

### FDP Subaward Amendment

Amendment No **2**Subaward No **GR17000**

Pass-Through Entity (PTE)

Subrecipient

Board of Regents, NSHE, obo the University of Nevada, Las Vegas

Entity Name **Washoe County**

erika.marquez@unlv.edu

Contact Email **KVerling@nnph.org**

Erika Marquez

Principal Investigator **Lisa Lottritz**Project Title **Nevada Childhood Lead Poisoning Prevention Program**PTE/Prime Award No. **5 NEU2EH001462-04-00**Awarding Agency **Centers for Disease Control and Prevention**Cumulative Budget Period(s)  
(Agreement Start Date) (End Date of Latest Budget Period)

Amount Funded This Action

Total Amount of Funds Obligated to Date

Start Date: **09/30/2022**End Date: **09/29/2025****\$ 5,000.00****\$ 25,000.00**Subrecipient Cost Share Subject to FFATA Subrecipient UEI (Unique Entity Identifier - May leave blank if unchanged from prior Agreement)**GPR1NY74XPQ5**

#### Amendment(s) to Original Terms and Conditions

This Amendment revises the above-referenced Subaward Agreement as follows:

 **Additional Budget Period**Additional budget period **09/30/2024** - **09/29/2025** is hereby added to this Subaward. **No Cost Extension** **Additional Funding**Additional funding in the amount of **\$ 5,000.00** is hereby obligated to this Subaward. **Deobligation**Carryover is **Not Automatic** Carryover across budget periods requires prior approval. **Carryover Authorized**Carryover of unobligated balances in the amount of **\$ 7,301.09** from period **09/30/2022** - **09/29/2024** to period **09/30/2024** - **09/29/2025** is hereby authorized.

If carryover is not automatic, the "Total Amount of Funds Obligated to Date" stated above may not reflect the actual balance available. The Subrecipient is responsible for tracking unobligated balances and subsequent carryover approvals from prior budget periods. In the event that funding was not fully expended by the Subrecipient during the prior period, the Subrecipient is not authorized to use funds from any prior periods, unless approval is granted by the PTE.

 **Detailed Budget/Scope of Work/Notice of Award Attached** (Specify if the Budget and Scope of Work are "New", "Revised", or "Supplemental" in dropdown or "Other")**A Notice of Award, Scope of Work, and Budget** is incorporated by attachment to this Amendment. **Other (See Below)**

Remaining funds from years one and two, \$7,301.09 as of 9/26/2024, can be carried forward and used for purposes within the scope of the project as originally approved.

*For clarity: all amounts stated in this amendment are in United States Dollars.***All other terms and conditions of this Subaward Agreement remain in full force and effect.**

By an Authorized Official of PTE:



Date

**9/27/2024**

By an Authorized Official of Subrecipient:



Date

**9/27/24**Name **Lori M. Ciccone**Title **Assistant Vice President, Office of Sponsored Programs**Name **ERIN DIXON**Title **DEPUTY DISTRICT HEALTH OFFICER**

**NV Childhood LEAD Poisoning Prevention**

**IO#12172 / GR17000**

**\*Additional funding \$5,000**

**Applicant Name: Washoe County / Northern Nevada Health District**

**BUDGET NARRATIVE  
Year 3 - 9/30/24 to 9/29/25**

**Total Personnel Costs** including fringe **Total:** \$ **4,237**

List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Intermittent Hourly Registered Nurse PC # 0163</u>	\$80,570.88	1.750%	5.17%	12	100.00%	\$4,237

<u>Sr. Public Health Nurse PC # 2210</u>	\$114,354.45	48.700%	0.00%	12	100.00%	\$0
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*Justification:* Investigation and case management of children 0-18 years of age with venous blood lead level >3.5 µg/dL

<b>Total Fringe Cost</b>	<b>\$ 73</b>	<b>Total Salary Cost:</b>	<b>\$4,164</b>
<b>Total Budgeted FTE</b>	<b>0.05168</b>		

**Travel** **Total:** \$0

**In-State Travel** \$0

*Origin & Destination*

Mileage: @ \$0.655 per mile

*Justification:* Mileage for home interviews and local trips to community agencies, doctors offices and hospitals for medical record reviews.

