert a new row for	
Planned Activity:	Wa	ordinate with the Washoe County Emergency Manager (WCEM) and shoe County Medical Examiner's Office (WCMEO) on Family Assistance iter plan update with focus on clarifying the public health role in plan. R)		oletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Documen	tation: Up	dated FAC plan			
Planned Activity:		ticipate in any State facilitated Crisis Standards of Care (CSC) activities or etings as requested. (ORR)	X X X	oletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Documen	tation: Ag	enda/meeting notes			
Planned Activity:	Planned Update Medical Service Unit handbook based on updated Family Assistance Completion Timeline:				
Documen	Documentation: Updated MSU handbook				
Planned Activity:	As a	appropriate, update and clarify role of WCHD MRC in FAC. (ORR)	X X X	oletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Documen	Documentation: FAC Plan, meeting notes.				
Planned Activity:		duct in-person POD training specific to WCHD MRC and CERT volunteers ppropriate. (ORR)		oletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	

Doc	cumentation: Ag	genda, sign-in sheets, presentation slides			
3c.	Function As	sociation (Select all that apply):			
Sub	recipients must	select the functions used to guide planned activities.			
Fata	atality Management				
Х	Determine t	Determine the public health agency role in fatality management			
Х	Identify and	facilitate access to public health resources to support fatality management operations			
	Assist in the	collection and dissemination of antemortem data			
х	Support the	provision of survivor mental/behavioral health services			
	Support fata	ality processing and storage operations			
Mas	s Care				
Х	Determine	public health role in mass care operations			
	Determine I	mass care health needs of the impacted population			
х	Coordinate	public health, medical, and mental/behavioral health services			
х	Monitor ma	ss care population health			
Med	lical Surge				
	Assess the r	Assess the nature and scope of the incident			
	Support act	Support activation of medical surge			
	Support juri	sdictional medical surge operations			
	Support der	Support demobilization of medical surge operations			
Volu	unteer Manage	ment			
Х	Recruit, coo	rdinate, and train volunteers			
Х	Notify, orga	nize, assemble, and deploy volunteers			
	Conduct or	support volunteer safety and health monitoring and surveillance			
	Demobilize	volunteers			
Oth	er (please speci	fy)			
3d.	Proposed O	utputs (List the Proposed Outputs resulting from the Planned Activities):			
	•	provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the completing the planned activities and domain objective.			
Not		additional proposed output associated to the planned activity listed above, Subrecipients should insert a new row for			
Prop	oosed Output:	Updated Family Assistance Center Plan (if completed by partners)			
Prop	oosed Output:	Updated MSU handbook			
Prop	osed Output: POD trainings				

Dor	main 6 Summary				
Dom	ain Name	Biosurveillance			
Dom	nain Description	Biosurveillance is the ability to conduct rapid and accurate chemical, and radiological agents; and the ability to identify, or active and passive surveillance - threats, disease agents, incide provide relevant information in a timely manner to stakeholder.	liscover, locate, and monitor - through nts, outbreaks and adverse events, and		
Asso	ociated Capabilities	 Public Health Laboratory Testing Public Health Surveillance and Epidemiolog 	ical Investigation		
	ic Health Laboratory ing Definition	Public health laboratory testing is the ability to implement and p and confirm public health threats. It also includes the ability to r support, and use partnerships to address actual or potential matrices, including clinical specimens and food, water, and other supports passive and active surveillance when preparing for biological, chemical, and radiological (if a Radiological Labora public health threats and emergencies.	eport timely data, provide investigative exposure to threat agents in multiple r environmental samples. This capability r, responding to, and recovering from		
and	ic Health Surveillance Epidemiological stigation Definition	Public health surveillance and epidemiological investigation is t and strengthen routine surveillance and detection systems and e It also includes the ability to expand these systems and proce health significance.	epidemiological investigation processes.		
Plan	ned Activity Type (Class	ify the Planned Activity Type for this Capability)			
Capa	ability: Public Health Lab	poratory Testing			
Pleas	e select ONE from the list bel	ow by placing an X in the appropriate cell on the left.			
	Build – plan to increase the co	pability or capacity of the capability			
:	Sustain – plan to maintain the current level of capability or capacity of the capability				
:	Scale back – plan to reduce the capability or capacity of the capability				
1	No planned activities this budget period – there are no planned activities to address this capability				
Сара	ability: Public Health Sur	veillance and Epidemiological Investigation			
Pleas	e select ONE from the list bel	ow by placing an X in the appropriate cell on the left.			
X	X Build – plan to increase the capability or capacity of the capability				
:	Sustain – plan to maintain the	e current level of capability or capacity of the capability			
:	Scale back – plan to reduce th	e capability or capacity of the capability			
1	No planned activities this buc	Iget period – there are no planned activities to address this capab	ility		
Stra	ategies/Activities				
Dom	ain Strategy	Strengthen Bio surveillance			
1a. F	1a. Planned Objective				
Incre	ease disease investigatio	on capacity by training and incorporating COVID-19 d	isease investigators to support		
	other communicable diseases with ensured quality of data gathered.				
	Completion Timeline				
Subre requi doma Note:	ecipients must provide at leas red to accomplish the domain in objective. Planned activiti	It <u>one</u> planned activity for each objective that describes the nece n objective. The planned activities should describe specific action es should lead to measurable outputs. Inned activity associated to the domain objective listed above, su	ns that support the completion of a		
Plann Activi	ed Develop trainings a	and transition COVID-19 disease investigators to take on diseases.	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31		

-			-		
				Q3: January 1 – March 31 Q4: April 1 – June 30	
Docur	mentation: Tra	ining documents, workflow SOP and meetings.			
Plann Activi		ate data exports in EpiTrax on a regular basis and create and run code logic for lity assurance checks.	x x x	oletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Docur	mentation: Nu	mber of QAs run.			
Plann Activi		in and use COVID-19 disease investigators in data entry needs in CRO, HBV and / databases to support data completion in a timely manner.	X X X	oletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Docur	mentation: SO	P and completion of data entry			
1c. F	unction As	sociation (Select all that apply):			
Subre	cipients must	select the functions used to guide planned activities.			
Public		atory Testing:			
		oratory testing and report results			
	Enhance lab	oratory communications and coordination			
	Support trai	ning and outreach			
Public		illance and Epidemiological Investigation:			
	Conduct or support public health surveillance				
Х	Conduct public health and epidemiological investigations				
	Recommend, monitor, and analyze mitigation actions				
Х					
1d. P	roposed O	utputs (List the Proposed Outputs resulting from the Planned Act	ivities	5):	
	-	provide at least one proposed output for each planned activity. The proposed completing the planned activities and domain objective.	output	s should directly relate to the	
	To create an proposed out	additional proposed output associated to the planned activity listed above, sub	orecipie	ents should insert a new row for	
-	sed Output:	Completed code logic for QA and regular QA checks run			
· ·	sed Output:	Completed training and workplan for COVID-19 disease investigators			
	Proposed Output:				
2a. Planned Objective					
Update communicable disease manual					
2b. Completion Timeline					
Subre	Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or				
-	products required to accomplish the domain objective. The planned activities should describe specific actions that support the				
completion of a domain objective. Planned activities should lead to measurable outputs.					
	For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.				
	Note: To create an <u>additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for</u>				
	each planned activity.				

Planned Activity:	Update the communicable disease manual to reflect the most up t information.	 ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 			
		🖾 Q4: April 1 – June 30			
Documen	ntation: Updated CD manual chapters.				
Planned Activity:	Create and manage a communicable disease chapter tracker system	 m. Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 ☑ Q4: April 1 – June 30 			
Documen	ntation: CD chapter tracker system.				
Planned Activity:		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30			
Documen	ntation:				
2c. Fun	nction Association (Select all that apply):				
Subrecipi	ients must select the functions used to guide planned activities.				
Public He	ealth Laboratory Testing:				
Co	Conduct laboratory testing and report results				
Er	Enhance laboratory communications and coordination				
Su	Support training and outreach				
Public He	Public Health Surveillance and Epidemiological Investigation:				
Ca	Conduct or support public health surveillance				
Co	Conduct public health and epidemiological investigations				
Re	Recommend, monitor, and analyze mitigation actions				
X In					
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):					
expected	ients must provide at least one proposed output for each planned activit d results of completing the planned activities and domain objective.				
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.					
Proposed	Proposed Output: Updated communicable disease manual				
Proposed	d Output:				
Proposed	Proposed Output:				
3a. Planned Objective					
Provide	Provide disease background, surveillance, and awareness updates to the community through reports and				
newsletter publications					
3b. Con	3b. Completion Timeline				
products	Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.				

	For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.				
			brecinients should insert a new row for		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.					
Planned Activity:		lish regular Epi News newsletter on various disease topics, made available for lic access.	Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 ☑ Q4: April 1 – June 30		
Docume	ntation: Pul	plication updates on the Washoe County website			
Planned Activity:		lish a COVID-19 summary report to encompass activities and case data from rch 2020-December 2022.	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30		
Docume	ntation: Pul	plication updates on the Washoe County website			
Planned Activity:	Pub	lished reports on influenza activities during the flu season and quarterly CPO	Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 ☑ Q4: April 1 – June 30		
Docume	ntation: Pul	plication updates on the Washoe County website			
3c. Fu	nction As	sociation (Select all that apply):			
Subrecip	oients must	select the functions used to guide planned activities.			
Public H	ealth Labor	atory Testing:			
c	Conduct laboratory testing and report results				
E	Enhance laboratory communications and coordination				
S	upport trai	ning and outreach			
Public H	ealth Surve	illance and Epidemiological Investigation:			
c	Conduct or s	upport public health surveillance			
C	Conduct put	lic health and epidemiological investigations			
R	lecommend	, monitor, and analyze mitigation actions			
X li	Improve public health surveillance and epidemiological investigation systems				
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):					
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.					
	o create an oposed outp	<u>additional</u> proposed output associated to the planned activity listed above, sub ut.	precipients should insert a new row for		
Propose	d Output:	Epi News publications			
Propose	d Output:	COVID-19 Summary report			
Proposed Output:		Flu and CPO reports			

SECTION C Budget and Financial Reporting Requirements revised on Nov 21, 2024

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 # 6 NU90TP922047-05-01 from Nevada Public Health Emergency Preparedness (PHEP) Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Public Health Emergency Preparedness (PHEP) Program.+

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6 NU90TP922047-05-01 from Nevada Public Health Emergency Preparedness (PHEP) Program.

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	Including Fringe	Total: \$0

In-State Travel

Out of State Travel	OSMot Days	Total:	\$0

Operating	\$50,466							
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?			
Operating Supplies	\$4,205.45	1.0 12.0		\$50,466.00	L			
Other supplies support the operations of the program to achieve grant deliverables including medical surge (i.e. Clear outsert assembly, Gen II VPU Devices, Gas Mask Adapter, Pocket Talker Amplifier, Pocket Talker, Batteries, Magnifying Glass, Communication cards, Clear plastic boxes, alpha kits, handheld radios, medical supply bags, bleeding control kits, wheeled stretchers, etc.). Meals and snacks will support scope of work following eCFR: 45 CFR Part 75.								

Equipment	Total:	\$0
Contractual/Contractual and all Pass-thru Subawards	Total:	\$0

Training		Total	: \$0
<u>Other</u>		Total:	\$0
		\$0.00	Ϋ́

Total:

\$0

TOTAL DIRECT CHARGES	\$50,466		
Indirect Charges	Indirect Rate:	22.3%	\$11,275
Indirect Methodology: 22.34% of all direct expenses per proposed indirect agreement			
TOTAL BUDGET			\$61,741

Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$61,741.00								\$61,741.00
EXPENSE CATEGORY				•		•		•	
Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$50,466.00								\$50,466.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$0.00								\$0.00
Other Expenses	\$0.00								\$0.00
Indirect	\$11,275.00							<u>г</u>	\$11,275.00
TOTAL EXPENSE	\$61,741.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$61,741.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Total Indirect Cost	Total Indirect Cost \$11,275.00 Total Agency Budget					\$61,741.00			
Percent of Subrecipient Budget						100.00%			

B. Explain any items noted as pending:

C. Program Income Calculation:

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- Advict 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), 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) as documentation for match, MOE, "in-kind", or earmarking (set-aside) as documentation for match, MOE, "in-kind", or earmarking (set-aside) 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 \$61,741.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement;
 - A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

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

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

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

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the <u>CLOSE OF THE SUBAWARD PERIOD</u>A 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: š"Providing technical assistance, upon request from the Subrecipient;
 - š^{***}Providing prior approval of reports or documents to be developed;
 - š[™]Forwarding a report to another party, i.e. CDC.

