



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

Agency Ref. #: **HD 17250**
 Budget Account: **3218**
 Category: **22**
 GL: **8516**
 Job Number: **9306920**

NOTICE OF SUBAWARD

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

Purpose of Award: Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) program domains according to the PHEP Cooperative Agreement.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:
1. Personnel	\$580,116.00	Total Obligated by this Action: \$ 931,330.00
2. Travel	\$4,083.00	Cumulative Prior Awards this Budget Period: \$ 492,595.00
3. Supplies	\$22,750.00	Total Federal Funds Awarded to Date: \$ 1,423,925.00
4. Equipment	\$5,000.00	Match Required ☒ Y ☐ N
5. Contractual/Consultant	\$153,000.00	Amount Required this Action: \$ 93,133.00
6. Other	\$81,715.00	Amount Required Prior Awards: \$ 49,259.50
TOTAL DIRECT COSTS	\$846,664.00	Total Match Amount Required: \$ 142,392.50
7. Indirect Costs	\$84,666.00	Research and Development (R&D) ☐ Y ☒ N
TOTAL APPROVED BUDGET	\$931,330.00	

Federal Budget Period:
 July 1, 2019 through June 30, 2020
Federal Project Period:
 July 1, 2019 through June 30, 2020

FOR AGENCY USE, ONLY

Source of Funds: Centers for Disease Control and Prevention (CDC)	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
	100%	93.069	NU90TP92204 7	1 NU90TP922047-01-00	6/30/2019

Agency Approved Indirect Rate: 7.5 % **Subrecipient Approved Indirect Rate:** 10.0%

Terms and Conditions:
 In accepting these grant funds, it is understood that:

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

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and Section H: Matching Funds Agreement
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Kevin Dick District Health Officer		Date 8/28/19
Karen Beckley, MPA, MS Bureau Chief, BHPP		
For Lisa Sherych Administrator, DPBH		

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**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

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

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

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implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

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

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

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

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

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SECTION B

Description of Services, Scope of Work and Deliverables

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

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

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

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

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

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WASHOE COUNTY HEALTH DISTRICT

CDC Public Health Emergency Preparedness (PHEP)

Detailed Work Plan

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

DOMAIN 1: PHEP STRENGTHEN COMMUNITY RESILIENCE		
Planned Activity Type:	☒ Build ☐ Sustain ☐ Scale Back ☐ No Planned Activity	
Domain 1 Activity 1: Partner with Stakeholders by Developing & Maturing Health Care Coalitions (HCC)		
Objective 1: <i>By June of 2020, the PHEP program will improve regional planning initiatives through the use of plan updates and programmatic activities from identified issues from the 2019 CASPER or JRA/NVPHRAT crosswalk.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Community Preparedness		
☐ Function #1: Determine risks to the health of the jurisdiction		
☒ Function #2: Build community partnerships to support health preparedness		
☒ Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks		
☒ Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts		
CAPABILITY 2: Community Recovery		
☐ Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs		
☒ Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations		
☒ Function #3: Implement corrective actions to mitigate damages from future incidents		
Planned activity(s) for Domain 1 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Identify outreach opportunities based on the 2019 CASPER survey results.	Meeting notes, list of project opportunities	Q1
2) As able, pre	Public information pushout documentation (social media contacts/posts, advertising or other) and/or documentation from preparedness activities (such as agendas, meeting notes, exercise documents or activities)	Q4
3) As able, create outreach materials to be utilized for public education and/or information and/or activities.	Outreach materials	Q2
4) Distribution of outreach materials for public education and/or information and/or activities.	Purchasing documents	Q3/Q4
5) Review rankings/ratings in the Robert Wood Johnson Foundation study and	List of potential opportunity(ies)	Q1

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identify opportunity(ies) to improve as able.			
6) Identify project leads for the RWJF Study identified opportunities for projects or program activities.	Meeting notes		Q2
7) Project leads create work plan for projects or program activities for the identified opportunities within RWJF Study.	List of potential opportunity(ies) linked to activity(ies)		Q2/Q3
8) As able, begin work on identified opportunities within RWJF Study.	Meeting notes		Q4
9) Review and identify WCHD specific items addressed within the 2019 Washoe County Hazard Mitigation Plan.	Identify recommendations		Q1
10) Meet with appropriate division personnel to discuss implementation of mitigation activities.	Meeting Notes		Q2
11) Follow up and report on the implementation of mitigation strategies outlined from the meeting.	Documentation of completed activities for FY20		Q4
12) Provide support to Washoe County School District (WCSD) for new and ongoing preparedness activities.	Emails, correspondence		Q1/Q2/Q3/Q4
13) (Joint) Review JRA conducted during BP1 SUPP and identify any potential gaps to public health services.	Identified potential gaps		Q1
14) Presentation of JRA potential gaps to confirm gaps and draft mitigation strategies for impact to public health	Meeting notes		Q2/Q3
15) Update WCHD Continuity of Operations Plan to ensure procedures are in place with regards to community recovery.	Updated COOP plan		Q4
16) Facilitate discussion with HCC to develop a catalog of what members within Washoe County can provide with regards to medical/mental health services for a congregate location, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by an emergency.	A catalog the HCC members resources		Q3
17) Facilitate discussion with VOAD and other identified sectors and partners to develop a catalog of what members within Washoe County can provide with regards to health/medical services for a congregate location, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by an emergency.	A catalog of VOAD member resources		Q3
Output(s) for planned activities in Domain 1 Activity 1:			
1) Public information/educational materials based on CASPER survey findings			
2) List of opportunity(ies) to improve rankings in the RWJ Foundation study			
Domain 1 Activity 2: Characterize the Probable Risks to the Jurisdiction and the HCC			

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Objective 1: <i>By June 30, 2020, WCHD will engage multiple community stakeholders and identify engagement plan to increase preparedness in the aging community.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Community Preparedness		
☒	Function #1: Determine risks to the health of the jurisdiction	
☒	Function #2: Build community partnerships to support health preparedness	
☒	Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks	
☐	Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts	
CAPABILITY 2: Community Recovery		
☐	Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs	
☐	Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations	
☐	Function #3: Implement corrective actions to mitigate damages from future incidents	
Planned activity(s) for Domain 1 Activity 2:		Completion Quarter (Q1, Q2, Q3, Q4)
1) Identify community partners connected to services for the aging to address public health emergency preparedness, response, and recovery needs of older adults.		Q1
2) Develop concepts on engagement with community partners on the aging community involvement specific to communication and preparedness as able.		Q2/Q3
3) Develop preparedness engagement activities for aging community, as able.		Q4
4) (Joint) Utilize EMPOWER data provided by HPP/IHCC to inform potential educational outreach activities for community outreach for at-risk citizens.		Q1/Q2/Q3/Q4
Output(s) for planned activities in Domain 1 Activity 2:		
1) List of activity(ies) for BP2		
Domain 1 Activity 3: Characterize Populations at Risk		
Statewide Objective: By June 30, 2020 Nevada PHP and LHAs will include at-risk populations into planning and exercise activities.		
Objective: <i>By June 30, 2020, WCHD will work to include at-risk populations into planning and exercise activities.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Community Preparedness		
☐	Function #1: Determine risks to the health of the jurisdiction	
☒	Function #2: Build community partnerships to support health preparedness.	
☒	Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks	
☒	Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts	

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CAPABILITY 2: Community Recovery

- ☐ **Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
☐ **Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations**
☐ **Function #3: Implement corrective actions to mitigate damages from future incidents**