**Operating** **Total:** \$0

Operating Supplies

Office Supplies

Language Line

Copy Machine (Lease + Copies)

Postage

Printing

Telephone (dedicated Lead line)

*Justification:* Office supplies (papers, folders, etc.), postage, and copier are needed for informational packets and materials provided to clients. Telephone line is utilized for clients to have a direct line to return calls.

**TOTAL DIRECT CHARGES** \$ **4,237**

**Indirect Charges** **Indirect Rate:** 18.00% **\$763**

**Indirect Methodology:** NNPH prepares an annual indirect cost rate (ICR) proposal. The ICR for FY24 is 20.23% for the Community and Clinical Health Services Division, however administration has approved to use 18% on a case-by-case basis.

**TOTAL BUDGET** **Total:** **\$5,000**

# Scope of Work

## Washoe County Health District

September 30, 2024 – September 29, 2025

The purpose of this scope of work is to outline activities for the Washoe County Health District (WCHD) – to assist with the Nevada Childhood Lead Poisoning Prevention Program. At least one staff member will attend scheduled meetings, ensure follow-up for children with blood lead levels at or above 3.5µg/dL, and participate in project evaluation activities. Project evaluation activities include, but are not limited to, facilitating data collection and data quality assurance, maintaining surveillance data, and preparing and submitting quarterly reports to the Principal Investigator, Project Manager, and Project Evaluator.

### Activities

1. Participate on the NvCLPPP Advisory Committee
2. Respond to Washoe cases defined as children at or above 3.5 ug/dL
  - a. Collect demographic variables as required by NRS must include at minimum zip code, gender, age, race/ethnicity, insurance status (Medicaid or not), and blood lead level result
  - b. Provide lead education to parents and providers
  - c. Refer cases to medical, environmental, and social services
  - d. Conduct follow-up to document if referrals to services were received
  - e. Coordinate environmental investigations as needed
3. Maintain a blood lead surveillance system that collects and tracks all blood lead test results and follow-up data for children, including referrals to recommended services and environmental source investigations for those with lead exposure over the CDC's blood lead reference value



Recipient Information	
<b>1. Recipient Name</b>	BOARD OF REGENTS OF NEVADA SYSTEM OF HIGHER EDUCATION 4505 S Maryland Pkwy Office of Sponsored Programs Las Vegas, NV 89154-9900
<b>2. Congressional District of Recipient</b>	01
<b>3. Payment System Identifier (ID)</b>	1886000024A3
<b>4. Employer Identification Number (EIN)</b>	886000024
<b>5. Data Universal Numbering System (DUNS)</b>	098377336
<b>6. Recipient's Unique Entity Identifier (UEI)</b>	DLUTVJJ15U66
<b>7. Project Director or Principal Investigator</b>	Dr. Erika Marquez Research Associate erika.marquez@unlv.edu 702-895-5067
<b>8. Authorized Official</b>	Ms. Lori Ciccone Executive Director osp@unlv.edu 702-895-1357
<b>Federal Agency Information</b> CDC Office of Financial Resources	
<b>9. Awarding Agency Contact Information</b>	Rhonda Melancon Grants Management Specialist qpr5@cdc.gov 404-498-4104
<b>10. Program Official Contact Information</b>	Ms. TeKerri K Rivers gma9@cdc.gov 404.498.5715

Federal Award Information	
<b>11. Award Number</b>	5 NUE2EH001462-04-00
<b>12. Unique Federal Award Identification Number (FAIN)</b>	NUE2EH001462
<b>13. Statutory Authority</b>	Section 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 247b(k)(2)], as amended
<b>14. Federal Award Project Title</b>	Nevada Childhood Lead Poisoning Prevention Program
<b>15. Assistance Listing Number</b>	93.197
<b>16. Assistance Listing Program Title</b>	Childhood Lead Poisoning Prevention Projects_State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children
<b>17. Award Action Type</b>	Non-Competing Continuation
<b>18. Is the Award R&amp;D?</b>	No