š^{**}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 (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.
- 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.

Financial Reporting Requirements

- Kerness 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 <u>actual</u> 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.

SECTION D Request for Reimbursement revised on Nov 21, 2024

Program Name: Public Hea	Subrecipient Name: Northern Nevada Public Health					
Address: 4126 Technology 89706	<u>Address:</u> 1001 E 9Th St Bldg B, Reno, Nevada 89512- 2845					
Subaward Period: 07/01/20	Subrecipient's:	EIN: 88	8-6000138			
	Vendor #: T40283400Q					
	FINANCIAL	REPORT AND REC	QUEST FOR REIMI	BURSEMENT		
	(must b	e accompanied by	expenditure report/l	back-up)		
М	onth(s)			Calenda	r Year	
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$50,466.00	\$0.00	\$0.00	\$0.00	\$50,466.00	0.00%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8. Indirect	\$11,275.00	\$0.00	\$0.00	\$0.00	\$11,275.00	0.00%
Total	\$61,741.00	\$0.00	\$0.00	\$0.00	\$61,741.00	0.00%
	Approved Match	Total Prior	Current Match	Versite Dete Tetel		Percent

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Emergency Preparedness (PHEP) Program	\$0.00	\$6,174.10	\$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 c@/kat [] d/k d/at A d/at

Authorized Signature

Title

Date

FOR DEPARTMENT USE ONLY Contact Person

Is program contact required? Ÿ Yes Ÿ No

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required):

SECTION E

Audit Information Request

1. Non-Federal entities that expend \$750,000.00 or more in	n total federal awards are required to have a single or program-specific audit conducted
-{¦Áx@eecÁ^ælÉ&),Áxe&&[¦åæ);&^Å;ãc@ÁGÁÔØÜÁnÁG€€EĬ,€FÇæDÈ	

2. Did your organization expend \$750,000 or more in all federal awards during your organization most recent fiscal year?	L Yes Ÿ No
3. When does your organization \$\overline{1}\$ fiscal year end? 6/30/2025	
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.

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 <u>not</u> receiving retirement benefits under the Public Employees DRetirement 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	Ÿ	If ‰ES+Aist 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

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.

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 Add PAA+DAthe Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 Addee HITECH Act+DAthe regulation promulgated there under by the U.S. Department of Health and Human Services (the %HPAA Regulations+DAthe 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.
 - 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.
 - 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.
 PER strate for the Quebe of Security Rule and the HITECH Act.
 - 3. **CFR** stands for the Code of Federal Regulations.
 - 4. Agreement shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 - 5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 - 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
 - 7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
 - 8. Electronic Protected Health Information means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
 - 9. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
 - 10. Health Care Operations shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
 - 11. Individual means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
 - 12. Individually Identifiable Health Information means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the

individual. Refer to 45 CFR 160.103.

- 13. Parties shall mean the Business Associate and the Covered Entity.
- 14. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
- 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 statues 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 designee.
- 18. Security Rule shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
- 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.
 - 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 Associates 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. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
 - 7. Breach or Other Improper Access, Use or Disclosure Reporting. The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
 - 8. Breach Notification Requirements. If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media,

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

- 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 obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
- 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.
- 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).
- 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 HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
- 15. Safeguards. The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
- 16. Training. The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
- 17. Use and Disclosure of Protected Health Information. The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.
- III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:
 - 1. Permitted Uses and Disclosures:
 - a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
 - b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
 - c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any

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

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

2. Prohibited Uses and Disclosures:

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

IV. OBLIGATIONS OF COVERED ENTITY

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

- 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 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.

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

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

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-Dand Northern Nevada Public Health (referred to as Dep

Program Name	Public Health Preparedness	Subrecipient Name Northern Nevada Public Health	
Federal grant Number	6 NU90TP922047-05-01	Subaward Number	
Federal Amount	\$61,741.00	Contact Name Northern Nevada Public Health	
Non-Federal (Match) Amount	\$6,174.10	Address 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845	
Total Award	\$61,741.00		
Performance Period	07/01/2019 through 06/30/2025		

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.

Total Amount Awarded		\$61,741.00			
Requ	Required Match Percentage		10.00%		
Total	Total Required Match		\$6,174.10		
	Approved Budget Category		Budgeted Match		
1	Personnel	\$	\$156.80		
2	Travel	\$	\$1,137.90		
3	Operating	\$	\$651.40		
4	Contract/Consultant	\$	\$0.00		
5	Supplies	\$	\$150.00		
6	Training	\$	\$0.00		
7	Other	\$	\$2,977.70		
8	Indirect	\$	\$1,100.30		
	Total	\$	\$6,174.10		

FINANCIAL SUMMARY FOR MATCHING FUNDS

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



State of Nevada Department of Health and Human Services Division of Public & Behavioral Health

Agency Ref, #: SG-2025-00453-1

Budget Account: 3218

(Hereinafter referred to as the Department)

SUBAWARD AMENDMENT # 1

Program Name: Public Health Preparedness Bureau of Bureau of Health Protection and Prevention Donielle Allen / DPBHPHPFiscal@health.nv.gov	Subrecipient Name: Northern Nevada Public Health Andrea Esp / aesp@nnph.org
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
<u>Subaward Period:</u> 07/01/2023 through 06/30/2025	Amendment Effective Date: Upon approval by all parties.
This amendment reflects a change to: Scope of Work T	erm 🗹 Budget 🗹 Funding Source
Reason for Amendment: Amendment to redirect funds in excess of	10% in support of change in activity level with no change to scope of work.

Required Changes

Current Language: See Section B, C and D of the original subaward,

Amended Language: See attached Section C revised on Nov 21, 2024.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$1,567.00	(\$1,567.00)	\$0.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$27,551.00	\$22,915.00	\$50,466.00
4. Equipment	\$20,000.00	(\$20,000.00)	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$5,000.00	(\$5,000.00)	\$0.00
TOTAL DIRECT COSTS	\$54,118.00	(\$3,652.00)	\$50,466.00
8. Indirect Costs	\$7,623.00	\$3,652.00	\$11,275.00
TOTAL APPROVED BUDGET	\$61,741.00	\$0.00	\$61,741.00

Incorporated Documents:

Section B: Description of Services, Scope of Work and Deliverables revised on Nov 21, 2024

Section C: Budget and Financial Reporting Requirements revised on Nov 21, 2024

Section D: Request for Reimbursement revised on Nov 21, 2024

Section E: Audit Information Request revised on Nov 21, 2024

Section F: Current or Former State Employee Disclaimer revised on Nov 21, 2024

Section G: Business Associate Addendum revised on Nov 21, 2024

Section H: Matching Funds Agreement revised on Nov 21, 2024

Exhibit A: Original Notice of Subaward and all previous amendments

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

Name	Signature	Date
Chad Kingsley, District Health Officer	Khadkings	4/7/2025
Janice Hadlock-Burnett, Bureau Chief		
for Cody Phinney, Administrator, DPBH		

Federal Award C	Computation		Gerand Human	and the second	Match	- Staff and		
Total Obligated by this Action:	Match Required I	Match Required I Y I N						
Cumulative Prior Awards this Budget Period: \$61,741.00			Amount Required th	nis Action:			\$0.00	
Total Federal Funds Awarded to Da	Amount Required P	rior Awards:			\$6,174.10			
			Total Match Amoun	Total Match Amount Required:			\$6,174.10	
Research and Development	N							
Federal Budg	et Period		Apply the states	Fede	ral Project Period		(and the second	
7/1/2023 throug	n 6/30/2025			7/1/201	9 through 6/30/202	25		
FOR AGENCY USE ONLY			S. Saline di	-				
FEDERAL GRANT #: 6 NU90TP922047-05-01	Source of Fu Nevada Publi Emergency P (PHEP) Prog	c Health reparedness	<u>% Funds:</u> 100.00	<u>CFDA:</u> 93.069	FAIN: NU90TP922047	Federal Grant by Federal 4/29/2	Agency:	
Budget Account	Category	GL	Function	Sub-org	Charles and S	Job Number	New John L	
3218	22	8516		•		9306924		
Non-Federal Source Of Funds	% Funds	Amount	Budget Account	Category	GL	Eunction	Sub-Org	
	0.00							
Job Number:	Description:	A						

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SECTION B

Description of Services, Scope of Work and Deliverables revised on Nov 21, 2024

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

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

Scope of Work for Northern Nevada Public Health

Primary Goal: See attachment.

Objective	Activities	Due Date	Documentation Needed
1. See attachment.	See attachment	06/30/2025	See attachment.

Domain Description Associated Capabilities Community Preparedness	Community resilience is the ability of a community, through public health agencies, to develop maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies. Community Preparedness Community Recovery			
Community Preparedness				
Definition	 Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health Identify populations that may be disproportionately impacted by an incident or event and atrisk individuals with access and functional needs Promote awareness of and access to public health resources that help protect the community's health and address the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors Convene or participate with community partners to identify and implement additional ways to strengthen community resilience Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster 			
Community Recovery Definition	Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate monitor, and implement the restoration of public health, health care, human services mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.			
lanned Activity Type (Clas	sify the Planned Activity Type for this Capability)			
Capability: Community Pre	paredness			
lease select ONE from the list b	elow by placing an X in the appropriate cell on the left.			
Build – plan to increase the	capability or capacity of the capability			
Sustain – plan to maintain the current level of capability or capacity of the capability				
Scale back – plan to reduce	the capability or capacity of the capability			
No planned activities this b	udget period – there are no planned activities to address this capability			
Capability: Community Rec	overy			
	elow by placing an X in the appropriate cell on the left.			
The second se	capability or capacity of the capability			

9	Scale bac	\mathbf{k} – plan to reduce the capability or capacity of the capability				
\vdash	No planned activities this budget period – there are no planned activities to address this capability					
Stra	Strategies/Activities					
	ain Str					
		Objective				
-		AFN partners into community response exercises to plan for and re	espond to populations			
		onately impacted by public health emergencies and all-hazards eve				
-		tion Timeline				
requir	red to ac	must provide at least one planned activity for each objective that describes the ne complish the domain objective. The planned activities should describe specific act ive. Planned activities should lead to measurable outputs.				
		te an additional planned activity associated to the domain objective listed above, ed activity.	subrecipients should insert a new row			
Planne Activit		Develop workgroup of stakeholders critical to the set up and operation of mass shelter and identify training and exercising needs to improve coordination in the set up and operation of mass care operations with emphasis on specialty AFN populations (ORR/AAR/Quad)	Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 □ Q3: January 1 – March 31 □ Q4: April 1 – June 30			
Docun	mentatio	n: ConOps or initial meeting agenda/Emails/Meeting notes				
Planne Activit		Develop checklists and/or process flows specific to AFN (i.e., Empower data, SPI) to be included in the exercise planning process. (ORR/AAR/Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30			
Docum	nentatior	n: ExPlan/Agendas/Situation Manual/Participant feedback forms	F			
Planne Activit		Provide Empower data to create AFN population estimation for exercises and real events to identify required transportation assets, durable medical equipment needs and population numbers. (ORR/AAR/Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30			
Docum	nentatior	n: Sign in sheets/feedback forms				
1c. F	unctior	Association (Select all that apply):				
Subrea	ciplents r	nust select the functions used to guide planned activities.				
Comm	<u> </u>	eparedness:				
×	Determine risks to the health of the jurisdiction					
X	Strengthen community partnerships to support health preparedness					
x	Coordinate with partners and share information through community social networks					
	X Coordinate training and provide guidance to support community involvement with preparedness efforts					
	unity Re					
	X Identify and monitor community recovery needs					
X	Support recovery operations for public health and related systems for the community					
	Implem	ent corrective actions to mitigate damage from future incidents				
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):						

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Note: To create an additional proposed output ass	ociated to the planned activity listed o	above, subreciplents si	hould insert a new row for
each proposed output.			