Planned activity(s) for Domain 1 Activity 3:			Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Washoe County will participate in the Nevada led workgroup to identify a subset of access and functional need populations to focus on in relation to planning and exercise objectives by July 31, 2019. WCHD will participate as able.			Meeting agenda, meeting notes	Q1
2) Washoe County will participate in the Nevada led workgroup to create a checklist related to the targeted AFN population, to be available as a resource for exercise planning by August 31, 2019. WCHD will participate as able.			Checklist	Q1
3) (State-led) Exercise after-action reports will include analysis of AFN populations by June 30, 2020.			AAR/IP with AFN analysis	Q4
5) Coordinate an Emergency Alert System (EAS) presentation for NNAFN workgroup to learn how communication with AFN population currently occurs.			Meeting agenda	Q1
6) Review and assess regional EAS plan to identify any recommendations for messaging and/or technological methodology to notify the access and functional needs population during an emergency.			Meeting Notes	Q2
7) If needed, prepare a document that will propose recommendations for messaging to be more suitable for the AFN population.			List of emergency messages selected	Q3
8) If appropriate, distribute the document to Washoe County Emergency Management Homeland Security and Public Information/Public Warning Workgroup for possible implementation of recommendations during next plan revisions.			Distribution list	Q4
9) The NNAFNW will review current WCHD incident emergency messaging for appropriateness and reliability of content and distribution methods for the AFN population.			Meeting notes of recommendations for messaging improvements	Q3
10) If needed, prepare a document that will propose recommendations for WCHD messaging to be more suitable for the AFN population.			List of recommendations	Q4
11) NNAFN will assess evaluate the evacuation preparedness of selected health care facilities for the AFN population.			Health care facilities selected	Q1
12) WCHD's EHS & PHP will collaborate to educate students on the importance of hand washing and how to properly cough to keep from spreading germs by introducing appropriate guidance documents e.g. educational literature.			List of schools that receive the information	Q1

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13) Identify and compile the information to be distributed.	Information selected	Q1
14) Distribute the appropriate educational materials to schools.	Distribution of appropriate educational materials throughout WCSD schools, elementary-HS	Q1
15) WCHD's EHS & PHP will collaborate and identify 4 elementary schools, 2 middle schools and 1 high school for in person training on hand washing and reduction of illness.	School list	Q1
16) Meet with appropriate school officials to arrange cooperation and establish timeframe for presenting educational information.	Meeting notes	Q1
17) WCHD's EHS & PHP will collaborate and present to identified schools on hand washing techniques and tips on how to reduce the spread of illness.	School agendas	Q2
Output(s) for planned activities in Domain 1 Activity 3:		
1) AFN checklist		
2) AAR/IP with AFN analysis		
3) Guidance documents/Educational Literature		
Domain 1 Activity 4: Engage Communities and Healthcare Systems		
Statewide Objective: Nevada will include at-risk populations into planning and exercise activities by June 30, 2020.		
<i>Objective: By June 30, 2020, WCHD will include at-risk populations into planning and exercise activities</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Community Preparedness		
☐ Function #1: Determine risks to the health of the jurisdiction	and mental/behavioral health social networks	
☒ Function #2: Build community partnerships to support health preparedness.		
☒ Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks		
☒ Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts		
CAPABILITY 2: Community Recovery		
☐ Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs		
☐ Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations		
☐ Function #3: Implement corrective actions to mitigate damages from future incidents		
Planned activity(s) for Domain 1 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD in conjunction with the State of Nevada will identify a subset of access and functional need populations to focus on in relation to planning and exercise objectives by July 31, 2019.	Identified citizen subset	Q1
2) WCHD in conjunction with the State of Nevada will create a checklist related to	Checklist for inclusion in exercise planning	Q1

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the targeted AFN population, to be available as a resource for exercise planning by August 31, 2019.			
3) Exercise after-action reports will include analysis of AFN populations by June 30, 2020.	AFN evaluation in AAR-IP		Q4
4) As able, in coordination with IZNV, identify and/or create educational information pushout on pandemic and/or seasonal influenza.	Educational material, handouts, flyers		Q1
5) As able, in coordination with IZNV, distribute identified information to community partners such as schools, childcare providers, seniors, low income households and/or other identified AFN or high-risk groups.	Invoices, educational materials		Q2
6) Evaluate reach of information pushout as able.	Data comparison of flu shots provided to WCSD students FY19 and FY20		Q3
7) As able, in coordination with WCSD, develop a closed-POD plan for a school.	School closed-POD plan		Q4
8) NNAFN workgroup will revise, update and/or develop a more inclusive vision, mission statement to protect this population from being disproportionately impacted by emergency incidents or activities.	Meeting notes, updated vision, mission statement		Q1
9) Incorporate new revised, updated information into the NNAFN workgroup strategy and outline workgroup path to be a resource to the WCHD in its emergency preparedness activities.	Workgroup strategy		Q2
10) Identify and invite new agencies and/or disciplines that will help meet the objectives of the NNAFN workgroup strategy.	New committee members		Q2, Q3, Q4
11) Facilitate quarterly NNAFN workgroup meetings.	Meeting agenda, notes attendance sheets and the trainings and activities participation.		Q1,Q2,Q3,Q4
12) As able, identify opportunities for NNAFN workgroup to participate in preparedness exercises and/or training to support community preparedness for the AFN population.	Training and exercise information		Q1,Q2,Q3,Q4
13) Develop a bi-yearly tribal workgroup to review current exercises, training opportunities and emergency preparedness plans as able.	Agendas, meeting notes, list of coordinated trainings		Q2 & 4
14) (Joint) Coordinate Psychological first aid training and offer to community stakeholders and HCC.	Training materials		Q2
Output(s) for planned activities in Domain 1 Activity 4:			
1) Pandemic/seasonal flu education material			
2) Distribution schedule for materials			
3) Completed school closed POD plan/s			
Domain 1 Activity 5: Operationalize Response Plans			

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Statewide Objective: Nevada will participate in the Nevada Division of Emergency Management (NDEM) sponsored full scale exercise Silver Crucible (Complex Coordinated Terrorism Attack (CCTA)), statewide exercise by February 29, 2020.			
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)			
CAPABILITY 1: Community Preparedness			
☒	Function #1: Determine risks to the health of the jurisdiction		
☒	Function #2: Build community partnerships to support health preparedness		
☒	Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks		
☒	Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts		
CAPABILITY 2: Community Recovery			
☐	Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs		
☐	Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations		
☐	Function #3: Implement corrective actions to mitigate damages from future incidents		
	Planned activity(s) for Domain 1 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) (State-led & Joint)	At least one public health representative will participate on planning team, providing objectives and injects for HCCs and public health.	Sign-in sheets	Q1
2) (State-led & Joint)	Identify lead public health and/or HCC representative to document involvement in CCTA exercise by July 15, 2019.	Meeting minutes, sign-in sheets	Q1
3) (State-led)	After-Action Report will be developed, specific to public health (ESF 8) and HCC involvement, to identify opportunities for improvement by February 29, 2020—WCHD will provide feedback on exercise	AAR/IP	Q3
Output(s) for planned activities in Domain 1 Activity 5:			
1) State provided AAR/IP for CCTA			