Summary Federal Award Financial Information		
<b>19. Budget Period Start Date</b>	09/30/2024	<b>- End Date</b> 09/29/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>		\$418,678.00
20a. Direct Cost Amount		\$347,743.00
20b. Indirect Cost Amount		\$70,935.00
<b>21. Authorized Carryover</b>		\$0.00
<b>22. Offset</b>		\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>		\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>		\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>		\$418,678.00
<b>26. Period of Performance Start Date</b>	09/30/2021	<b>- End Date</b> 09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>		\$1,483,678.00

<b>28. Authorized Treatment of Program Income</b>	ADDITIONAL COSTS
<b>29. Grants Management Officer - Signature</b>	Mrs. Merlin Williams Team Lead Grants Management Officer

<b>30. Remarks</b>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 5 NUE2EH001462-04-00

FAIN# NUE2EH001462

Federal Award Date: 06/22/2024

**Recipient Information**

**Recipient Name**

BOARD OF REGENTS OF NEVADA SYSTEM OF  
HIGHER EDUCATION  
4505 S Maryland Pkwy  
Office of Sponsored Programs  
Las Vegas, NV 89154-9900

**Congressional District of Recipient**

01

**Payment Account Number and Type**

1886000024A3

**Employer Identification Number (EIN) Data**

886000024

**Universal Numbering System (DUNS)**

098377336

**Recipient's Unique Entity Identifier (UEI)**

DLUTVJJ15U66

**31. Assistance Type**

Cooperative Agreement

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$159,280.00
b. Fringe Benefits	\$53,200.00
c. Total Personnel Costs	\$212,480.00
d. Equipment	\$0.00
e. Supplies	\$5,350.00
f. Travel	\$5,000.00
g. Construction	\$0.00
h. Other	\$74,913.00
i. Contractual	\$50,000.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$347,743.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$70,935.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$418,678.00</b>
<b>m. Federal Share</b>	<b>\$418,678.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390AWW	21NUE2EH001462	EH	41.51	93.197	\$0.00	75-21-0947
1-9390FY5	21NUE2EH001462	EH	41.51	93.197	\$0.00	75-X-0947
2-9390AWW	21NUE2EH001462	EH	41.51	93.197	\$0.00	75-22-0947
2-9390J5H	21NUE2EH001462	EH	41.51	93.197	\$0.00	75-X-0947
3-9390AWW	21NUE2EH001462	EH	41.51	93.197	\$0.00	75-23-0947
3-9390E04	21NUE2EH001462	EH	41.51	93.197	\$0.00	75-X-0947
3-9390L0A	21NUE2EH001462	EH	41.51	93.197	\$0.00	75-X-0947
4-9390MCD	21NUE2EH001462	EH	41.51	93.197	\$418,678.00	75-X-0947



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NUE2EH001462-04-00

FAIN# NUE2EH001462

Federal Award Date: 06/22/2024

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

BOARD OF REGENTS OF NEVADA SYSTEM OF HIGHER EDUCATION 5 NUE2EH001462-04-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CDC-RFA-EH21-2102**, entitled **Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children**, and application dated April 29, 2024, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

**Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA.** All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Approved Component/Project Funding:** The NOFO provides for the funding of multiple components under this award. For this NOA, the approved funding level for each component is shown below:

<b>NOFO Component</b>	<b>Amount</b>
Component A	\$ 418,678
Component B	\$ 0
<b>Total Awarded</b>	<b>\$ 418,678</b>

**Financial Assistance Mechanism:** Cooperative Agreement

**Technical Review:** Within 5 days of this Notice of Award's (NOA) issue date, the Summary Statement/Technical Review will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow up requirements and timelines set forth therein.

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities as detailed in the NOFO and included below.

Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.



- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

**Addition alternative:** Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

#### FUNDING RESTRICTIONS AND LIMITATIONS

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated August 29, 2023, which calculates indirect costs as follows, a Predetermined is approved at a rate of 36.5% of the base, which includes, modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subaward in excess of \$25,000.. The effective dates of this indirect cost rate are from July 1, 2023 to June 30, 2026.

#### REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132. "Performance Progress and Monitoring Report", **Expiration Date 3/31/2026.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html> .

#### PAYMENT INFORMATION

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.