Proposed Output:	Mass shelter workgroup
Proposed Output:	Mass shelter checklists

Proposed Output: Empower data

2a. Planned Objective

Nevada will evaluate public health and medical services gaps and vulnerabilities in response to extreme drought.

2b. Completion Timeline

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

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

cuent					
Plann Activit		Completion Timeline:Image: Q1: July 1 - September 30Image: Q2: October 1 - December 31Image: Q3: January 1 - March 31Image: Q4: April 1 - June 30			
Planne		Completion Timeline:			
Activit		 Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 			
Docur	nentation:				
Planne Activit		Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30			
Docun	entation:				
2c. F	unction Association (Select all that apply):				
Subre	ipients must select the functions used to guide planned activities.				
Comm	unity Preparedness:				
	Determine risks to the health of the jurisdiction				
Х	Strengthen community partnerships to support health preparedness				
	Coordinate with partners and share information through community social networks				
	Coordinate training and provide guidance to support community involvement with preparedness efforts				
Community Recovery:					
	Identify and monitor community recovery needs				
	Support recovery operations for public health and related systems for the community				
	Implement corrective actions to mitigate damage from future incidents				

2d. P	Propose	d Outputs (List the Proposed Outputs resulting from the Planned	Activities):			
Subre	cipients r	nust provide at least one proposed output for each planned activity. The propo				
		ts of completing the planned activities and domain objective.				
each i	proposed	e an <u>additional</u> proposed output assoclated to the planned activity listed above, output.	, subrecipients should insert a new row for			
	sed Outp					
	sed Outp					
Propo	sed Outp	ut:				
3a. P	lanned	Objective				
Deve	lop and	conduct a mass care exercise to enable the identification and ev	aluation of Health District			
respo	onsibilit	ies across all divisions.				
3b. C	ompleti	on Timeline				
produce complete	cts requiretion of a	nust provide at least <u>one</u> planned activity for each domain objective that descri ed to accomplish the domain objective. The planned activities should describe domain objective. Planned activities should lead to measurable outputs. e an <u>additional</u> planned activity associated to the domain objective listed above	specific actions that support the			
	lanned a		, subrecipients should insert a new row jor			
Planne Activit	~~	Develop WCHD shelter exercise to review all aspects of public health involvement to include a walkthrough of environmental health services operations, medical services and epidemiological surveillance with a review specific to CMIST considerations. (ORR /Quad)	Completion Timeline:Image: Compl			
Docum	nentation	Sign in sheet/participant feedback forms				
Planned Activity:		Conduct shelter exercise internal to WCHD. (ORR/AAR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30			
Docum	entation:	CMIST evaluation				
Planne Activity	- 1	Develop AAR-IP for exercise. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30			
Docum	entation:	AAR-IP				
3c. Fi	unction	Association (Select all that apply):	ALC DE TRANSPORT			
		ust select the functions used to guide planned activities.				
		paredness:				
	Determin	e risks to the health of the jurisdiction				
×	Strength	rengthen community partnerships to support health preparedness				
	Coordina	te with partners and share information through community social networks				
<	Coordina	te training and provide guidance to support community involvement with prep	aredness efforts			
	unity Reco					
Identify and monitor community recovery needs						
(Support r	ecovery operations for public health and related systems for the community				

х	Implement corrective actions to mitigate damage from future incidents						
3d. P	3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):						
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.							
	sed Outp						
	sed Outp						
Propo	sed Outp	ut: Exercise documents (ExPlan)					
4a. P	4a. Planned Objective						
By June 30, 2024, increase availability of internally developed Incident Command System (ICS) training resources for Health District Staff.							
4b. C	omplet	ion Timeline					
produc compl Note:	cts requi	nust provide at least <u>one</u> planned activity for each domain objective that describe red to accomplish the domain objective. The planned activities should describe sp a domain objective. Planned activities should lead to measurable outputs. <i>In additional planned activity associated to the domain objective listed above,</i> activity.	pecific actions that support the				
	Planned Develop protocol to guide recovery operations for District Health. Completion Timeline: Activity: (ORR/AAR) Image: Completion Timeline: Image: Completion Timeline: Image: Completion Ti						
Docun	nentatior	: Protocol or processes/Updated plan documents if applicable					
Planned Activity:		d Create process and documentation for 'crash course' mini-response Completion Timeline:					
Docun	nentatior	: Mini-response training forms/sign in sheets					
Planned Develop or identify ICS trainings for emergency public health operations Completion Timeline: Activity: such as POD operations (create in Q1) and/or CRC operations (create in Q3) and make them available in Bridge. (ORR/AAR) Image: Completion Timeline: Q3) and make them available in Bridge. (ORR/AAR) Image: Completion Timeline: Image: Completion Timeline: Q3: Q3: January 1 – December Image: Completion Timeline:		 Q1: July 1 – September 30 Q2: October 1 – December 31 					
Docun	nentatior	: Trainings in Everbridge					
4c. F	unction	Association (Select all that apply):					
Subrecipients must select the functions used to guide planned activities.							
Community Preparedness:							
		ine risks to the health of the jurisdiction					
	Strengthen community partnerships to support health preparedness						
	Coordinate with partners and share information through community social networks						
х	X Coordinate training and provide guidance to support community involvement with preparedness efforts						
Community Recovery:							
х	Identify and monitor community recovery needs						

Х	Support recovery operations for public health and related systems for the community					
	Implement corrective actions to mitigate damage from future incidents					
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):						
expec Note:	ated results of co	rovide at least one proposed output for each planned activity. The proposed outputs should directly relate to the ompleting the planned activities and domain objective. <u>Iditional proposed output associated to the planned activity listed above, subrecipients should insert a new row for</u> t.				
Propo	Proposed Output: Recovery protocol					
Propo	Proposed Output: Mini-response exercise template documents					
Propo	roposed Output: New ICS trainings on learning portal-Bridge					

	lame	Incident Management			
Domain Description		Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the National Incident Management System (NIMS) and coordinated with the jurisdictional incident, unified, or area command structure.			
Associate	d Capabilities	Emergency Operations Coordination			
Emergen Definition	cy Operations 1	Emergency operations coordination is the ability to coordinat direct and support an incident or event with public health or h standardized, scalable system of oversight, organization, a jurisdictional standards and practices and the National Inciden	ealth care implications by establishing nd supervision that is consistent wit		
Planned /	Activity Type (Class	sify the Planned Activity Type for this Capability)	A CALENCER STORE		
Capability	: Emergency Oper	rations Coordination			
Please sele	t ONE from the list be	low by placing an X in the appropriate cell on the left.	1. Stall in the Manager		
Build	– plan to increase the o	capability or capacity of the capability			
Susta	i n – plan to maintain th	he current level of capability or capacity of the capability			
Scale	back – plan to reduce t	the capability or capacity of the capability			
No pla	anned activities this bu	udget period – there are no planned activities to address this capa	bility		
Strateg	ies/Activities				
Domain S	trategy	Strengthen Incident Management			
1a Plann	ed Objective				
C			Service Francisco de Lice		
		onal Incident Management System), NRF (National Re	esponse Framework), ICS		
(Incident	Command System,	onal Incident Management System), NRF (National Re) training and exercises.	esponse Framework), ICS		
<mark>(Incident</mark> 1b. Comp	Command System, letion Timeline) training and exercises.			
(Incident 1b. Comp Subrecipien required to	Command System, letion Timeline ts must provide at lea accomplish the domai		essary tasks, deliverables, or products		
(Incident 1b. Comp Subrecipien required to domain obj Note: To cr	Command System, letion Timeline ts must provide at leas accomplish the domai active. Planned activiti eate an additional play) training and exercises. st one planned activity for each objective that describes the neco n objective. The planned activities should describe specific actio	essary tasks, deliverables, or products ns that support the completion of a		
(Incident 1b. Comp Subrecipien required to domain obj Note: To cr for each pla	Command System, letion Timeline ts must provide at lea accomplish the domai active. Planned activiti eate an additional plan nned activity.) training and exercises. st one planned activity for each objective that describes the neco in objective. The planned activities should describe specific action ies should lead to measurable outputs. nned activity associated to the domain objective listed above, su	essary tasks, deliverables, or products ns that support the completion of a abrecipients should insert a new row		
(Incident 1b. Comp Subrecipien required to domain obj Note: To cr for each pla Planned	Command System, letion Timeline ts must provide at lear accomplish the domai active. Planned activiti eate an additional plan nned activity. Develop a public) training and exercises. st one planned activity for each objective that describes the neco in objective. The planned activities should describe specific actio ies should lead to measurable outputs.	essary tasks, deliverables, or products ns that support the completion of a		
(Incident 1b. Comp Subrecipien required to domain obj Note: To cr for each pla Planned Activity:	Command System, letion Timeline ts must provide at lear accomplish the domai active. Planned activiti eate an additional plan nned activity. Develop a public to develop a staf	training and exercises. st one planned activity for each objective that describes the neco in objective. The planned activities should describe specific action ies should lead to measurable outputs. nned activity associated to the domain objective listed above, su health activation exercise using emergency staff communication fing plan for the response, shift changes and a rotating schedule.	essary tasks, deliverables, or products ns that support the completion of a abrecipients should insert a new row Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31		
(Incident 1b. Comp Subrecipien required to domain obj Note: To cr for each pla Planned Activity: Documentat	Command System, letion Timeline ts must provide at lear accomplish the domai active. Planned activiti eate an additional plan nned activity. Develop a public to develop a staff (ORR, AAR) cion: Exercise document Conduct activatic positions and ide	training and exercises. st one planned activity for each objective that describes the neco in objective. The planned activities should describe specific action ies should lead to measurable outputs. nned activity associated to the domain objective listed above, su health activation exercise using emergency staff communication fing plan for the response, shift changes and a rotating schedule.	essary tasks, deliverables, or products ns that support the completion of a abrecipients should insert a new row Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31		
(Incident 1b. Comp Subrecipien required to domain obj Note: To cr for each pla Planned Activity: Documenta Planned Activity:	Command System, letion Timeline ts must provide at lear accomplish the domai active. Planned activiti eate an additional plan nned activity. Develop a public to develop a staff (ORR, AAR) ion: Exercise documen Conduct activatic positions and ide regular divisional	st one planned activity for each objective that describes the neco in objective. The planned activities should describe specific action ies should lead to measurable outputs. Inned activity associated to the domain objective listed above, su health activation exercise using emergency staff communication fing plan for the response, shift changes and a rotating schedule.	essary tasks, deliverables, or products ns that support the completion of a abrecipients should insert a new row Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q2: October 1 – December 31 Q3: January 1 – March 31		