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DOMAIN 2: PHEP STRENGTHEN INCIDENT MANAGEMENT			
Planned Activity Type: ☒ Build ☐ Sustain ☐ Scale Back ☐ No Planned Activity			
Domain 2 Activity 1: Coordinate Emergency Operations			
Statewide Objective: During revision cycles, Nevada LHAs will provide the opportunity to jurisdictional HCC to conduct a review and add input into identified emergency preparedness and response plan.			
Objective: <i>By June 30, 2020, WCHD will conduct exercises on identified plans plan, and will update plans including feedback from community partners and after-action reviews.</i>			
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 3: Emergency Operations Coordination ☒ Function #1: Conduct preliminary assessment to determine need for public activation ☐ Function #2: Activate public health emergency operations ☒ Function #3: Develop incident response strategy ☒ Function #4: Manage and sustain the public health response ☒ Function #5: Demobilize and evaluate public health emergency operations			
Planned activity(s) for Domain 2 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) WCHD will identify a plan to be reviewed by HCC to provide feedback for revision by August 31, 2019.	IHCC meeting minutes	Q1	
2) As able, feedback from HCC will be integrated into identified plan revisions by June 30, 2020.	IHCC meeting minutes, finalized plans	Q4	
3) Develop HSEEP game to test EMS responders and hospitals on response to a chemical/nerve agent.	Situation Manual, Facilitator Guide	Q2	
4) Conduct game.	Sign in sheets	Q3	
5) Evaluate results.	AAR-IP	Q4	
6) Present Pandemic Influenza Plan to HCC and request recommendations (create subcommittee if needed).	Agendas, sign in sheets, meeting minutes.	Q2	
7) (Joint) Update Pandemic Influenza plan with focus on continuous operations and repeating medical administration of vaccine (i.e. 21-day separation between vaccines).	Updated Pandemic Influenza plan.	Q4	
8) (Joint) Update Pandemic Influenza plan in accordance with HCC recommendations.	Updated Pandemic Influenza plan.	Q4	
9) Update MCM plan with focus on continuous operations and repeating medical administration of countermeasures (i.e. 50-day supply).	Updated MCM plan.	Q4	

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10) Update WCHD Biohazard Detection System response plan, in collaboration with USPS.	Updated BDS plan	Q2
11) If applicable, coordinate full scale exercise of BDS plan with USPS representatives.	Exercise plan, AAR/IP	Q4
12) Update WCHD Continuity of Operations Plan to ensure procedures are in place with regards to community recovery.	Updated COOP plan	Q4
Output(s) for planned activities in Domain 2 Activity 1: 1) Revised plans 2) AAR-IP from EMS/hospital game 3) AAR-IP for communication drills 4) Updated Pandemic Influenza plan 5) Updated MCM plan 6) Updated BDS plan 7) Updated COOP plan		
Statewide Objective: Nevada State PHP Program and LHAs will maintain emergency operations coordination and communication through drills and exercises to improve implementation of the incident command structure as it applies to responding to public health threats and emergencies throughout the budget period.		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 3: Emergency Operations Coordination ☐ Function #1: Conduct preliminary assessment to determine need for public activation ☐ Function #2: Activate public health emergency operations ☐ Function #3: Develop incident response strategy ☒ Function #4: Manage and sustain the public health response ☐ Function #5: Demobilize and evaluate public health emergency operations		
Planned activity(s) for Domain 2 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will maintain its allocation of active Satellite Phones.	Satellite phone minutes purchased amount documented on activation and renewal invoice.	Q1
2) WCHD will conduct communications with their allocated satellite phones at least Semi-annually in conjunction with its quarterly communications drills.	Communications drills AARs.	Q2, Q4
Output(s) for planned activities in Domain 2 Activity 1: 1) Current satellite phone subscription minutes. 2) Completed Communications Drill AARs.		
Domain 2 Activity 2: Standardize Incident Command Structures for Public Health		

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Statewide Objectives: Annually, Nevada will provide ICS/NIMS/HICS training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2019.		
Objective 1: By June 30, 2020 the WCHD will provide training opportunities for personnel assigned to respond during an emergency activation and create a reference document within applicable plans identifying available personnel that may be activated in a public health emergency.		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 3: Emergency Operations Coordination ☐ Function #1: Conduct preliminary assessment to determine need for public activation ☒ Function #2: Activate public health emergency operations ☒ Function #3: Develop incident response strategy ☒ Function #4: Manage and sustain the public health response ☐ Function #5: Demobilize and evaluate public health emergency operations		
Planned activity(s) for Domain 2 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will identify personnel within jurisdiction that may be activated during a public health emergency.	List of agencies/organizations with contact information linked to appropriate plan/s	Q1/Q2/Q3/Q4
2) (State-led) ICS/NIMS/HICS training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request.	Course flyers, sign-in sheets	Q1/Q2/Q3/Q4
3) Coordinate ICS 300 & 400 training and offer to WCHD personnel and community members.	Training attendance sheets	Q4
4) Retain instructor capability within Washoe County Health District for ICS training	Certification	Q4
5) Add a second trainer capability within Washoe County Health District	Certification	Q4
6) Coordination of Planning Section training, focusing on development of incident action plans, to include personnel coverage for multi-operational periods. (PIO/JIC, operations, logistics, etc.)	Training materials	Q4
7) Coordination of Logistics Section training, focusing on the software system that will be utilized to track inventory	Training materials	Q4
8) Update Emergency Operations Plan or Public Information Communication Plan to include template for incident closeout briefing for the public.	Template	Q2
Output(s) for planned activities in Domain 2 Activity 2: 1) List of identified groups/organizations/personnel to be contacted/activated in public health emergency. 2) Trained staff on ICS protocol 3) Template for public incident closeout briefing		
Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations & HCC		

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Objective 1: <i>By December 31, 2019, WCHD will conduct a test on the emergency operations plan activation decision tree.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 3: Emergency Operations Coordination ☐ Function #1: Conduct preliminary assessment to determine need for public activation ☒ Function #2: Activate public health emergency operations ☐ Function #3: Develop incident response strategy ☐ Function #4: Manage and sustain the public health response ☐ Function #5: Demobilize and evaluate public health emergency operations		
Planned activity(s) for Domain 2 Activity 3: 1) No-notice exercise to test Emergency Operations Plan activation decision tree.	Activity Documentation Exercise documents	Completion Quarter (Q1, Q2, Q3, Q4) Q2
Output(s) for planned activities in Domain 2 Activity 3: 1) Exercise documents		
Domain 2 Activity 4: Ensure HCC Integration & Collaboration with ESF-8		
Objective 1: <i>By June 30, 2020, WCHD PHEP program will collaborate with IHCC on response planning.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 3: Emergency Operations Coordination ☐ Function #1: Conduct preliminary assessment to determine need for public activation ☐ Function #2: Activate public health emergency operations ☒ Function #3: Develop incident response strategy ☐ Function #4: Manage and sustain the public health response ☐ Function #5: Demobilize and evaluate public health emergency operations		
Planned activity(s) for Domain 2 Activity 4: 1) As requested, WCHD will participate in HCC response planning and emergency plan revisions.	Activity Documentation Meeting agendas, notes	Completion Quarter (Q1, Q2, Q3, Q4) Q3
Output(s) for planned activities in Domain 2 Activity 4: 1) Updated HCC response plans		
Domain 2 Activity 5: Expedited Fiscal Procedures are in Place for Ensuring Funding Reaches Impacted Public Health Departments, HCCs, and their Members During an Emergency Response		
Objective 1: <i>In BP1, WCHD will participate in a State-led fiscal exercise if conducted.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		

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CAPABILITY 3: Emergency Operations Coordination ☐ Function #1: Conduct preliminary assessment to determine need for public activation ☐ Function #2: Activate public health emergency operations ☒ Function #3: Develop incident response strategy ☐ Function #4: Manage and sustain the public health response ☐ Function #5: Demobilize and evaluate public health emergency operations				
Planned activity(s) for Domain 2 Activity 5:		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) When requested, WCHD will participate in a State-led exercise in fiscal and emergency processes.		State provided documentation	Q1/Q2/Q3/Q4	
Output(s) for planned activities in Domain 2 Activity 5: 1) State created AAR/IP for exercise.				

