

SUB-GRANT AGREEMENT

THIS SUB-GRANT AGREEMENT, entered into as of the _____ day of _____ 2019, by and between **Washoe County**, a political subdivision of the State of Nevada, existing under and by virtue of the laws of the State of Nevada (hereinafter referred to as the "County"), and **the Regional Emergency Medical Services Authority (REMSA)**, a non-profit organization organized under Section 501(c)(3) of the US Internal Revenue Code, having a business address located at **450 Edison Way, Reno, NV 89502, DUNS number 006571145** (hereinafter referred to as the "Sub-Grantee").

WITNESSETH:

WHEREAS, the County is a regional emergency management leader and on behalf of regional emergency management partners, the County has received a **FFY 2017 State Homeland Security Program grant, CFDA #97.067, through the State of Nevada Division of Emergency Management (NVDEM), from the U.S. Department of Homeland Security**, in the amount of \$69,287.71 that will support regional participation in the Silver Crucible Complex Coordinated Terrorism Attack (CCTA) exercise. This subaward is not for research and development; and

WHEREAS, in response to the applications, Washoe County is sub-grantee of federal and state funds through the NVDEM under a number of grant awards and Washoe County as sub-grantee and fiscal agent for the region desires to further subgrant these funds to the regional emergency management partner agencies and whose requests were submitted by Washoe County on the partner's behalves; and

WHEREAS, the grant funds received from the NVDEM will provide for the assistance to partner agencies to participate in the Silver Crucible CCTA exercise; and

WHEREAS, Washoe County, as the designated sub-grantee under the grant awards referred to herein, as fiscal agent, and as Grantor herein, desires to pass through to the Sub-grantee funds in the amount of **\$6,000.00** to assist the Sub-Grantee in meeting the program measurable outcomes; and

WHEREAS, in consideration of receipt of this funding, the Sub-Grantee agrees to abide by the terms and conditions of this Contract.

NOW, THEREFORE, the parties agree as follows:

1. **PURPOSE**

The intent of this Agreement is to pass through to the Sub-Grantee funding from the NVDEM, to provide funding for equipment usage to regional first responder's for response to the Silver Crucible CCTA Exercise. The outcome of this grant is to provide reimbursement for **equipment**

costs accrued in the Silver Crucible CCTA exercise and strengthen the region’s ability to respond to Acts of Terrorism.

2. **SCOPE OF WORK – Equipment Use Cost**

REMSA, a regional emergency management partner, agrees to participate in the Silver Crucible CCTA Exercise. REMSA will use five ambulances for eight hours each. The equipment costs are outlined under Section 5- Compensation. See Exhibit A for the detailed allowable budget.

3. **REPORTING**

Close Out Financial Reports

Close out financial reports and reimbursement requests must be submitted by the 31st day of December 2019. Documentation to include: Exhibit B: reimbursement sheets including equipment type, time, and rate, purchase orders, and proof of payment.

Annual Audit

Sub-Grantee will submit a copy of their annual audit and management letter to County within 30 days of the audit completion. Audit must comply with all applicable standard accounting practices.

4. **COMPENSATION**

Payment. During the term of this Contract, and subject to all terms and conditions set forth herein, the County shall reimburse Sub-Grantee for actual direct costs associated with the grant, in an amount not to exceed **six thousand dollars (\$6,000.00)**. No indirect costs (those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective) are included in compensation. Equipment use will only be reimbursed for equipment purchased in whole with non-federal grant funds.

FAIN # EMW-2017-SS-00006

Description	Amount
Equipment Use Costs:	
Hourly Use of Department Ambulances	6,000.00
Total	\$6,000.00

See Exhibit A for the detailed allowable budget and Exhibit C for subgrant restrictions.

Form of financial backup. Sub-Grantee shall be reimbursed after eligible expenses have been incurred and expended under this Contract in conformance with the terms and conditions of said Contract. Sub-Grantee agrees, that all costs of any activity receiving funds pursuant to this Contract, shall be recorded by budget line item and supported by checks, payrolls, time records, invoices, contracts, vouchers, orders and other accounting documents evidencing in proper detail the nature and propriety of the respective charges, and that all checks, payrolls, time records,

invoices, Contracts, vouchers, orders or other accounting documents which pertain, in whole or in part, to the activity shall be thoroughly identified and readily accessible to Washoe County.

Budget or program revisions cannot be made without prior approval from County.