1c. Fun	action Association (Select all that apply):	
Subrecipi	ients must select the functions used to guide planned activities.	
Emergend	cy Operations Coordination:	
C	Conduct preliminary assessment to determine the need for activation of public health e	nergency operations
X A	Activate public health emergency operations	
X C	Develop and maintain an incident response strategy	
X N	Manage and sustain the public health response	
X C	Demobilize and evaluate public health emergency operations	
1d. Prop	posed Outputs (List the Proposed Outputs resulting from the Planned A	tivities):
	create an <u>additional</u> proposed output associated to the planned activity listed above, Supposed output.	ibrecipients should insert a new row fo
Proposed		
Proposed		
2a. Plan	ined Objective	Contraction of the second second
By June	30, 2024, review and update the MCM plan. POD Manual and PIP plan	
2b. Com Subrecipie products a	30, 2024, review and update the MCM plan, POD Manual and PIP plan. pletion Timeline ents must provide at least <u>one</u> planned activity for each domain objective that describe required to accomplish the domain objective. The planned activities should describe spo on of a domain objective. Planned activities should lead to measurable outputs.	s the necessary tasks, deliverables, or
2b. Com Subrecipie products i completio <i>Note: To</i>	npletion Timeline ents must provide at least <u>one</u> planned activity for each domain objective that describe required to accomplish the domain objective. The planned activities should describe spe	s the necessary tasks, deliverables, or ecific actions that support the
2b. Com Subrecipie products a completio Note: To each plan	npletion Timeline ents must provide at least <u>one</u> planned activity for each domain objective that describe required to accomplish the domain objective. The planned activities should describe sp on of a domain objective. Planned activities should lead to measurable outputs. create an <u>additional</u> planned activity associated to the domain objective listed above, S	s the necessary tasks, deliverables, or ecific actions that support the
2b. Com Subrecipie products a completio Note: To each plan Planned Activity:	ents must provide at least <u>one</u> planned activity for each domain objective that describe required to accomplish the domain objective. The planned activities should describe spon on of a domain objective. Planned activities should lead to measurable outputs. create an <u>additional</u> planned activity associated to the domain objective listed above, S uned activity. Update Medical Countermeasures (MCM) plan. Draft update in Q3 and complete in Q4 with any AAR-IP updates from exercise. Document agenda, sign in and	s the necessary tasks, deliverables, or ecific actions that support the ubrecipients should insert a new row f Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31
2b. Com Subrecipie products a completio Note: To each plan Planned Activity:	ents must provide at least one planned activity for each domain objective that describe required to accomplish the domain objective. The planned activities should describe spon on of a domain objective. Planned activities should lead to measurable outputs. create an <u>additional</u> planned activity associated to the domain objective listed above, S uned activity. Update Medical Countermeasures (MCM) plan. Draft update in Q3 and complete in Q4 with any AAR-IP updates from exercise. Document agenda, sign in and meeting notes. (ORR)	s the necessary tasks, deliverables, or ecific actions that support the ubrecipients should insert a new row f Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
2b. Com Subrecipie products a completio Note: To each planned Activity: Document Planned Activity:	Impletion Timeline ents must provide at least one planned activity for each domain objective that describe required to accomplish the domain objective. The planned activities should describe spon of a domain objective. Planned activities should lead to measurable outputs. create an additional planned activity associated to the domain objective listed above, S uned activity. Update Medical Countermeasures (MCM) plan. Draft update in Q3 and complete in Q4 with any AAR-IP updates from exercise. Document agenda, sign in and meeting notes. (ORR) tation: Updated MCM plan Update Point of Dispensing Operations Manual. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises.	s the necessary tasks, deliverables, or ecific actions that support the ubrecipients should insert a new row f Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q3: January 1 – March 31
2b. Com Subrecipie products a completio Note: To (each plan) Planned Activity: Document Planned Activity:	Impletion Timeline ents must provide at least one planned activity for each domain objective that describe required to accomplish the domain objective. The planned activities should describe spon of a domain objective. Planned activities should lead to measurable outputs. create an additional planned activity associated to the domain objective listed above, Somed activity. Update Medical Countermeasures (MCM) plan. Draft update in Q3 and complete in Q4 with any AAR-IP updates from exercise. Document agenda, sign in and meeting notes. (ORR) tation: Updated MCM plan Update Point of Dispensing Operations Manual. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document agenda, sign in and meeting notes. (ORR)	s the necessary tasks, deliverables, or ecific actions that support the ubrecipients should insert a new row f Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q3: January 1 – March 31
2b. Com Subrecipie products a completio Note: To (each plan) Planned Activity: Document Planned Activity:	ents must provide at least one planned activity for each domain objective that describe sprequired to accomplish the domain objective. The planned activities should describe spreared an additional planned activities should lead to measurable outputs. create an additional planned activity associated to the domain objective listed above, S uned activity. Update Medical Countermeasures (MCM) plan. Draft update in Q3 and complete in Q4 with any AAR-IP updates from exercise. Document agenda, sign in and meeting notes. (ORR) tation: Updated MCM plan Update Point of Dispensing Operations Manual. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document agenda, sign in and meeting notes. (ORR) tation: Updated Point of Dispensing Operations Manual Update Pandemic Influenza Plan. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document	s the necessary tasks, deliverables, or ecific actions that support the ubrecipients should insert a new row f Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30 Completion Timeline: Q4: April 1 – June 30 Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q3: January 1 – March 31 Q3: January 1 – March 31

				Q3: January 1 – March 31		
			×	Q4: April 1 – June 30		
Documen	tation: Upc	ated CBRNE Plan, as needed.				
2c. Fun	ction Ass	ociation (Select all that apply):				
Subrecipie	ents must s	elect the functions used to guide planned activities.				
Emergend	cy Operatio	ns Coordination:				
c	Conduct pre	liminary assessment to determine the need for activation of public health eme	ergeno	cy operations		
A	Activate pul	plic health emergency operations				
X D	Develop and	I maintain an incident response strategy				
N	/lanage and	l sustain the public health response				
D	Demobilize and evaluate public health emergency operations					
2d. Prop	posed Ou	tputs (List the Proposed Outputs resulting from the Planned Acti	ivitie	s):		
expected	results of c	provide at least one proposed output for each planned activity. The proposed of ompleting the planned activities and domain objective.	120			
and the second se	create an <u>a</u> osed outpu	<u>additional</u> proposed output associated to the planned activity listed above, Sub It.	recipi	ents snould insert a new row for		
Proposed		Updated Medical Countermeasures plan		And of the particular of the particular of the		
Proposed	Output:	Updated POD Operations Manual				
Proposed	Output:	Updated Pandemic Influenza Plan				
3a. Plan	ned Obje	ctive				
By June	30, 2024	, coordinate the evaluation of the WCHD Outbreak Response Pla	an foi	r relevance and update or		
eliminat	te it base	d on EPHP input.				
3b. Com	pletion T	imeline				
products r	required to	rovide at least <u>one</u> planned activity for each domain objective that describes t accomplish the domain objective. The planned activities should describe spec ain objective. Planned activities should lead to measurable outputs.				
Note: To	create an <u>a</u>	dditional planned activity associated to the domain objective listed above, Sub	brecipi	ients should insert a new row for		
each plan	ned activity					
Planned Activity:		iew Outbreak Response plan and evaluate it against the need for a process for ntifying activations processes for a public health response. (ORR/AAR)		pletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30		
Document	ation: Upd	ated Outbreak Response Plan or other plan/process				
Planned Activity:				pletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30		
Document	ation:					
Planned Activity:				pletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30		
				der uburg sources		

Docur	mentation:	
3c. F	unction Asso	ciation (Select all that apply):
Subre	cipients must se	ect the functions used to guide planned activities.
Emer	gency Operation	s Coordination:
	Conduct preli	iminary assessment to determine the need for activation of public health emergency operations
	Activate publ	ic health emergency operations
Х	Develop and	maintain an incident response strategy
	Manage and	sustain the public health response
	Demobilize a	nd evaluate public health emergency operations
3d. P	roposed Out	puts (List the Proposed Outputs resulting from the Planned Activities):
expec	ted results of co	ovide at least one proposed output for each planned activity. The proposed outputs should directly relate to the impleting the planned activities and domain objective. Iditional proposed output associated to the planned activity listed above, Subrecipients should insert a new row for
	proposed output	
Propo	sed Output:	WCHD workgroup
Ргоро	sed Output:	Updated Outbreak Response Plan and/or another plan
	sed Output:	

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0		Information Management	
Domain Description		Information management is the ability to develop and maintain the communication of timely, accurate, accessible information community approach, and to exchange health information and sit local, territorial and tribal levels of governments and partners.	n, alerts, and warnings using a whole
Ass	sociated Capabilities	Emergency Public Information and Warning Information Sharing	a principal and a second second
Emergency Public Information and Warning Definition Information Sharing Definition		Emergency public information and warning is the ability to a information, alerts, warnings, and notifications to the public and	the second
		Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health related information and situational awareness data among federal, state, local, tribal, and territoria levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.	
Pla	nned Activity Type (Clas	sify the Planned Activity Type for this Capability)	
Cap	ability: Emergency Pub	lic Information and Warning	
Plea	se select ONE from the list b	elow by placing an X in the appropriate cell on the left.	
	Build – plan to increase the	capability or capacity of the capability	
х	Sustain – plan to maintain ti	ne current level of capability or capacity of the capability	
	Scale back – plan to reduce	he capability or capacity of the capability	
	No planned activities this b	udget period – there are no planned activities to address this capabi	lity
Car	ability: Information Sha	aring	
		elow by placing an X in the appropriate cell on the left.	testestest sin reaction
		capability or capacity of the capability	
x		ne current level of capability or capacity of the capability	
	Scale back – plan to reduce	he capability or capacity of the capability	
		Idget period – there are no planned activities to address this capabi	lity
Str	ategies/Activities		
2	nain Strategy	Strengthen Information Management	
	the second s	Strengthen Information Management	
-	Planned Objective		
1.00	and the second se	nformation components in preparedness and response	plans.
1b.	Completion Timeline		
requ dom	ired to accomplish the doma ain objective. Planned activit	est <u>one</u> planned activity for each objective that describes the neces in objective. The planned activities should describe specific actions ties should lead to measurable outputs. Inned activity associated to the domain objective listed above, sub	s that support the completion of a
	planned activity.		and the state of the state
Plan Activ		Vashoe County Emergency Management to review and update the nunications and Public Information Plan. Document agenda, sign in s. (PIO/ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31

Planne Activity		velop a public health activation communications drill utilizing alternate modes of nmunication with public when standard methods are inoperable. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31
Docum	ontation: Exi	Dan massaging mosting actor	Q4: April 1 – June 30
Planne		Plan, messaging, meeting notes	
Activity		elop AAR-IP. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Docum	entation: AA	R-IP	
1c. Fu	unction As	sociation (Select all that apply):	
Recipie	ints must sel	ect the functions used to guide planned activities.	
Emerge	ency Public I	nformation and Warning:	
	Activate the	emergency public information system	
	Determine t	the need for a Joint Information System	
	Establish an	d participate in information system operations	
x	Establish av	enues for public interaction and information exchange	
	Issue public	information, alerts, warnings, and notifications	
Informa	ation Sharing	g:	
x	Identify stak	seholders that should be incorporated into information flow and define information	tion sharing needs
x	ldentify and	develop guidance, standards, and systems for information exchange	
	Exchange in	formation to determine a common operating picture	
1d. Pr	oposed Oi	utputs (List the Proposed Outputs resulting from the Planned Activ	vities):
expecte Note: 1	ed results of	ovide at least one proposed output for each planned activity. The proposed outp completing the planned activities and domain objective. <u>additional</u> proposed output associated to the planned activity listed above, recip out.	
Propose	ed Output:	Updated Emergency Communications and Public Information Plan (ECPIP)	
Propose	ed Output:	ExPlan/Exercise documents	
Propose	ed Output:	AAR-IP	
2a. Pla	anned Obj	ective	
		4, provide multiple opportunities to implement new processes and	
-		ty with a focus on providing access to hard-to-reach local populat	ions.
2b. Co	mpletion	Timeline	
product complet For each	ts'r <mark>equired</mark> to tion of a dor h planned ac	wide at least <u>one</u> planned activity for each domain objective that describes the r o accomplish the domain objective. The planned activities should describe speci nain objective. Planned activities should lead to measurable outputs. ctivity, recipients must indicate which quarter of the budget period they expect t the activities. PLEASE CHECK ONLY ONE.	fic actions that support the
Note: 1		additional planned activity associated to the domain objective listed above, reci	pients should insert a new row for