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DOMAIN 3: PHEP STRENGTHEN INFORMATION MANAGEMENT

Planned Activity Type: ☒ Build ☐ Sustain ☐ Scale Back ☐ No Planned Activity

Domain 3 Activity 1: Share Situational Awareness Across the Health Care & Public Health Systems

Statewide Objective: Nevada will create essential elements of information to be shared bi-directionally during real-world events between ESF 8 representatives and HCC.

Objective: By June 30, 2020, WCHD will improve communications through drills and the creation of public messaging templates.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 4: Emergency Public Information & Warning

- ☐ Function #1: Activate the emergency public information system
- ☐ Function #2: Determine the need for a joint public information system
- ☒ Function #3: Establish and participate in information system operations
- ☐ Function #4: Establish avenues for public interaction and information exchange
- ☒ Function #5: Issue public information alerts, warnings and notifications

CAPABILITY 6: Information Sharing

- ☐ Function #1: Identify stakeholders to be incorporated into information flow
- ☒ Function #2: Identify and develop rules and data elements for sharing
- ☐ Function #3: Exchange information to determine a common operating picture

Planned activity(s) for Domain 3 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Nevada State PHP program will create an EEI document and provide it to LHAs by August 31, 2019.	EEI document,	Q1
2) The Nevada State PHP program will host quarterly meetings and highlight the individual ESF 8 processes for information sharing and resource requesting during real-world events, beginning in July 1, 2019. WCHD will participate as able.	Agendas, sign-in sheets	Q1/Q2/Q3/Q4
3) Conduct WCDH quarterly communications drills to test redundant communication modalities.	Drill documentation	Q1/Q2/Q3/Q4
4) Conduct WCHD semi-annual call-down drills of personnel utilizing Communication NXT.	Drill documentation	Q1/Q2/Q3/Q4
5) (Joint) Participate in Federal health care situational awareness initiatives as able.	Meeting notes	Q1/Q2/Q3/Q4
6) Update the Public Information Communication Plan to include message templates for identified high probability exposure hazards, risks and	Message Templates	Q2

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vulnerabilities.		
7) Translation of message templates into identified languages to ensure dissemination of information to the public will reach citizens with limited English proficiency.	Translated messages	Q4
8) Development of procedures for notification of personnel to report for duty, to include notification methods, notification time frame and reporting times.	Procedure	Q2
9) Partner with WC Emergency Management Homeland Security to further develop call center capabilities within the region, to be utilized during a public health emergency or mass casualty.	call center process	Q4
10) Development of standard operating procedures for activation of call center during public health emergency.	SOP	Q4
Output(s) for planned activities in Domain 3 Activity 1:		
1) Drill documentation		
2) EEI document		
3) Message templates		
4) Notification procedure		
Domain 3 Activity 2: Share Emergency Information & Warnings Across Disciplines & Jurisdictions & HCCs & their Members		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 4: Emergency Public Information & Warning		
☐ Function #1: Activate the emergency public information system		
☐ Function #2: Determine the need for a joint public information system		
☐ Function #3: Establish and participate in information system operations		
☐ Function #4: Establish avenues for public interaction and information exchange		
☐ Function #5: Issue public information alerts, warnings and notifications		
CAPABILITY 6: Information Sharing		
☐ Function #1: Identify stakeholders to be incorporated into information flow		
☐ Function #2: Identify and develop rules and data elements for sharing		
☐ Function #3: Exchange information to determine a common operating picture		
Planned activity(s) for Domain 3 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Domain 3 Activity 3: Conduct External Communication with the Public		
Objective 1: By June 30, 2020, WCHD will provide external communication with the Public on any exercises conducted throughout the fiscal year.		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		

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CAPABILITY 4: Emergency Public Information & Warning ☐ Function #1: Activate the emergency public information system ☐ Function #2: Determine the need for a joint public information system ☐ Function #3: Establish and participate in information system operations ☐ Function #4: Establish avenues for public interaction and information exchange ☐ Function #5: Issue public information alerts, warnings and notifications				
CAPABILITY 6: Information Sharing ☐ Function #1: Identify stakeholders to be incorporated into information flow ☐ Function #2: Identify and develop rules and data elements for sharing ☐ Function #3: Exchange information to determine a common operating picture				
Planned activity(s) for Domain 3 Activity 3:		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) Communication plans for Public Health Preparedness exercise plans or real event.		Communication plan	Q1/Q2/Q3/Q4	
2) If able, establish Joint Information Center to support any planned exercises or real event.		JIC documentation	Q1/Q2/Q3/Q4	
3) Disseminate information to the public regarding exercises or real-world events.		Media impressions and related documentation	Q1/Q2/Q3/Q4	
Output(s) for planned activities in Domain 3 Activity 3: 1) Communication plan 2) JIC documentation				

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DOMAIN 4: PHEP STRENGTHEN COUNTERMEASURES & MITIGATION			
Planned Activity Type: ☐ Build ☒ Sustain ☐ Scale Back ☐ No Planned Activity			
Domain 4 Activity 1: Manage Access to & Administration of Pharmaceutical & Non-pharmaceutical Interventions			
Objective 1: <i>By June 30, 2020, WCHD will provide opportunities for community partners (EMS, hospitals, LE, NNG) to develop and participate in Medical Counter Measure response activities.</i>			
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 8: Medical Countermeasure Dispensing			
☒ Function #1: Identify and initiate medical countermeasure dispensing strategies ☒ Function #2: Receive medical countermeasures ☒ Function #3: Activate dispensing modalities ☒ Function #4: Dispense medical countermeasures to identified populations ☐ Function #5: Report adverse events			
CAPABILITY 9: Medical Materiel Management & Distribution			
☐ Function #1: Direct and activate medical materiel management and distribution ☐ Function #2: Acquire medical materiel ☒ Function #3: Maintain updated inventory management and reporting system ☐ Function #4: Establish and maintain security ☐ Function #5: Distribute medical materiel ☐ Function #6: Recover medical materiel and demobilize distribution operations			
CAPABILITY 11: Non-Pharmaceutical Interventions			
☐ Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions ☐ Function #2: Determine non-pharmaceutical interventions ☐ Function #3: Implement non-pharmaceutical interventions ☐ Function #4: Monitor non-pharmaceutical interventions			
CAPABILITY 14: Responder Safety & Health			
☐ Function #1: Identify responder safety and health risks ☐ Function #2: Identify safety and personal protective needs ☒ Function #3: Coordinate with partners to facilitate risk-specific safety and health training ☐ Function #4: Monitor responder safety and health actions			
Planned activity(s) for Domain 4 Activity 1:		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Develop documentation for coordinated Pharmacy Cache Plan/MCM game.		Game documents	Q2
2) Conduct coordinated Pharmacy Cache Plan /MCM game.		PPT presentation, sign-in sheets, evaluations	Q3
3) Evaluate coordinated Pharmacy Cache Plan /MCM game.		AAR/IP	Q4