Sub-Grantee agrees that excerpts or transcripts of all checks, payrolls, time records, invoices, contracts, vouchers, orders and other accounting documents related to or arguably related to the activity will be provided upon request to Washoe County.

5. TERM

This Agreement is in effect retroactively to July 01, 2019 and from that date through - December 31, 2019. All of the services required hereunder shall be completed by November 30, 2019. This Contract shall become effective once approved by the authorized official of each party.

6. AMENDMENT- ASSIGNMENT

This Agreement may be amended at any time there is a need, provided both parties agree to the amendment(s) in writing. Any amendment is subject to approval by both of the parties as a condition precedent to its entry into force. Neither party may assign this Contract without the express written consent of the other party.

7. TERMINATION

Either party may terminate this Contract by giving the other party written notice of the intent to terminate. The notice must specify a date upon which the termination will be effective, which date may not be less than 30 calendar days from the date of the mailing notice. This Agreement may be terminated, with cause by either party, in advance of the specified termination date, upon written notice being given by the other party. The party in violation will be given ten (10) working days after notification to correct and cease the violations, after which the Agreement may be terminated for cause. This Agreement may be terminated without cause, in advance of the specified expiration date, by either party, upon 90 days prior written notice being given the other party.

8. NOTICES

All written notices required under this Contract shall be addressed to the designated representative of the respective parties.

COUNTY

Washoe County
Kelly Echeverria
EM Program Coordinator
Manager's Office
5195 Spectrum Blvd.

SUB-GRANTEE

REMSA
Brian Taylor
Emergency Manager
450 Edison Way
Reno, NV 89502

9. MONITORING AND ACCESS TO RECORDS

Sub-Grantee shall allow duly authorized representatives of the County to conduct reviews, audit, and on-site monitoring of documents, files, etc. in order to determine:

- Whether the objectives of the program are being achieved;
- Whether the program is being conducted in an efficient and effective manner;
- Whether management control systems and internal procedures have been established to meet the objectives of the program;
- Whether financial operations of the program are being conducted properly;
- Provisions of Federal and State laws and regulations and this Contract.

County will monitor Sub-Grantee activities to ensure that the Federal dollars are used for authorized purposes in compliance with the Federal program laws, regulations, and grant Contracts, and ensuring that performance goals are achieved. Monitoring activities will occur throughout the grant term and may take various forms such as:

- Reporting: Reviewing financial and performance reports submitted by Sub-Grantee.
- Site Visits: Performing visits to Sub-Grantee offices or project site to review financial records, programmatic records, and observe operations.
- Regular Contact: Regular contacts with Sub-Grantee and appropriate inquiries concerning program activities.

Records must be easily retrievable for examination by authorized County and State of Nevada NVDEM administrators, auditors, and other authorized individuals. The awarding agency and the Comptroller General of the United States, or any of their authorized representatives have the right to access any books, documents, papers or other records of grantees and sub-grantees, which are pertinent to a Federal grant, in order to make audit, examinations or excerpts, and transcripts.

10. TERMS AND CONDITIONS

- A. Sub-grantee shall only make changes in the approved budget with approval of County. Sub-grantee must submit in writing all requests to amend the grant budget, prior to expending funds from a category other than what has been previously approved.
- B. Comply with requirements of 2 CFR Chapter II, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

- C. Ensure the expenditure of these funds is in accordance with the audit requirements and the approved budget.

11. **OTHER PROVISIONS**

During the performance of this Contract, the Sub-Grantee must follow:

- A. **Equal Employment Opportunity.**
 - 1. The Sub-Grantee will not discriminate against any employee or applicant for employment or individual receiving the benefit of the Sub-recipient's services because of race, creed, religion, color, age, national origin, political affiliation, sex, sexual orientation, familial status, or disability (as provided in Section 504 of the Rehabilitation Act of 1973, as amended). The Sub-Grantee will take action to ensure that all applicants are considered equally. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Sub-Grantee agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause. Such action shall include individuals benefiting from program services/activities.
 - 2. Vietnam Veterans. The Sub-Grantee agrees to comply with Section 402 - Affirmative Action for Disabled Veterans and Veterans of the Vietnam Era Act.
 - 3. The Sub-Grantee agrees to comply with any federal regulations issued pursuant to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended.
- B. **Nondiscrimination in Federally Assisted Programs.** The Sub-Grantee will not discriminate in the provision of services or benefits to any person on the basis of race, creed, religion, color, age, national origin, political affiliation, sex, sexual orientation, marital status or disability.
- C. **Lobbying.** The Sub-Grantee agrees that no funds received under this Contract shall be used for publicity or propaganda purposes designed to support or defeat legislation pending before Federal, state or local government.
- D. **Hatch Act.** Neither the Sub-Grantee program nor the funds provided therefore, nor the personnel employed in the administration of the program shall be in any way or

to any extent engaged in the conduct of political activities in contravention of Chapter 15 of Title 5, United States Code.