Plann Activit	ty: act suc	rate media information protocol that can be disseminated at the beginning of an ivation event to be provided to response staff that includes basic instructions h as interactions with media, etiquette, identification of briefing areas and ining. (AAR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Docur	nentation: Co	mpleted protocol (formatted in email/training/video)		
Plann Activit		ntify communications trainings that may include CDC Crisis and Emergency Risk nmunication (CERC) for Communication team. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Docur	nentation: Tr	aining certificates		
Planne Activit	:y: mo	part of the fall flu POD exercises and other activities as appropriate, create 2 or re culturally appropriate media and/or informational pushout documents in port of the exercise/s. (ORR)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30	
Docun	nentation: Pre	ess releases/informational flyers		
2c. F	unction As	sociation (Select all that apply):		
Recipi	ents must sel	ect the functions used to guide planned activities.	Calendra and Dran Hall Ba	
Emerg	ency Public I	nformation and Warning:		
	Activate the	emergency public information system		
	Determine t	he need for a Joint Information System		
х	Establish an	d participate in information system operations		
	Establish av	enues for public interaction and information exchange		
х	Issue public	information, alerts, warnings, and notifications		
Inform	nation Sharing	<u>z</u> :		
	Identify stal	reholders that should be incorporated into information flow and define informat	ion sharing needs	
	Identify and	develop guidance, standards, and systems for information exchange		
	Exchange information to determine a common operating picture			
2d. P	roposed O	utputs (List the Proposed Outputs resulting from the Planned Activ	vities):	
output Note:	ts should dire	wide at least one proposed output (1,000 characters per proposed output) for eactly relate to the expected results of completing the planned activities and doma additional proposed output associated to the planned activity listed above, reciput.	in objective.	
Propos	ed Output:	Media Protocol		
Propos	ed Output:	CERC trained Public Information Officers		
Propos	ed Output:	Two media or informational pushout documents to support emergency oper	rations.	
3a. Pl	anned Obj	ective		
Provi	de multiple	opportunities to drill and review internal modes of communication	ons for information pushout	
to sta				
3b. C	ompletion	Timeline		

Information Sharing: Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	products required	rovide at least <u>one</u> planned activity for each domain objective that describes th to accomplish the domain objective. The planned activities should describe spo omain objective. Planned activities should lead to measurable outputs.	the second secon
eack planned activity. Dill/exercise all forms of internal communications methods quarterly. (ORR) Completion Timeline: Activity: Dill/exercise all forms of internal communications methods quarterly. (ORR) Completion Timeline: ID Q1: July 1 - September 30 Q2: October 1 - December 31 Documentation: AAR-IP Maintain Code Red bi-weekly exercising with assigned staff. (ORR) Completion Timeline: Planned Activity: Maintain Code Red bi-weekly exercising with assigned staff. (ORR) Completion Timeline: Plannet Maintain Code Red bi-weekly exercises with assigned staff. (ORR) Completion Timeline: Plannet Q4: April 1 - June 30 Q2: October 1 - December 31 Documentation: Massign schedule, CodeRed messages Plannet Activity: Develop a yearly AAR-IP for communication exercises. (ORR) Completion Timeline: Q2: October 1 - December 31 Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31 Q2: Q2: October 1 - December 31	A DOLE NOT THE REAL PROPERTY OF		t to complete the activities and work
Planned Activity: Drill/exercise all forms of internal communications methods quarterly. (ORR) Completion Timeline: Exercise Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q2 Q4: April 1 – June 30 Documentation: AAR-IP Maintain Code Red bi-weekly exercising with assigned staff. (ORR) Completion Timeline: Maintain Code Red bi-weekly exercising with assigned staff. (ORR) Completion Timeline: Q2: October 1 – December 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q3: January 1 – March 31 Q3: Q2: October 1 – December 31 Q3: January 1 – June 30 Documentation: Messaging schedule, CodeRed messages Completion Timeline: Planned Activity: Develop a yearly AAR-IP for communication exercises. (ORR) Completion Timeline: Q3: January 1 – March 31 Q3: January 1 – March 31 Q3: January 1 – March 31 Q3: Q3: January 1 – March 31 Q3: Q3: January 1 – March 31 Q3: Q3: January 1 – March 31 Q3: Sociation (Select all that apply): Recipients must select the functions used to guide planned activities. Completion Timeline: Emergency Public Information and Warning: Activate the emergency public information system Z Z Sta	Comment of the Art of the		eciplents should insert a new row for
Activity: Image: Set			Completion Timeline:
Planned Activity: Maintain Code Red bi-weekly exercising with assigned staff. (ORR) Completion Timeline: Q1: July 1 – September 30 Q Q2: October 1 – December 31 Q3: January 1 – March 31 Q Q3: January 1 – March 31 Q1: July 1 – September 30 Q Q2: October 1 – December 31 Q2: October 1 – December 31 Q Q4: April 1 – June 30 Documentation: Messaging schedule, CodeRed messages Completion Timeline: Planned Activity: Develop a yearly AAR-IP for communication exercises. (ORR) Completion Timeline: Q1: July 1 – September 30 Q Q2: October 1 – December 31 Q Q2: October 1 – December 31 Q3: January 1 – March 31 Q Q2: October 1 – December 31 Q Q2: October 1 – December 31 Q Q2: October 1 – December 31 Q Q3: January 1 – March 31 Q Q2: October 1 – December 31 Q Q2: October 1 – December 31 Q Q3: January 1 – March 31 Q Q4: April 1 – June 30 Documentation: AAR-IP Stabuary 1 – March 31 Q Q4: April 1 – June 30 Documentation: AAR-IP Stabuary 1 – March 31 Q Q4: April 1 – June 30 Determine the functions used to guide planned activities. Stabuary 1 – March 31 Q Emergency Public Information system Stabuary 1 – March 31 Q Determine th		ny exercise an forms of meeting communications methods quarterry. (onn)	☑Q1: July 1 – September 30☑Q2: October 1 – December 31☑Q3: January 1 – March 31
Activity: Image: Constraint of the co	Documentation: A	AR-IP	
Planned Activity: Develop a yearly AAR-IP for communication exercises. (ORR) Completion Timeline: 		aintain Code Red bi-weekly exercising with assigned staff. (ORR)	 ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31
Activity: Image: Constraint of the emergency public information system Constraint of the emergency public information system Rectivate the emergency public information system Constraint of the emergency public information system Restablish and participate in information system Constraint of the emergency public information system Issue public information, alerts, warnings, and notifications Issue public information, alerts, warnings, and notifications Information Issue public information system soft of system soft information system K Issue public information, alerts, warnings, and notifications Information Identify stakeholders that should be incorporated into information exchange X Identify and develop guidance, standards, and systems for information exchange X Identify and develop guidance, standards, and systems for information exchange	Documentation: N	lessaging schedule, CodeRed messages	
3C. Function Association (Select all that apply): Recipients must select the functions used to guide planned activities. Emergency Public Information and Warning: Activate the emergency public information system Determine the need for a Joint Information System X Establish and participate in information system operations Establish avenues for public interaction and information exchange X Issue public information, alerts, warnings, and notifications Information Sharing: Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture		evelop a yearly AAR-IP for communication exercises. (ORR)	 ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31
Recipients must select the functions used to guide planned activities. Emergency Public Information and Warning: Activate the emergency public information system Determine the need for a Joint Information System X Establish and participate in information system operations Establish avenues for public interaction and information exchange X Issue public information, alerts, warnings, and notifications Information Sharing: Identify stakeholders that should be incorporated into information exchange X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	Documentation: A	AR-IP	
Emergency Public Information and Warning: Activate the emergency public information system Determine the need for a Joint Information System X Establish and participate in information system operations Establish avenues for public interaction and information exchange X Issue public information, alerts, warnings, and notifications Information Sharing: Identify stakeholders that should be incorporated into information exchange X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	3c. Function A	ssociation (Select all that apply):	
Activate the emergency public information system Determine the need for a Joint Information System X Establish and participate in information system operations Establish avenues for public interaction and information exchange X Issue public information, alerts, warnings, and notifications Information Sharing: Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	Recipients must se	lect the functions used to guide planned activities.	
Determine the need for a Joint Information System X Establish and participate in information system operations Establish avenues for public interaction and information exchange X Issue public information, alerts, warnings, and notifications Information Sharing: Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	Emergency Public	Information and Warning:	
X Establish and participate in information system operations Establish avenues for public interaction and information exchange X Issue public information, alerts, warnings, and notifications Information Sharing: Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture			
Establish avenues for public interaction and information exchange X Issue public information, alerts, warnings, and notifications Information Sharing: Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture			
X Issue public information, alerts, warnings, and notifications Information Sharing: Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	X Establish a	nd participate in information system operations	
Information Sharing: Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	Establish a	Establish avenues for public interaction and information exchange	
Identify stakeholders that should be incorporated into information flow and define information sharing needs X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	X Issue publi	c information, alerts, warnings, and notifications	
X Identify and develop guidance, standards, and systems for information exchange Exchange information to determine a common operating picture	Information Shari	lg:	
Exchange information to determine a common operating picture	Identify sta	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	X Identify an	Identify and develop guidance, standards, and systems for information exchange	
	Exchange i	nformation to determine a common operating picture	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	3d. Proposed C	utputs (List the Proposed Outputs resulting from the Planned Ac	tivities):
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for	expected results o	f completing the planned activities and domain objective.	
each proposed output.	each proposed out	put.	
Proposed Output: Exercise document – running ExPlan			
	Proposed Output: Proposed Output:		

Domain Name	Countermeasures and Mitigation		
Domain Description	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non pharmaceutical and responder safety and health measures during response to a public health incident.		
Associated Capabilities	 Medical Countermeasure Dispensing and Administration Medical Materiel Management and Distribution Nonpharmaceutical Interventions Responder Safety and Health 		
Medical Countermeasure Dispensing and Administration Definition	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses or dispensing and administering medical countermeasures, such as vaccines, antiviral drugs antibiotics, and antitoxins.		
Medical Materiel Management and Distribution	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks ventilators, or medical equipment after an incident.		
Nonpharmaceutical Interventions	Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include • Isolation • Quarantine • Restrictions on movement and travel advisories or warnings • Social distancing • External decontamination		
	Hygiene		
	Precautionary protective behaviors		
Responder Safety and Health	Responder safety and health is the ability to protect public health and other emergence responders during pre-deployment, deployment, and post-deployment.		
Planned Activity Type (Classify t	ne Planned Activity Type for this Capability)		
Capability: Medical Countermea	sure Dispensing and Administration		
Please select ONE from the list below by	placing an X in the appropriate cell on the left.		
Build – plan to increase the cape	bility or capacity of the capability		
X Sustain – plan to maintain the cu	Sustain – plan to maintain the current level of capability or capacity of the capability		
Scale back – plan to reduce the o	capability or capacity of the capability		
No planned activities this budge	t period – there are no planned activities to address this capability		
Capability: Medical Materiel Ma	nagement and Distribution		
Please select ONE from the list below by	/ placing an X in the appropriate cell on the left.		
Build – plan to increase the capa	bility or capacity of the capability		
X Sustain – plan to maintain the cu	rrent level of capability or capacity of the capability		
Scale back – plan to reduce the c	apability or capacity of the capability		
No planned activities this budge	t period – there are no planned activities to address this capability		