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4) Integrate ICANS Just-In-Time training into MCM plan update.	Updated MCM plan, ICANS user manual	Q4
5) Coordinate with Nevada National Guard in development of Anthrax and Smallpox administration training for community partners as able.	Agenda, meeting notes.	Q3
6) If able, conduct smallpox and/or anthrax training with Nevada National Guard	Training material, sign in sheets	Q4
7) Conduct operational review of ORR planning elements and identify areas for improvement within MCM response plans.	ORR spreadsheet, improvement list	Q1/Q2
8) Create list of mitigation opportunities for two identified gaps from the ORR analysis as able.	Two identified gaps with mitigation strategy	Q3/Q4
9) Mitigate two gaps identified in ORR as able.	Activity documentation	Q4
10) Coordination of Logistics Section training, focusing on the software system that will be utilized to track inventory, i.e. ICANS.	Training materials	Q4
Output(s) for planned activities in Domain 4 Activity 1:		
1) Updated MCM plan		
2) Training documents for ICANS		
3) Training documents for anthrax/smallpox		
Domain 4 Activity 2: Ensure Safety & Health of Responders		
Objective 1: <i>By June 30, 2020, WCHD will develop PPE recommendations for multi-hazard response and provide it to community stakeholders.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 8: Medical Countermeasure Dispensing		
☒ Function #1: Identify and initiate medical countermeasure dispensing strategies		
☐ Function #2: Receive medical countermeasures		
☐ Function #3: Activate dispensing modalities		
☐ Function #4: Dispense medical countermeasures to identified populations		
☐ Function #5: Report adverse events		
CAPABILITY 9: Medical Materiel Management & Distribution		
☐ Function #1: Direct and activate medical materiel management and distribution		
☐ Function #2: Acquire medical materiel		
☐ Function #3: Maintain updated inventory management and reporting system		
☐ Function #4: Establish and maintain security		
☐ Function #5: Distribute medical materiel		
☐ Function #6: Recover medical materiel and demobilize distribution operations		
CAPABILITY 11: Non-Pharmaceutical Interventions		
☐ Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions		
☐ Function #2: Determine non-pharmaceutical interventions		
☐ Function #3: Implement non-pharmaceutical interventions		

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☐ Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 14: Responder Safety & Health		
☒ Function #1: Identify responder safety and health risks ☒ Function #2: Identify safety and personal protective needs ☒ Function #3: Coordinate with partners to facilitate risk-specific safety and health training ☐ Function #4: Monitor responder safety and health actions		
Planned activity(s) for Domain 4 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Convene a workgroup from EHS, CCHS & Epi representatives to review the Outbreak Response Standard Operating Procedures Plan, Respiratory Protection Plan and other identified plans. Review will include appropriate PPE information and PPE should be donned.	Meeting notes, agenda	Q1
2) Identify recommendations for update and/or plan elements to test on the Outbreak Response SOP, Respiratory Protection Plan and other identified plans based.	Recommendations	Q1
3) Create committee to assist with development of an exercise plan to test Outbreak Response SOP, Respiratory Protection Plan, and other identified plans from an emerging infectious disease incident.	Committee	Q1
4) Develop exercise plan.	Exercise Plan	Q2
5) Conduct the exercise.	Exercise documentation	Q2
6) Conduct debrief of Exercise and draft After-Action Review/Improvement Plan (AAR/IP).	AAR/IP	Q3
7) Provide recommendations to EHS/Epi from AAR/IP to include information in the update of the Outbreak Response Standard Operating Procedures Plan, Respiratory Protection Plan and other identified plans.	Distribution of information	Q4
8) Coordinating Stop-the-Bleed Training for Washoe County Employees and other invited community partners.	Training attendance sheet	Q3
9) Purchase identified supplies to support Stop-the-Bleed training initiatives.	Purchasing documents	Q1
10) If appropriate, provide input and recommendations for installation of Stop-the-Bleed kits within Washoe County government offices	Installation documents	Q2
11) (Joint) Review existing hazard/risk emergency response PPE recommendations for EMS and hospital personnel (Communicable Disease Manual, OSHA	List of recommendations	Q3

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requirements, Triad Team processes, etc.) and recommend updates, if applicable, based on national standards.		
12) (Joint) If applicable, identify top 6 high probability exposure hazards and create PPE recommendation document for community stakeholders.	Recommendation document	Q4
13) (Joint) If applicable and financially feasible, purchase PPE for community cache based on recommendations.	Purchasing documents	Q4
Output(s) for planned activities in Domain 4 Activity 2: 1) PPE recommendations for emergency response 2) Additional STB kits 3) Recommendation document		
Domain 4 Activity 3: Operationalize Response Plans		
Objective 1: By June 30, 2020, WCHD test pandemic flu and anthrax point of dispensing operational pushout in multiple events and modalities.		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 8: Medical Countermeasure Dispensing ☒ Function #1: Identify and initiate medical countermeasure dispensing strategies ☐ Function #2: Receive medical countermeasures ☒ Function #3: Activate dispensing modalities ☒ Function #4: Dispense medical countermeasures to identified populations ☐ Function #5: Report adverse events		
CAPABILITY 9: Medical Materiel Management & Distribution ☐ Function #1: Direct and activate medical materiel management and distribution ☐ Function #2: Acquire medical materiel ☐ Function #3: Maintain updated inventory management and reporting system ☐ Function #4: Establish and maintain security ☐ Function #5: Distribute medical materiel ☐ Function #6: Recover medical materiel and demobilize distribution operations		
CAPABILITY 11: Non-Pharmaceutical Interventions ☐ Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions ☐ Function #2: Determine non-pharmaceutical interventions ☐ Function #3: Implement non-pharmaceutical interventions ☐ Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 14: Responder Safety & Health ☐ Function #1: Identify responder safety and health risks ☐ Function #2: Identify safety and personal protective needs ☐ Function #3: Coordinate with partners to facilitate risk-specific safety and health training		

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☐ **Function #4: Monitor responder safety and health actions**

Planned activity(s) for Domain 4 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Establish planning teams for two WCSD POD drills.	Agenda, sign-in sheets	Q1
2) Develop planning documents for all identified POD exercises (i.e. WCSD, Project Homeless Connect, or community PODs).	Extent of play, exercise plan, EEG	Q1/Q2/Q3
3) Integrate POD cages into any drill design with WCSD.	ExPlan	Q1/Q2/Q3
4) As able, support the inclusion of primary care service providers to increase range of services at Homeless Connect POD, as identified in BP1 Supp exercise.	ExPlan or AAR/IP participant list	Q1/Q2/Q3
5) Integrate MRC volunteers, NNAFN representatives and CERT into POD Exercises.	ExPlan, Sign-in sheets	Q1/Q2/Q3
6) Present fall flu POD planning and training schedule to HCC.	IHCC minutes	Q1/Q2/Q3
7) Provide training for fall flu PODs to private POD partners and/or provide resources for autonomous operations (sign kits, vests, misc. POD supplies) as able.	Sign in sheets, agendas	Q1/Q2
8) Conduct any scheduled POD exercises and/or drills.	Sign-in sheet, media releases	Q1/Q2/Q3
9) Evaluate scheduled POD exercises and/or drills.	AAR/IP, participant feedback	Q2/Q3/Q4
10) Update pandemic flu plan with AAR/IP items and CDC priorities, e.g. school closure and quantifiable vaccine push out, PPE, etc.	Updated pandemic flu plan	Q4
Output(s) for planned activities in Domain 4 Activity 3:		
1) Exercise documentation for exercises (AAR/IP, ExPlan etc.)		
2) Updated pan flu plan		