- E. **Debarment:** The Sub-Grantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (Agreement), by any governmental department or agency. If the Sub-Grantee cannot certify this statement, attach a written explanation for review by the County. The Sub-Grantee must notify the Washoe County Grants Administrator within 30 days if debarred by any governmental entity during the Agreement period.
- F. **Required Project Record Keeping and Bookkeeping.** The Sub-Grantee agrees to provide for bookkeeping using approved bookkeeping and record-keeping systems and to retain program records for three years from the time of grant close-out notice. The bookkeeping and project records shall be open and available for inspection and audit at any time by County Staff.
- G. **Defenses.** The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of all parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

Indemnification. Each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in the Agreement.

The indemnification obligation above is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.

- H. **Legal Actions Against Sub-Grantee.** If any legal action is filed against the Sub-Grantee, the Sub-Grantee shall immediately notify County staff.
- I. **Grounds for Termination of the Contract.** The County Staff reserves the right to terminate this Contract amount upon written notification to the Sub-Grantee that any one or more of the following has occurred:

- (1) Failure of the Sub-Grantee to file monthly/quarterly/annual (whichever is required) reports by the 10th day after the end of the quarter or year (whichever is appropriate);
- (2) Failure of the Sub-Grantee to meet any standards specified in this Contract;
- (3) Expenditures under this Contract for ineligible activities, services, or items;
- (4) Failure to comply with written notice from County Staff of substandard performance in scope of services under the terms of this Contract;
- (5) Failure of the Sub-Grantee to keep accounts and records showing the disposition of the money provided pursuant to this contract;
- (6) Sub-Grantee employees, officers or its designees or agents using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties;
- (7) Failure of the County or the Sub-Grantee to secure or obtain other funding from sources which are needed in combination with the grant funds provided by the County to completely carry out the programs provided in this Contract;
- (8) Failure of the County to appropriate or budget money for the purposes specified in this contract.

12. COMPLIANCE WITH LAWS

Sub-Grantee agrees at all times to comply with all applicable laws, ordinances and regulations of the governmental entities having jurisdiction over matters that are the subject of this Contract. The Sub-Grantee agrees to follow all federal, state and local laws pertaining to the operation of said agency, including without limitation, all applicable sanitation, health, and safety standards. Further, Sub-Grantee shall be bound by all county ordinances and state and federal statutes, conditions, regulations and assurances that are applicable to medical and patient records.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

13. GOVERNING LAW/MISCELLANEOUS

This Contract shall be governed, interpreted and construed in accordance with the laws of Nevada without resort to conflict of laws provisions. Venue for any action brought pursuant to this Contract shall be in Washoe County, Nevada. If any provision of this Contract is determined to be illegal, invalid, or unenforceable, the provision shall be deleted and the parties shall, if possible, agree on a legal, valid, and enforceable substitute provision that is as similar in effect to the deleted provision as possible. The remaining portion of the Contract not determined to be illegal, invalid, or unenforceable shall, in any event, remain valid and effective for the term remaining unless the provision found illegal, invalid, or unenforceable goes to the essence of this Contract.

The section headings in this Contract are intended solely for convenience; they are not part of this Contract and shall not affect its construction.

WASHOE COUNTY

Dave Solaro
Interim Washoe County Manager

Date _____

ATTEST:

Date _____

Washoe County Clerk

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

By: _____
Dean Dow, Chief Operating Officer

Date: _____

Exhibit A



Please complete all fields in gray. Fields in green are automatically calculated.