Build	- plan to increase the capability	or capacity of the capability			
X Susta	Sustain – plan to maintain the current level of capability or capacity of the capability				
Scale	Scale back – plan to reduce the capability or capacity of the capability				
No pl	anned activities this budget per	iod – there are no planned activities to address this co	apability		
Capability:	Responder Safety and He	alth	Charles Strength		
Please select	ONE from the list below by plac	ing an X in the appropriate cell on the left.			
Build	– plan to increase the capability	or capacity of the capability			
X Susta	Sustain – plan to maintain the current level of capability or capacity of the capability				
Scale	back – plan to reduce the capab	ility or capacity of the capability			
No pl	anned activities this budget per	iod – there are no planned activities to address this ca	apability		
Strategie	es/Activities				
Domain St	ategy	Strengthen Countermeasures and Mitigatio	on		
1a. Planne	d Objective				
Complete d	full-scale exercise of an a	nthrax event within the CRI jurisdiction.			
1b. Comple	tion Timeline	In your the second second second			
Note: To crea each planned	tive. Planned activities should le te an <u>additional</u> planned activit activity.	y associated to the domain objective listed above, su	ubrecipients should insert a new row fo		
EXTRACT OF	tive. Planned activities should le te an <u>additional</u> planned activit activity. Coordinate with Southern	ead to measurable outputs.	Completion Timeline:		
Note: To crea each planned Planned	tive. Planned activities should le te an <u>additional</u> planned activit activity. Coordinate with Southern	ead to measurable outputs. An associated to the domain objective listed above, su Nevada Health District on the development and	ubrecipients should insert a new row fo Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 3 □ Q3: January 1 – March 31		
Note: To crea each planned Planned Activity:	tive. Planned activities should le te an <u>additional</u> planned activit activity. Coordinate with Southern participation in CRI Anthra:	ead to measurable outputs. <i>ty associated to the domain objective listed above, su</i> Nevada Health District on the development and x exercise in Las Vegas. (ORR)	ubrecipients should insert a new row for Completion Timeline: X Q1: July 1 – September 30 X Q2: October 1 – December 3		
Note: To crea each planned Planned Activity: Documentatio	tive. Planned activities should le te an <u>additional</u> planned activity activity. Coordinate with Southern participation in CRI Anthra:	ead to measurable outputs. By associated to the domain objective listed above, su Nevada Health District on the development and a exercise in Las Vegas. (ORR)	ubrecipients should insert a new row fo Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 3 Q3: January 1 – March 31 Q4: April 1 – June 30		
Note: To crea each planned Planned Activity: Documentatic Planned	tive. Planned activities should le te an <u>additional</u> planned activit activity. Coordinate with Southern participation in CRI Anthra:	ead to measurable outputs. By associated to the domain objective listed above, su Nevada Health District on the development and a exercise in Las Vegas. (ORR)	ubrecipients should insert a new row fo Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 3 □ Q3: January 1 – March 31		
Note: To crea each planned Planned Activity: Documentatio Planned Activity:	tive. Planned activities should le te an <u>additional</u> planned activity activity. Coordinate with Southern participation in CRI Anthra:	ead to measurable outputs. <i>Ty associated to the domain objective listed above, su</i> Nevada Health District on the development and x exercise in Las Vegas. (ORR) s/agendas/sign in sheets exercise in Las Vegas. (ORR)	ubrecipients should insert a new row for Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 30 Image: Q3: January 1 – March 31 Image: Q4: April 1 – June 30 Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 30 Image: Q2: October 1 – December 30 Image: Q2: October 1 – December 30 Image: Q3: January 1 – March 31		
Note: To crea each planned Planned Activity: Documentatic Planned Activity: Documentatic Planned	tive. Planned activities should le te an <u>additional</u> planned activity activity. Coordinate with Southern participation in CRI Anthra: on: Planning meeting documents Participate in CRI Anthrax e	ead to measurable outputs. Ey associated to the domain objective listed above, su Nevada Health District on the development and x exercise in Las Vegas. (ORR) S/agendas/sign in sheets exercise in Las Vegas. (ORR) ment in ExPlan	ubrecipients should insert a new row for Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 30 Image: Q3: January 1 – March 31 Image: Q4: April 1 – June 30 Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 30 Image: Q2: October 1 – December 30 Image: Q2: October 1 – December 30 Image: Q3: January 1 – March 31		
Note: To crea each planned Planned Activity: Documentatic Planned Activity: Documentatic Planned Activity:	tive. Planned activities should le the an <u>additional</u> planned activity activity. Coordinate with Southern participation in CRI Anthra: Participate in CRI Anthrax e Participate in CRI Anthrax e Participate in AAR-IP develo	ead to measurable outputs. Ey associated to the domain objective listed above, su Nevada Health District on the development and x exercise in Las Vegas. (ORR) S/agendas/sign in sheets exercise in Las Vegas. (ORR) ment in ExPlan	ubrecipients should insert a new row for Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Image: Q3: January 1 – March 31 Image: Q4: April 1 – June 30 Image: Completion Timeline: Image: Q2: October 1 – December 30 Image: Q2: October 1 – December 30 Image: Q2: October 1 – December 31 Image: Q4: April 1 – June 30 Image: Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Image: Q2: October 1 – December 31 Image: Q3: January 1 – March 31		
Note: To crea each planned Planned Activity: Documentatio Planned Activity:	tive. Planned activities should le the an <u>additional planned activity</u> Coordinate with Southern participation in CRI Anthra: on: Planning meeting documents Participate in CRI Anthrax e n: Sign in sheets/acknowledgem Participate in AAR-IP develo n: AAR-IP Conduct programmatic rev	ead to measurable outputs. Ey associated to the domain objective listed above, su Nevada Health District on the development and x exercise in Las Vegas. (ORR) S/agendas/sign in sheets exercise in Las Vegas. (ORR) ment in ExPlan	ubrecipients should insert a new row for Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Image: Q3: January 1 – March 31 Image: Q4: April 1 – June 30 Image: Completion Timeline: Image: Q2: October 1 – December 30 Image: Q2: October 1 – December 30 Image: Q2: October 1 – December 31 Image: Q4: April 1 – June 30 Image: Completion Timeline: Image: Q1: July 1 – September 30 Image: Q2: October 1 – December 31 Image: Q2: October 1 – December 31 Image: Q3: January 1 – March 31		

Subrecipient	s must select the functions used to guide planned activities.	
	ntermeasure Dispensing and Administration	
x	Determine medical countermeasure dispensing/administration strategies	
x	Receive medical countermeasures to be dispensed/administered	
х	Activate medical countermeasure dispensing/administration operations	
x	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Mat	eriel Management & Distribution	
X	Direct and activate medical materiel management and distribution	
x	Acquire medical materiel from national stockpiles or other supply sources	
x	Distribute medical materiel	
x	Monitor medical materiel inventories and medical materiel distribution operations	
^		
	Recover medical materiel and demobilize distribution operations	
Nonpharmac	Ended a partners and identify for the time of a new formation intervention.	
_	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Sa	afety and Health	
X	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	
х	Monitor responder safety and health during and after incident response	
1d. Propos	ed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients	s must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the	
The second se	ults of completing the planned activities and domain activity.	
Note: To crea for each prop	ate an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row	
Proposed Out		
2a. Planne	d Objective	
	, 2024, plan, coordinate and conduct a chemical exercise in close coordination with regional partner	
	spital Preparedness Program (HPP).	
at Cound	etion Timeline	
Z(0), (0)111101(;		

each planned activity.

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Planned Activity:	Coordinate with HPP program and regional partners to choose most concerning chemical threat hazard for Washoe County, identify risks, gaps and mitigation requirements and use the information created to design a chemical tabletop exercise. (ORR/FOA/Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Documentation:	List of chemical threats/list of gaps/list of resources	
Planned Activity:	In coordination with the HPP program and regional partners conduct concept of operations meeting, initial planning meeting and create exercise documentation for chemical exercise. (FOA/AAR/Quad)	Completion Timeline: □ Q1: July 1 – September 30 ⊠ Q2: October 1 – December 31 ⊠ Q3: January 1 – March 31 □ Q4: April 1 – June 30
Documentation:	Situation Manual/Sign in sheets/agendas	
Planned Activity:	Conduct Chemical exercise. (FOA/AAR/Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Documentation:	Exercise announcements/sign in sheets	
Planned Activity:	Develop AAR-IP. (FOA/AAR/Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Documentation:	AAR-IP	
2c. Function	Association (Select all that apply):	
Subrecipients mu	ust select the functions used to guide planned activities.	WAR ST THINK THE STORE
Medical Counter	measure Dispensing and Administration	
x	Determine medical countermeasure dispensing/administration strategies	
x	Receive medical countermeasures to be dispensed/administered	
x	Activate medical countermeasure dispensing/administration operations	
x	Dispense/administer medical countermeasures to targeted population(s)	
x	Report adverse events	
Medical Materiel	Management & Distribution	
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operation	IS
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceuti	cal Interventions	
	Engage partners and identify factors that impact nonpharmaceutical intervention	5
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
	/ and Health	

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	I down the second and headth vieles	
X	Identify responder safety and health risks	
X	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
2d. Proposed	Outputs (List the Proposed Outputs resulting from the Planned Acti	vities):
expected results	st provide at least one proposed output for each planned activity. The proposed o of completing the planned activities and domain objective. In <u>additional</u> proposed output associated to the planned activity listed above, subj	
each proposed ou	Les avec de la company de la	
Proposed Output	List of chemical risks and gaps	
Proposed Output	Situation manual/Exercise documents	
Proposed Output	AAR-IP	
Proposed Output		
3a. Planned O	bjective	
By March 30, 2	2024, plan, coordinate and conduct a Point of Dispensing exercise t	hat includes a focus on
security, eme	gency use authorizations, and multidivisional staffing models.	
3b. Completio	n Timeline	
products required of a domain activ	st provide at least <u>one</u> planned activity for each domain objective that describes t d to accomplish the domain activity. The planned activitles should describe specific ity. Planned activities should lead to measurable outputs.	c actions that support the completion
Note: To create a each planned act	in <u>additional</u> planned activity associated to the domain objective listed above, sub ivity.	recipients should insert a new row for
Planned Activity:	Develop exercise plan for Fall Flu POD activities to focus on POD security, EUA/IND protocols, and multidivisional staffing. (ORR/JRA/Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Documentation: E	Exercise documents/agendas/meeting notes	
Planned Activity:	Conduct POD exercise and evaluate upon completion. (ORR/JRA/Quad)	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Documentation: S	Ign In sheets/media pushouts/participant evaluations	
Planned Activity:	Develop AAR-IP. (ORR/JRA/Quad)	Completion Timeline: □ Q1: July 1 – September 30 ⊠ Q2: October 1 – December 31 ⊠ Q3: January 1 – March 31 □ Q4: April 1 – June 30
Documentation: A	AR-IP	
Planned Activity:	Coordinate, as requested, with the U.S. Postal Service in their annual BDS exercise.	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Documentation: N	Aeeting notes, invitation, email	
3c. Function A	ssociation (Select all that apply):	

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Subrecipi	ents must select the functions used to guide planned activities.	
Medical (ountermeasure Dispensing and Administration	
x	Determine medical countermeasure dispensing/administration strategies	
х	Receive medical countermeasures to be dispensed/administered	
х	Activate medical countermeasure dispensing/administration operations	
x	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical N	lateriel Management & Distribution	
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharr	aceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responde	Safety and Health	
	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
3d. Prop	osed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
expected Note: To	Ints must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the esults of completing the planned activities and domain activity. reate an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for posed output.	
Proposed		
Proposed		
Proposed	Dutput: AAR-IP	
Proposed	Dutput:	

Domain Name	Surge Management
Domain Description	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care and behavioral services and resources are available during event that exceed the limits of the normal public health and medical infrastructure of an affected community This includes coordinating expansion of access to public health, health care and behavioral services mobilizing medical and other non-medical volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organization and agencies to provide fatality management services.
Associated Capabilities	Fatality Management
	Mass Care
	Medical Surge
	Volunteer Management
Fatality Management	Fatality management is the ability to coordinate with organizations and agencies to provide fatality
Definition	 management services. The public health agency role in fatality management activities may include supporting Recovery and preservation of remains
	Identification of the deceased
	Determination of cause and manner of death
	Release of remains to an authorized individual
	Provision of mental/behavioral health assistance for the grieving
	The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.
Mass Care Definition	Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.
Medical Surge Definition	Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.
Volunteer Management Definition	Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment and post-deployment.
Planned Activity Type (Class	sify the Planned Activity Type for this Capability)
Capability: Fatality Manage	ment
Please select ONE from the list be	low by placing an X in the appropriate cell on the left.
X Build – plan to increase the c	apability or capacity of the capability
	e current level of capability or capacity of the capability
Scale back – plan to reduce th	he capability or capacity of the capability
No planned activities this bu	dget period – there are no planned activities to address this capability
Capability: Mass Care	
Please select ONE from the list be	low by placing an X in the appropriate cell on the left.
	low by placing an X in the appropriate cell on the left. apability or capacity of the capability