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DOMAIN 5: PHEP STRENGTHEN SURGE MANAGEMENT – MANAGE PUBLIC HEALTH SURGE

Planned Activity Type: ☒ Build ☐ Sustain ☐ Scale Back ☐ No Planned Activity

Domain 5 Activity 1: Management of Public Health Surge - Address mass care needs

Objective 1: *By June 30, 2020, WCHD will work to identify the role of public health in congregate locations and update processes as necessary.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 5: Fatality Management

- ☐ Function #1: Determine role for public health in fatality management
☐ Function #2: Activate public health fatality management operations
☒ Function #3: Assist in the collection and dissemination of ante-mortem data
☐ Function #4: Participate in survivor mental/behavioral health services
☐ Function #5: Participate in fatality processing and storage operations

CAPABILITY 7: Mass Care

- ☒ Function #1: Determine public health role in mass care operations
☒ Function #2: Determine mass care needs of the impacted population
☒ Function #3: Coordinate public health, medical, and mental/behavioral health services
☐ Function #4: Monitor mass care population health

CAPABILITY 10: Medical Surge

- ☐ Function #1: Assess the nature and scope of the incident
☐ Function #2: Support activation of medical surge
☐ Function #3: Support jurisdictional medical surge operations
☐ Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 15: Volunteer Management

- ☐ Function #1: Coordinate volunteers
☒ Function #2: Notify volunteers
☒ Function #3: Organize, assemble, and dispatch volunteers
☐ Function #4: Demobilize volunteers

Planned activity(s) for Domain 5 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Review and update MRC database with active members to ensure volunteer base is credentialled and engaged.	Comparative database report	Q1/Q2/Q3/Q4
2) If new volunteers for Washoe County are identified through ESAR/VHP, provide training.	Sign in sheet, training documents	Q1/Q2/Q3/Q4
3) Create and distribute bi-annual MRC newsletter as able.	Newsletters	Q2/Q4

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4)	Notify MRC members of opportunities to support and participate in activities and exercises coordinated by WCHD as able.	Emails, notification pushouts	Q1/Q2/Q3/Q4
5)	Determine public health role in mass care operations to address needs of those impacted by an incident at congregate locations, to include consideration of isolation/quarantine area.	Regional planning documents and expectations	Q1
6)	Collaborate with Environmental Health Services to adapt existing procedures for reducing the spread of disease to be used for shelter operations.	Shelter operation recommendations	Q2
7)	Develop, if necessary, response plan or operating procedure for public health role in mass care operations to meet regional expectations.	Response plan or operating procedure	Q2
8)	Facilitate discussion with HCC to develop a catalog of what members within Washoe County can provide with regards to medical/mental health services for a congregate location, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by an emergency.	A catalog the HCC members resources	Q3
9)	Facilitate discussion with VOAD and other identified sectors and partners to develop a catalog of what members within Washoe County can provide with regards to health/medical services for a congregate location, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by an emergency.	A catalog of VOAD member resources	Q3
10)	Distribute catalog of services to agencies responsible for mass care.	Distribution list	Q4
11)	Participation in regional VOAD committee meetings.	Meeting roster	Q1/Q2/Q3/Q4
12)	Presentation to VOAD members on AAR/IP recommendations from BP1 ARC Shelter exercise.	VOAD meeting minutes, presentation documents	Q1
13)	Facilitation of improvement items to address gaps in assistance for VOAD and Washoe County Health District, as identified in BP1 ARC Shelter Exercise AAR/IP.	Meeting notes and completed I/P items	Q2/Q3
14)	Development of regional VOAD TTX to test improvement item processes to ensure viability, ensuring a module specifically for health and medical services.	Exercise Plan	Q3
15)	Conduct the VOAD TTX exercise.	Exercise documentation	Q4
16)	Conduct debriefs and draft After-Action Review/Improvement Plans (AAR/IP).	AAR/IP	Q4
17)	Partner with community organizations and obtain agreement to be able to	Agreement with community organization	Q1

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provide or translate culturally and linguistically appropriate information during public health activation.		
18) Make updates to environmental health tracking system process, as exercised during BP1 Supp exercise.	Updated tracking form	Q2
Output(s) for planned activities in Domain 5 Activity 1: 1) Updated composite list of current, active MRC volunteers. 2) MRC newsletter. 3) Improvement item processes 4) Exercise documents 5) Agreement with community organization 6) Shelter operation recommendations		
Domain 5 Activity 2: Management of Public Health Surge - Address surge needs		
Statewide Objective: Nevada Public Health Partners will collaborate with regional partners, specifically emergency management, to create an algorithm for family information and reunification plans by June 30, 2020.		
Objective 1: <i>By June 30, 2020, WCHD will work to improve plans related to family assistance and call centers.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 5: Fatality Management ☐ Function #1: Determine role for public health in fatality management ☒ Function #2: Activate public health fatality management operations ☒ Function #3: Assist in the collection and dissemination of ante-mortem data ☒ Function #4: Participate in survivor mental/behavioral health services ☒ Function #5: Participate in fatality processing and storage operations CAPABILITY 7: Mass Care ☐ Function #1: Determine public health role in mass care operations ☐ Function #2: Determine mass care needs of the impacted population ☐ Function #3: Coordinate public health, medical, and mental/behavioral health services ☐ Function #4: Monitor mass care population health CAPABILITY 10: Medical Surge ☐ Function #1: Assess the nature and scope of the incident ☐ Function #2: Support activation of medical surge ☐ Function #3: Support jurisdictional medical surge operations ☐ Function #4: Monitor non-pharmaceutical interventions CAPABILITY 15: Volunteer Management ☐ Function #1: Coordinate volunteers ☐ Function #2: Notify volunteers		

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☐ Function #3: Organize, assemble, and dispatch volunteers ☐ Function #4: Demobilize volunteers		Planned activity(s) for Domain 5 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
		1) WCHD will participate in the creation of a subcommittee by Nevada State PHP to develop algorithm will be created by August 31, 2019.	Meeting notes	Q1
		2) WCHD will participate in the Nevada State PHP led subcommittee to clearly define family information and family reunification for purposes of planning, as well as responsible agency within each jurisdiction by September 30, 2019.	Meeting notes	Q1
		3) WCHD will participate in the development of algorithm, to include considerations for AFN (Access and Functional Needs), CFAN (Children with Functional Access Needs), pediatrics, and those with disabilities, by February 29, 2020.	Algorithm	Q2
		4) (State-led) If requested and applicable, provide Resilience Commission with developed algorithm for continued integration into recovery plans.	Meeting notes	Q4
		5) Partner with WC Emergency Management Homeland Security to further develop call center capabilities within the region, to be utilized during a public health emergency or mass casualty.	call center process	Q4
Output(s) for planned activities in Domain 5 Activity 2:				
1) Nevada PHP algorithm				
2) Call center processes				
Domain 5 Activity 3: Management of Public Health Surge - Coordinate Volunteers				
Statewide Objective: Annually, volunteers will be included in training opportunities and incorporated into exercises sponsored by HCCs, LHAs and the Nevada State PHP Program.				
Objective 1: By June 30, 2020, WCHD will work improvement education on spontaneous and government volunteer processing and will include volunteers within created exercises.				
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)				
CAPABILITY 5: Fatality Management				
☐ Function #1: Determine role for public health in fatality management ☐ Function #2: Activate public health fatality management operations ☐ Function #3: Assist in the collection and dissemination of ante-mortem data ☐ Function #4: Participate in survivor mental/behavioral health services ☐ Function #5: Participate in fatality processing and storage operations				