Event: Silver Crucible	
Submitted to the Assisting State of: Nevada Division of Emergency Management	Date: 5/13/2019
From City/County/State Department of: Regional Emergency Medical Services Authority (REMSA)	
Copies of Receipts and Payment Vouchers for Each Claim Are Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vendor Number:	
Personnel Costs	
Regular Time	\$0.00
Overtime	\$0.00
Employer Share of Fringe Benefits	\$0.00
Total Personnel Costs	\$0.00
Travel Costs	
Air Travel	
Auto Rental/Gas/Mileage	
Lodging	\$0.00
Government Vehicle Costs	
Meals/Tips	\$0.00
Total Travel Costs	\$0.00
Equipment Costs	\$6,000.00
Contractual Costs	
Commodities	
Other Costs (Explain in Remarks Section)	
GRAND TOTAL	\$6,000.00
Remarks:	
Certified and Authorized by: Aaron Kenneston	Signature:
Title: Washoe County Emergency Manager	Date: 5/13/2019

Force Account Equipment Summary Record

From City/County/State Department of: **Event:** **PERIOD COVERING**

Regional Emergency Medical Services Authority (REMSA) Silver Crucible TO

Equipment Description <small>Indicate make & model, TIFMAS "E" number, fleet number, size, capacity, horsepower, etc.</small>	FEMA Equip. Code #	Operator's Name	Dates/Hours used each day												Total Hours/ Miles	Equipment Rate	Total Cost	
			Date	11/13														
Ambulance		Operator 1	HRS	8.0												8.00	\$ 150.00	\$ 1,200.00
Ambulance		Operator 2	HRS	8.0												8.00	\$ 150.00	\$ 1,200.00
Ambulance		Operator 3	HRS	8.0												8.00	\$ 150.00	\$ 1,200.00
Ambulance		Operator 4	HRS	8.0												8.00	\$ 150.00	\$ 1,200.00
Ambulance		Operator 5	HRS	8.0												8.00	\$ 150.00	\$ 1,200.00
			HRS													0.00		\$ -
			HRS													0.00		\$ -
			HRS													0.00		\$ -
			HRS													0.00		\$ -
			HRS													0.00		\$ -
			HRS													0.00		\$ -
			HRS													0.00		\$ -
			HRS													0.00		\$ -
			HRS													0.00		\$ -
			HRS													0.00		\$ -
																Sheet Total	\$	6,000.00

Exhibit B



Please complete all fields in gray. Fields in green are automatically calculated.

Event: Silver Crucible	
Submitted to the Assisting State of: Nevada Division of Emergency Management	Date:
From City/County/State Department of: Regional Emergency Medical Services Authority (REMSA)	
Copies of Receipts and Payment Vouchers for Each Claim Are Attached:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vendor Number:
Personnel Costs	
Regular Time	[]
Overtime	[]
Employer Share of Fringe Benefits	[]
Total Personnel Costs	[]
Travel Costs	
Air Travel	[]
Auto Rental/Gas/Mileage	[]
Lodging	[]
Government Vehicle Costs	[]
Meals/Tips	[]
Total Travel Costs	[]
Equipment Costs	[]
Contractual Costs	[]
Commodities	[]
Other Costs (Explain in Remarks Section)	[]
GRAND TOTAL	[]
Remarks:	
Certified and Authorized by:	Signature:
Title:	Date:

Force Account Equipment Summary Record

From City/County/State Department of: **Event:** **PERIOD COVERING**

Regional Emergency Medical Services Authority (REMSA) Silver Crucible TO

Equipment Description <small>Indicate make & model, TIFMAS "E" number, fleet number, size, capacity, horsepower, etc.</small>	FEMA Equip. Code #	Operator's Name	Dates/Hours used each day												Total Hours/ Miles	Equipment Rate	Total Cost	
			Date															
			HRS													0.00	\$	\$
			HRS													0.00	\$	\$
			HRS													0.00	\$	\$
			HRS													0.00	\$	\$
			HRS													0.00	\$	\$
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
			HRS													0.00	\$	\$ -
Sheet Total																	\$	

Exhibit C

CCTA Reporting Reminders:

- All quarterly reports must include complete backup for all expenditures.
- All per diem requests must adhere to GSA rates and include sign in sheets
- Equipment is reimbursable at the hourly rate only if used in conjunction with the personnel operating it
- All timesheets must be well documented for overtime and backfill only (No other personnel costs will be approved)
- Hourly equipment is reimbursable only for equipment not procured with Federal Funds
- Fuel *is* reimbursable with receipts
- If multiple jurisdictions are reporting on one QFR, each one must be clearly separated with coversheets including calculator tapes

Per NV DEM on 10/30/19