Sca	Scale back – plan to reduce the capability or capacity of the capability			
No	No planned activities this budget period – there are no planned activities to address this capability			
Capability: Medical Surge				
Please select ONE from the list below by placing an X in the appropriate cell on the left.				
X Bui	Build – plan to increase the capability or capacity of the capability			
Sus	Sustain – plan to maintain the current level of capability or capacity of the capability			
Sca	Scale back – plan to reduce the capability or capacity of the capability			
No	No planned activities this budget period – there are no planned activities to address this capability			
Capabi	lity: Volunteer Mana	gement		
Please select ONE from the list below by placing an X in the appropriate cell on the left.				
X Bui	Build – plan to increase the capability or capacity of the capability			
Sus	Sustain – plan to maintain the current level of capability or capacity of the capability			
Sca	Scale back – plan to reduce the capability or capacity of the capability			
No planned activities this budget period – there are no planned activities to address this capability				
Strate	egies/Activities			
Domain	omain Strategy Strengthen Surge Management			
1a. Planned Objective				
By June 30, 2024, increase availability of WebEOC training resources to Health District Staff.				
1b. Completion Timeline				
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products				
required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a				
domain objective. Planned activities should lead to measurable outputs.				
		nned activity associated to the domain objective listed abo	ove, subrecipients should insert a new row for	
	nned activity.			
Planned Activity:	Develop WebEOC	instructions for WCHD staff. (ORR/AAR)	Completion Timeline:	
			☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31	
			\square Q3: January 1 – March 31	
	1		🛛 Q4: April 1 – June 30	
Documer	ntation: Completed trainir	g manual		
Planned		training for Bridge training system and push out to all	Completion Timeline:	
Activity:	WCHD staff. (ORR,	(AAR)	Q1: July 1 – September 30	
			Q2: October 1 – December 31	
			Q3: January 1 – March 31	
Documen	I station: WebEOC training	module	Q4: April 1 – June 30	
Planned				
Activity:	representative on the Disaster Behavioral Health Annex, as able. (ORR/JRA)		Image: Completion filmeline: Image: Completion	
			\square Q1: Supplies Deptember 30	
			☑ Q3: January 1 – March 31	
			🗵 Q4: April 1 – June 30	
Documen	tation: Meeting agendas	and minutes/updated plan if completed.		
1c. Fun	ction Association (Se	elect all that apply):		
Subrecipi	ents must select the func	tions used to guide planned activities.		

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Fatalit	y Management	
		e public health agency role in fatality management
x	Identify and fa	acilitate access to public health resources to support fatality management operations
	Assist in the c	ollection and dissemination of antemortem data
x	Support the p	rovision of survivor mental/behavioral health services
	Support fatali	ty processing and storage operations
Mass (Care	
	Determine pu	blic health role in mass care operations
	Determine ma	ass care health needs of the impacted population
х	Coordinate pu	iblic health, medical, and mental/behavioral health services
	Monitor mass	care population health
Medic	al Surge	
	Assess the na	ture and scope of the incident
	Support active	ation of medical surge
	Support jurise	lictional medical surge operations
	Support demo	bilization of medical surge operations
Volunt	teer Managem	ent
	Recruit, coord	inate, and train volunteers
	Notify, organi	ze, assemble, and deploy volunteers
	Conduct or su	pport volunteer safety and health monitoring and surveillance
	Demobilize vo	lunteers
Other	(please specify	
1d. P	roposed Out	puts (List the Proposed Outputs resulting from the Planned Activities):
expect <i>Note:</i>	ed results of co	rovide at least one proposed output for each planned activity. The proposed outputs should directly relate to the ompleting the planned activities and domain objective. <u>dditional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for t.
Propos	sed Output:	Updated WebEOC instructions and/or video
Propos	ed Output:	Updated Behavioral Health Plan if completed (PHP does not own plan)
Propos	sed Output:	
2a. Pl	lanned Obje	ctive
	uct shelter e s divisions.	xercise with a focus on clarifying processes and protocols for Health District with engagement
-	ompletion Ti	meline

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

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

Plann Activi	ty:	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30			
	nentation: ExPlan/planning meeting agendas				
Plann Activi		Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 ☑ Q4: April 1 – June 30			
Docu	nentation: Shelter ExPlan, communications message				
Plann Activi	and provide the treated with each point of clarification	Completion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30			
Docur	nentation: AAR-IP, Shelter ExPlan				
2c. F	unction Association (Select all that apply):				
Subre	cipients must select the functions used to guide planned activities.				
Fatali	y Management				
	Determine the public health agency role in fatality management				
	Identify and facilitate access to public health resources to support fatality management	ent operations			
_	Assist in the collection and dissemination of antemortem data				
	Support the provision of survivor mental/behavioral health services				
	Support fatality processing and storage operations				
Mass					
x	Determine public health role in mass care operations Determine mass care health needs of the impacted population				
x	Coordinate public health, medical, and mental/behavioral health services				
x					
	Monitor mass care population health al Surge	¥.			
meult	Assess the nature and scope of the incident				
	Support activation of medical surge				
	Support jurisdictional medical surge operations				
	Support demobilization of medical surge operations				
Volunt	eer Management				
х	Recruit, coordinate, and train volunteers				
х	Notify, organize, assemble, and deploy volunteers				
	Conduct or support volunteer safety and health monitoring and surveillance				
	Demobilize volunteers				

Other (plea	ase specify)	
2d. Propo	osed Outputs (List the Proposed Outputs resulting from the P	lanned Activities):
expected re	nts must provide at least one proposed output for each planned activity. The sults of completing the planned activities and domain objective. It is not the planned activities and domain objective.	
	osed output.	
Proposed C	Dutput: AAR-IP	
Proposed C	Dutput: Updated plan/protocol	
Proposed C	Dutput:	
3a. Plann	ned Objective	
	te with partners and identify and clarify Health District roles ce Center Plan.	and responsibilities in the Family
3b. Comp	oletion Timeline	
completion	equired to accomplish the domain objective. The planned activities should to of a domain objective. Planned activities should lead to measurable outpure ate an <u>additional</u> planned activity associated to the domain abjective list and activity.	uts.
Planned Activity:	Coordinate with the Washoe County Emergency Manager (WCEM) and Washoe County Medical Examiner's Office (WCMEO) on Family Assistan Center plan update with focus on clarifying the public health role in pla (ORR)	nce 🛛 🖾 Q1: July 1 – September 30
Documenta	ation: Updated FAC plan	
Planned Activity:	Participate in any State facilitated Crisis Standards of Care (CSC) activiti meetings as requested. (ORR)	es or Completion Timeline:
 Documenta	ation: Agenda/meeting notes	
Planned Activity:	Update Medical Service Unit handbook based on updated Family Assist Center Plan. (ORR)	ance Completion Timeline: □ Q1: July 1 – September 30 □ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 ☑ Q4: April 1 – June 30
Documenta	ition: Updated MSU handbook	
Planned Activity:	As appropriate, update and clarify role of WCHD MRC in FAC. (ORR)	Completion Timeline:☑Q1: July 1 - September 30☑Q2: October 1 - December 31☑Q3: January 1 - March 31☑Q4: April 1 - June 30
Desumenta	ation: FAC Plan, meeting notes.	
Documenta		

Docu	mentation: Age	nda, sign-in sheets, presentation slides
_		ociation (Select all that apply):
		elect the functions used to guide planned activities.
	ty Managemen	
х	Determine th	e public health agency role in fatality management
Х	Identify and f	acilitate access to public health resources to support fatality management operations
	Assist in the c	ollection and dissemination of antemortem data
х	Support the p	rovision of survivor mental/behavioral health services
	Support fatali	ity processing and storage operations
Mass	Care	
x	Determine pu	blic health role in mass care operations
	Determine ma	ass care health needs of the impacted population
х	Coordinate pu	ublic health, medical, and mental/behavioral health services
х	Monitor mass	care population health
Medic	al Surge	
	Assess the nat	ture and scope of the incident
	Support activa	ation of medical surge
	lictional medical surge operations	
	Support demo	obilization of medical surge operations
Volunt	teer Manageme	ent
x	Recruit, coord	linate, and train volunteers
х	Notify, organi	ze, assemble, and deploy volunteers
	Conduct or su	pport volunteer safety and health monitoring and surveillance
	Demobilize vo	lunteers
Other	(please specify)
3d. Pi	roposed Out	puts (List the Proposed Outputs resulting from the Planned Activities):
Subrec expect Note:	cipients must pr red results of co <i>To create an <u>ac</u></i>	rovide at least one proposed output for each planned activity. The proposed outputs should directly relate to the ompleting the planned activities and domain objective. <u>dditional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row fo
	roposed output	
	ed Output:	Updated Family Assistance Center Plan (if completed by partners)
	ed Output:	Updated MSU handbook
ropos	ed Output:	POD trainings

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Domai	in Name	Biosurveillance		
Domai	in Description	Biosurveillance is the ability to conduct rapid and accur chemical, and radiological agents; and the ability to identi active and passive surveillance - threats, disease agents, in provide relevant information in a timely manner to stakeho	ify, discover, locate, and monitor - throug cidents, outbreaks and adverse events, and	
Associ	ated Capabilities	 Public Health Laboratory Testing Public Health Surveillance and Epidemic 	ological Investigation	
	Health Laboratory g Definition	Public health laboratory testing is the ability to implement and and confirm public health threats. It also includes the ability support, and use partnerships to address actual or poter matrices, including clinical specimens and food, water, and o supports passive and active surveillance when preparing biological, chemical, and radiological (if a Radiological Lab public health threats and emergencies.	nd perform methods to detect, characterize to report timely data, provide investigative tial exposure to threat agents in multiple other environmental samples. This capability for, responding to, and recovering from	
and Ep	Health Surveillance bidemiological igation Definition	Public health surveillance and epidemiological investigation and strengthen routine surveillance and detection systems a It also includes the ability to expand these systems and p health significance.	and epidemiological investigation processes	
Planne	ed Activity Type (Class	ify the Planned Activity Type for this Capability)		
Capabi	ility: Public Health Lab	poratory Testing		
Please s	elect ONE from the list bel	ow by placing an X in the appropriate cell on the left.		
Bui	ild – plan to increase the co	apability or capacity of the capability		
Sus	stain – plan to maintain the	e current level of capability or capacity of the capability		
Scale back – plan to reduce the capability or capacity of the capability				
No	planned activities this bug	dget period – there are no planned activities to address this co	apability	
Capabi	ility: Public Health Sur	veillance and Epidemiological Investigation	ALL AND	
Please s	elect ONE from the list bel	ow by placing an X in the appropriate cell on the left.		
X Bui	ild – plan to increase the co	pability or capacity of the capability		
Sus	stain – plan to maintain the	e current level of capability or capacity of the capability		
Sca	le back – plan to reduce th	e capability or capacity of the capability		
No	planned activities this buc	dget period – there are no planned activities to address this co	apability	
Strate	egies/Activities			
Domaiı	n Strategy	Strengthen Bio surveillance		
1a. Pla	nned Objective			
Increas	se disease investigatio	on capacity by training and incorporating COVID-1	9 disease investigators to support	
		es with ensured quality of data gathered.		
1b. Cor	mpletion Timeline			
Subrecip required domain (Vote: To	ients must provide at leas I to accomplish the domain objective. Planned activition	t <u>one</u> planned activity for each objective that describes the r n objective. The planned activities should describe specific ac es should lead to measurable outputs. <i>Aned activity associated to the domain objective listed above</i>	ctions that support the completion of a	
Planned Activity:		ind transition COVID-19 disease investigators to take on diseases.	Completion Timeline: Image: Completion	