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CAPABILITY 7: Mass Care			
☐	Function #1: Determine public health role in mass care operations		
☐	Function #2: Determine mass care needs of the impacted population		
☐	Function #3: Coordinate public health, medical, and mental/behavioral health services		
☐	Function #4: Monitor mass care population health		
CAPABILITY 10: Medical Surge			
☐	Function #1: Assess the nature and scope of the incident		
☐	Function #2: Support activation of medical surge		
☐	Function #3: Support jurisdictional medical surge operations		
☐	Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 15: Volunteer Management			
☒	Function #1: Coordinate volunteers		
☒	Function #2: Notify volunteers		
☒	Function #3: Organize, assemble, and dispatch volunteers		
☒	Function #4: Demobilize volunteers		
Planned activity(s) for Domain 5 Activity 3:		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will distribute training opportunities to volunteers as the trainings are identified as appropriate.		Distribution information	Q1/Q2/Q3/Q4
2) Nevada HCCs, LHAs and the Nevada PHP Program will include injects for the utilization of volunteers in the exercise design.		Exercise plans	Q1/Q2/Q3/Q4
3) Training of new MRC recruits as needed.		Completed training packets	Q1/Q2/Q3/Q4
4) Attend State MRC meetings as agency liaison.		Sign in sheet, minutes as available	Q1/Q2/Q3/Q4
5) Produce MRC newsletter bi-annually.		Newsletters	Q2/Q4
6) Develop training materials on Volunteer Donations Management Plan.		Training materials	Q1
7) Conduct training sessions to community stakeholder groups on the BP1 Volunteer Donation Management Plan e.g., the Salvation Army, Catholic Charities.		Training attendance sheets	Q2
8) Revise, if appropriate, Volunteer Donations Management plan based on feedback from training sessions.		Updated VDM plan	Q3
9) Develop training materials for processing of unaffiliated and/or government volunteers.		Training materials	Q1
10) Present processing of unaffiliated and/or government Volunteers to various		Meeting agendas	Q2/Q3

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community groups. E.g. VOAD members, EPC, HCC, LEPC, etc.		
Output(s) for planned activities in Domain 5 Activity 3: 1) Updated Volunteer Donations Management Plan 2) Training Materials		
Domain 5 Activity 4: Management of Public Health Surge – Prevent or Mitigate Injuries and Fatalities		
Objective 1: <i>By June 30, 2020, WCHD will draft processes for disaster death reporting.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 5: Fatality Management		
☒	Function #1: Determine role for public health in fatality management	
☐	Function #2: Activate public health fatality management operations	
☐	Function #3: Assist in the collection and dissemination of ante-mortem data	
☐	Function #4: Participate in survivor mental/behavioral health services	
☐	Function #5: Participate in fatality processing and storage operations	
CAPABILITY 7: Mass Care		
☐	Function #1: Determine public health role in mass care operations	
☐	Function #2: Determine mass care needs of the impacted population	
☐	Function #3: Coordinate public health, medical, and mental/behavioral health services	
☐	Function #4: Monitor mass care population health	
CAPABILITY 10: Medical Surge		
☐	Function #1: Assess the nature and scope of the incident	
☐	Function #2: Support activation of medical surge	
☐	Function #3: Support jurisdictional medical surge operations	
☐	Function #4: Monitor non-pharmaceutical interventions	
CAPABILITY 15: Volunteer Management		
☐	Function #1: Coordinate volunteers	
☐	Function #2: Notify volunteers	
☐	Function #3: Organize, assemble, and dispatch volunteers	
☐	Function #4: Demobilize volunteers	
Planned activity(s) for Domain 5 Activity 4:		Completion Quarter (Q1, Q2, Q3, Q4)
1) Research best practices for linking disaster fatalities to death reporting for the purposes of vital statistics and after action reviews		Q2
2) Collaborate with Vital Statistics and medical community personnel to draft processes for disaster death reporting for Washoe County		Q4

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Output(s) for planned activities in Domain 5 Activity 4:

1) disaster death reporting process

DOMAIN 6: PHEP STRENGTHEN BIOSURVEILLANCE

Planned Activity Type: ☒ Build ☐ Sustain ☐ Scale Back ☐ No Planned Activity

Domain 6 Activity 1: Conduct Epidemiological Surveillance & Investigation

Objective 1: By June 30, 2020, WCHD will maintain disease surveillance mechanisms and communicate with reporting sources to ensure compliance.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 12: Public Health Laboratory Testing

- ☐ Function #1: Manage laboratory activities
☐ Function #2: Perform sample management
☐ Function #3: Conduct testing and analysis for routine and surge capacity
☐ Function #4: Support public health investigations
☐ Function #5: Report results

CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation

- ☒ Function #1: Conduct public health surveillance and detection
☒ Function #2: Conduct public health and epidemiological investigations
☒ Function #3: Recommend, monitor and analyze mitigation actions
☐ Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 1:

Planned activity(s) for Domain 6 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Monitor cases of reportable disease.	NEDSS Base System	Q4
2) Investigate individual cases and outbreaks.	NEDSS Base System	Q4
3) Implement control measures.	NEDSS Base System	Q4
4) Participate in Northern Nevada Infection Control (NNIC) meetings.	NNIC minutes	Q4
5) Coordinate with Environmental Health (weekly) and Community and Clinical Health Services (as needed) on outbreak investigations.	Epi Center weekly meeting notes	Q4
6) Contact poison control center to explore possibilities for routine (monthly) information sharing specific to Washoe County.	Poison control reports	Q4
7) Share epidemiological information with hospitals and other healthcare partners at the monthly Inter Hospital Coordinating Council (IHCC) meetings.	IHCC notes	Q4

Output(s) for planned activities in Domain 6 Activity 1:

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1) Data available for review in the NEDSS Base System. 2) Published issues of the EpiNews. 3) Outbreak investigation reports. 4) Annual disease reports. 5) Weekly influenza reports during flu season.		
Domain 6 Activity 2: Detect Emerging Threats and Injuries		
Statewide Objectives: Nevada's public health jurisdictions will exercise mutual aid for epidemiological surge by June 30, 2020.		
Objective 1: By June 30, 2020, WCHD will monitor syndromic reporting systems to detect unusual cases and emerging disease.		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 12: Public Health Laboratory Testing ☐ Function #1: Manage laboratory activities ☐ Function #2: Perform sample management ☐ Function #3: Conduct testing and analysis for routine and surge capacity ☐ Function #4: Support public health investigations ☐ Function #5: Report results		
CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation ☒ Function #1: Conduct public health surveillance and detection ☒ Function #2: Conduct public health and epidemiological investigations ☒ Function #3: Recommend, monitor and analyze mitigation actions ☒ Function #4: Improve public health surveillance and epidemiological investigation systems		
Planned activity(s) for Domain 6 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will collaborate with NDPBH in the Identification of LHA contacts for exercise planning team by October 31, 2019	WCHD staff assigned to exercise planning team	Q2
2) WCHD will collaborate with NDPBH in the Development of exercise materials, to include objectives and injects for personnel surge and laboratory services by March 29, 2020	Exercise Plan	Q3
3) WCHD will collaborate with NDPBH to ensure that an AAR will be developed to identify opportunities for improvement within 90 days of exercise	AAR/IP	Q4
4) Maintain syndromic reporting systems for influenza and schools.	Weekly influenza reports	Q4
5) Maintain antibiogram based on local data.	Published antibiogram	Q4
Output(s) for planned activities in Domain 6 Activity 2:		
1) Data available for review to assist in the investigation of unusual occurrence if illness.		