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			Q3: January 1 – March 31
			Q4: April 1 – June 30
Docun	nentation: Trai	ning documents, workflow SOP and meetings.	T
Planne Activit		te data exports in EpiTrax on a regular basis and create and run code logic for ity assurance checks.	Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 ☑ Q4: April 1 – June 30
Docun	nentation: Nun	nber of QAs run.	
Planne Activit		n and use COVID-19 disease investigators in data entry needs in CRO, HBV and databases to support data completion in a timely manner.	Completion Timeline: ☑ Q1: July 1 – September 30 ☑ Q2: October 1 – December 31 ☑ Q3: January 1 – March 31 ☑ Q4: April 1 – June 30
Docum	nentation: SOP	and completion of data entry	
1c. F	unction Ass	ociation (Select all that apply):	
Subrea	cipients must s	elect the functions used to gulde planned activities.	
Public	Health Labora	tory Testing:	
	Conduct labo	ratory testing and report results	
	Enhance labo	ratory communications and coordination	
	Support train	ing and outreach	
Public	Health Surveil	lance and Epidemiological Investigation:	
	Conduct or su	pport public health surveillance	
х	Conduct publ	ic health and epidemiological investigations	
	Recommend,	monitor, and analyze mitigation actions	
х	Improve publ	ic health surveillance and epidemiological investigation systems	
1d. P	roposed Ou	tputs (List the Proposed Outputs resulting from the Planned Act	ivities):
expect Note:	ed results of c	provide at least one proposed output for each planned activity. The proposed of ompleting the planned activities and domain objective. <u>additional</u> proposed output associated to the planned activity listed above, sub It.	
Propos	sed Output:	Completed code logic for QA and regular QA checks run	
Propos	ed Output:	Completed training and workplan for COVID-19 disease investigators	
Propos	ed Output:		
2a. Pl	anned Obje	ctive	
Upda	te commun	icable disease manual	
2b. Co	ompletion T	imeline	
produc comple For eac	cts required to etion of a dom ch planned act	provide at least <u>one</u> planned activity for each domain objective that describes a accomplish the domain objective. The planned activities should describe spect aln objective. Planned activities should lead to measurable outputs. Ivity, subrecipients must indicate which quarter of the budget period they exp eve the activities. PLEASE CHECK ONLY ONE.	ific actions that support the
	To create an <u>a</u> lanned activity	<u>dditlonal</u> planned activity associated to the domain objective listed above, sul y.	brecipients should insert a new row for

Planne Activit	:y: inf	date the communicable disease manual to reflect the most up to date ormation.	Cor 区 区 区	npletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Docur	nentation: Up	dated CD manual chapters.		
Planne Activit		ate and manage a communicable disease chapter tracker system.	Cor 区 区 区	npletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Docun	nentation: CE	chapter tracker system.	_	
Planne Activit			Cor	npletion Timeline: Q1: July 1 – September 30 Q2: October 1 – December 31 Q3: January 1 – March 31 Q4: April 1 – June 30
Docun	nentation:			
2c. F	unction As	sociation (Select all that apply):		
Subre	ciplents must	select the functions used to guide planned activities.		
Public	Health Labo	atory Testing:		
	Conduct lab	oratory testing and report results		
	Enhance lab	oratory communications and coordination		
	Support trai	ning and outreach		
Public	Health Surve	illance and Epidemiological Investigation:		
	Conduct or	support public health surveillance		
	Conduct pul	lic health and epidemiological investigations		
	Recommend	l, monitor, and analyze mitigation actions		
Х	Improve pu	plic health surveillance and epidemiological investigation systems		
2d. P	roposed O	utputs (List the Proposed Outputs resulting from the Planned Act	ivitie	es):
expect Note: each p	ed results of			
	ed Output:	Updated communicable disease manual		
<u> </u>	ed Output:			
-	anned Obj	ective		
		background, surveillance, and awareness updates to the commu	nity	through reports and
	letter publ			
	ompletion			Construction of the local division of the lo
A CONTRACTOR		provide at least one planned activity for each domain objective that describes t	the m	acessary tasks deliverables or
produc	ts required t	o accomplish the domain objective. The planned activities should describe spec nain objective. Planned activities should lead to measurable outputs.		

		activity, subrecipients must indicate which quarter of the budget period they ex hieve the activities. PLEASE CHECK ONLY ONE.	pect to complete the activities and
Note: 1	To create ar	n <u>additional</u> planned activity associated to the domain objective listed above, su	brecipients should Insert a new row for
each pla	anned activ	ity.	
Planned Activity:		blish regular Epi News newsletter on various disease topics, made available for blic access.	Completion Timeline:☑Q1: July 1 – September 30☑Q2: October 1 – December 31☑Q3: January 1 – March 31☑Q4: April 1 – June 30
Docume	entation: Pu	blication updates on the Washoe County website	
Planned Activity:		blish a COVID-19 summary report to encompass activities and case data from arch 2020-December 2022.	Completion Timeline: □ Q1: July 1 - September 30 □ Q2: October 1 - December 31 □ Q3: January 1 - March 31 ☑ Q4: April 1 - June 30
Docume	entation: Pu	blication updates on the Washoe County website	
Planned Activity:		blished reports on influenza activities during the flu season and quarterly CPO port.	Completion Timeline:☑Q1: July 1 – September 30☑Q2: October 1 – December 31☑Q3: January 1 – March 31☑Q4: April 1 – June 30
Docume	entation: Pu	blication updates on the Washoe County website	
3c. Fu	nction As	sociation (Select all that apply):	
Subrecip	pients must	select the functions used to guide planned activities.	
Public H	ealth Labo	ratory Testing:	
C	Conduct lab	oratory testing and report results	
E	nhance lab	oratory communications and coordination	
S	upport trai	ining and outreach	
Public H	ealth Surve	illance and Epidemiological Investigation:	
C	Conduct or s	support public health surveillance	
C	onduct pul	blic health and epidemiological investigations	
R	lecommend	d, monitor, and analyze mitigation actions	
X II	mprove pul	blic health surveillance and epidemiological investigation systems	
3d. Pro	posed O	utputs (List the Proposed Outputs resulting from the Planned Act	ivities):
expected	d results of	provide at least one proposed output for each planned activity. The proposed completing the planned activities and domain objective.	
	o create an oposed outp	<u>additional</u> proposed output associated to the planned activity listed above, sub put.	precipients should insert a new row for
Propose	d Output:	Epi News publications	
Propose	d Output:	COVID-19 Summary report	
Propose	d Output:	Flu and CPO reports	

SECTION C Budget and Financial Reporting Requirements revised on Nov 21, 2024

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 # 6 NU90TP922047-05-01 from Nevada Public Health Emergency Preparedness (PHEP) Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Public Health Emergency Preparedness (PHEP) Program."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6 NU90TP922047-05-01 from Nevada Public Health Emergency Preparedness (PHEP) Program.

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	Including Fringe	Total:	\$0
			-

In-State Travel

Out of State Travel	OSMot Days	Total:	\$0

Operating				Total:	\$50,46
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?
Operating Supplies	\$4,205.45	1.0	12.0	\$50,466.00	Ø
Other supplies support the operations Devices, Gas Mask Adapter, Pocket Tak kits, handheld radios, medical supply b eCFR: 45 CFR Part 75.	alker Amplifier, Pocket Talker	, Batteries, Magnify	ing Glass, Commu	nication cards, Clear	plastic boxes, alpha

Equipment

Contractual/Contractual and all Pass-thru Subawards Total:

Training	Total:	\$0
Other	Total:	\$0
	\$0.00	

Total:

Total:

\$0

\$0

\$0

TOTAL DIRECT CHARGES		MARINE STATIS	\$50,466
Indirect Charges	Indirect Rate:	22.3%	\$11,275
Indirect Methodology: 22.34% of all direct expenses pe	er proposed indirect agreement		
TOTAL BUDGET			\$61,741

Applicant Name: Northern Nevada Public Health

PROPOSED BUDGET SUMMARY

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

EUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	F \$61,741.00								\$61,741.00
EXPENSE CATEGORY									
Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$50,466.00								\$50,466.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00

100.00%	Percent of Subrecipient Budget	ercent of Subre	ď						
\$61,741.00	Total Agency Budget	Total /						\$11,275.00	Total Indirect Cost
\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	These boxes should equal 0
\$61,741,00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,741.00	TOTAL EXPENSE
\$11,275,00								\$11,275.00	Indirect
				and the second se					

\$0.00 \$0.00

Other Expenses

Training

\$0.00

\$0.00

B. Explain any items noted as pending:

C. Program Income Calculation:

Subaward Amendment Packet - STANDARD Revised 4/23

Budget Summary: Page 1 of 1

Agency Ref.#: SG-2025-00453-1

Form 2

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- "The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside), 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) as a countent that the match, MOE, "in-kind", or earmarking (set-aside) are 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 \$61,741.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement;
 - A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

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

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

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 <u>CLOSE OF THE SUBAWARD PERIOD</u>. 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 (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 <u>30 days</u> after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a Monthly basis, based on the terms of the subaward agreement, no later than the 15th
 of the month.
- Reimbursement is based on <u>actual</u> 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.

SECTION D Request for Reimbursement revised on Nov 21, 2024

Program Name: Public Hea	Ith Preparednes	SS	Subrecipient N	<u>Name:</u> Northern I	Nevada Public H	lealth	
Address: 4126 Technology 89706	Way, Carson C	ity, Nevada	<u>Address:</u> 1001 2845	E 9Th St Bldg E	3, Reno, Nevada	a 89512-	
Subaward Period: 07/01/20	23 - 06/30/2025	5	Subrecipient's	<u>:</u> EIN: 88	3-6000138		
				Vendor #: T4	40283400Q		
	FINANCIAL	REPORT AND REC	QUEST FOR REIM	BURSEMENT			
	(must	be accompanied by	expenditure report/	expenditure report/back-up)			
Mc	onth(s)		Calendar Year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended	
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
2, Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%	
3. Operating	\$50,466.00	\$0.00	\$0.00	\$0.00	\$50,466.00	0.00%	
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
8. Indirect	\$11,275.00	\$0.00	\$0.00	\$0.00	\$11,275.00	0.00%	
Total	\$61,741.00	\$0.00	\$0.00	\$0.00	\$61,741.00	0.00%	
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete	
Nevada Public Health Emergency Preparedness (PHEP) Program	\$0.00	\$6,174.10	\$0.00	\$0.00	\$0.00	0.00%	

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

Authorized Signature

Title

Date

FOR DEPARTMENT USE ONLY Contact Person

Is program contact required? \Box Yes $\ \Box$ No

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required):

SECTION E

Audit Information Request

1. Non-Federal entities that expend \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?	☑ Yes □ No
3. When does your organization's fiscal year end?	6/30/2025
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.

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 <u>not</u> receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

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

YES	If "YES", list the names of any current or former employees of the State and the services that
	each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name

Services

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

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

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.
 - 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.
 - Covered Entity shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160,103.
 - 6. Designated Record Set means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
 - 7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
 - 8. Electronic Protected Health Information means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
 - 9. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
 - 10. Health Care Operations shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
 - 11. Individual means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
 - 12. Individually Identifiable Health Information means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the

individual. Refer to 45 CFR 160.103.

- 13. Parties shall mean the Business Associate and the Covered Entity.
- 14. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
- 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 statues 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.
- 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.
- OBLIGATIONS OF THE BUSINESS ASSOCIATE.

11

- 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.
- Access to Records. The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164,504(e)(2)(ii)(H).
- 3. Accounting of Disclosures. Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
- 4. Agents and Subcontractors. The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
- 5. Amendment of Protected Health Information. The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
- 6. Audits, Investigations, and Enforcement. The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
- 7. Breach or Other Improper Access, Use or Disclosure Reporting. The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement. Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
- 8. Breach Notification Requirements. If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media,

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

- 9. Breach Pattern or Practice by Covered Entity. Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
- 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.
- 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 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

- 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.
- 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

- 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.
- 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.

- 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. Survival. The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum. 6.

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

SECTION H Matching Funds Agreement

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

Program Name	Public Health Preparedness	Subrecipient Name	Northern Nevada Public Health
Federal grant Number	6 NU90TP922047-05-01	Subaward Number	
Federal Amount	\$61,741.00	Contact Name	Northern Nevada Public Health
Non-Federal (Match) Amount	\$6,174.10	Address	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Total Award	\$61,741.00		
Performance Period	07/01/2019 through 06/30/2025		

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.

Total Amount Awarded			\$61,741.00		
Requ	uired Match Percentage	10.00	9%		
Tota	I Required Match	\$6,17	4.10		
	Approved Budget Category		Budgeted Match		
1	Personnel	\$	\$156.80		
2	Travel	\$	\$1,137.90		
3	Operating		\$651.40		
4	4 Contract/Consultant		\$0.00		
5	Supplies	\$	\$150.00		
6	Training	\$	\$0.00		
7	Other	\$	\$2,977.70		
8	Indirect	\$	\$1,100.30		
	Total	\$	\$6,174.10		

FINANCIAL SUMMARY FOR MATCHING FUNDS

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

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