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Domain 6 Activity 3: Conduct Laboratory Testing		
Statewide Objectives: Nevada's two LRN-B laboratories will conduct an exercise to test transportation of specimens and materials around the state by June 30, 2020.		
Objective 1: <i>By June 30, 2020, WCHD will coordinate with Nevada State Public Health Laboratory for disease investigation.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 12: Public Health Laboratory Testing		
☒ Function #1: Manage laboratory activities		
☒ Function #2: Perform sample management		
☒ Function #3: Conduct testing and analysis for routine and surge capacity		
☒ Function #4: Support public health investigations		
☐ Function #5: Report results		
CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation		
☒ Function #1: Conduct public health surveillance and detection		
☒ Function #2: Conduct public health and epidemiological investigations		
☒ Function #3: Recommend, monitor and analyze mitigation actions		
☐ Function #4: Improve public health surveillance and epidemiological investigation systems		
Planned activity(s) for Domain 6 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Laboratory staff will collaborate with State PHP Program to develop exercise that tests specific elements of transportation of samples, specimens and materials.	Exercise Plan	Q2
2) WCHD will collaborate with other LHAs and will disseminate information to elicit participation from regional partners.	Meeting calendars	Q3
3) WCHD will collaborate on AAR that will be developed to identify opportunities for improvement within 90 days of exercise.	AAR/IP	Q4
4) Coordinate submission of specimens to the Nevada State Public Health Laboratory.	Laboratory results entered into NEDSS Base System	Q4
Output(s) for planned activities in Domain 6 Activity 3:		
1) Laboratory data relevant to active disease investigations available for review.		

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 1 NU90TP922047-01-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention (CDC)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 NU90TP922047-01-00 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

Total Personnel Costs		including fringe		Total:		\$580,116.00
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Dr. Randall Todd</u> <u>Epi Center Director</u>	\$187,142	45%	65%	12	100%	\$176,381

Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of the Washoe County Health District (WCHD); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes emergency medical services, vital records, communicable disease investigation, surveillance and epidemiology, data collection, analysis and dissemination; provides medical expertise on infectious and communicable diseases for staff, health care providers and the general community, and is the liaison between Public Health Preparedness and the medical community; designs and/or oversees the design and conduct of evaluations of the timeliness and completeness of reporting laboratory results, disease cases and outbreaks; and coordinates rapid and effective local epidemiological investigations and responses to outbreaks; assists in training public health staff and local health care providers on their role in responding to public health emergencies. During an event, assists with risk communication by providing technical expertise. The EPHP Director is an essential member of the WCHD leadership team (i.e. District Health Officer and Division Directors) and the ICS Command staff during an emergency response; ensures coordination, management and accomplishment of CDC PHP grant-funded activities.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Christina Conti</u> <u>Preparedness and EMS</u> <u>Program Manager</u>	\$106,634	45%	16%	12	100%	\$24,676

Preparedness and EMS Program Manager: Directly supervises PHP staff at the WCHD; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives and activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; oversees all contractors and approves work product and financial payments; provides direct, consistent, timely and accurate communication and coordination with PHP Program staff at the Nevada State Health Division, Health District Leadership Team, EPHP Director and PHP staff. The Program Manager provides close fiscal and programmatic accountability and feedback; provides continuous monitoring of PHP grant activities to ensure that projects are completed on time and with high quality.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Stephen Shipman</u> <u>Public Health Emergency</u> <u>Coordinator</u>	\$94,881	45%	100%	12	100%	\$137,577

Public Health Emergency Response Coordinator: - Mass Illness Coordinator: Develops and maintains plans for responding to mass illness events such as smallpox, pandemic flu and infectious disease outbreaks and conducts exercises of these plans; assists in regional emergency planning of healthcare surge capacity, points of dispensing (PODs), and other healthcare services; develops MOUs with community partners to provide staff, facilities, supplies, equipment and volunteers to deliver prophylaxis, vaccines and other services during a public health emergency; coordinates with the Nevada State Health Division to distribute Strategic National Stockpile locally and regionally.

<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
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<u>Andrea Esp</u> <u>Public Health Emergency</u> <u>Coordinator</u>	\$93,044	45%	5%	12	100%	\$6,746
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Public Health Emergency Response Coordinator: Healthcare Coalition Liaison - Coordinate planning actions between the WCHD and local healthcare system. The Liaison will represent the WCHD on various boards and committees, research and write staff reports, make recommendations and presentations. The Liaison is also the division representative working the Public Health Accreditation Board.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Phil Ulibarri</u> <u>Public Health Communication</u> <u>Manager</u>	\$95,669	45%	20%	12	100%	\$27,744

Public Health Communications Manager: Develops, implements and maintains strategic, crisis and emergency risk communications plans and ensures compatibility with corresponding crisis and emergency risk communications plans at the local and state levels; provides media/communications training for spokespersons and authorizes participation in communication with media representatives; fulfills role of Command Staff PIO in ICS incidents; serves as PHP ICS 300/400 instructor.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>David Gamble</u> <u>Program Coordinator</u>	\$79,717	45%	100%	12	100%	\$115,590

Program Coordinator: Facilitates several initiatives within WCHD, to include the respiratory protection program, mass care planning within a shelter operation, coordinates the Access and Functional need community. Coordinates Continuity of Operations Planning for the Health District, Biohazard Detection System planning, and environmental health tracking. Serves as liaison for regional hazard mitigation planning. Serves as PHP ICS300/400 instructor

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Dawn Spinola</u> <u>Administrative Secretary</u>	\$71,389	45%	88%	12	100%	\$91,402

Administrative Secretary: Assists in financial administration of the grant, including the preparation of budgets, grant billings and reports; recommends, directs and participates in special projects, recommends and coordinates purchasing of supplies and equipment; provides contract administration services, researches and analyzes information to write reports and other documents; compiles spreadsheets, coordinates travel/training arrangements for staff; assists in personnel recruitment activities; coordinates usage and maintenance of equipment and storage; maintains division and department-wide emergency contact lists, coordinates PHP activities with other programs and within the department; provides administrative support for volunteer requests; coordinates Jurisdictional Risk Assessment.

Total Fringe Cost	\$180,035.00	Total Salary Cost:	\$400,081.00
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Fringe includes insurance, retirement, incentive. WCHD uses direct expenditures for fringe and the percentage calculation above is for actual anticipated expenditures.

Travel	Total:	\$4,083.00
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<u>Out-of-State Travel</u>		<u>\$2,376</u>
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<u>Preparedness Summit Conference: Dallas, TX</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$601.00 cost per trip (Reno & Dallas, TX) x 1 trip x 2 staff	\$601.00	1		2	\$1,202
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 2 staff x 3 days	\$66.00	1	3	2	\$396
Lodging: \$157.00 per day + \$17.50 tax = total \$177.00 x 1 trip x 2 nights x 2 staff	\$174.50	1	2	2	\$698
Ground Transportation: \$20 per r/trip x 2 trips x 2 staff	\$20.00	2	1	2	\$80

Justification:

Preparedness Summit Conference: presenting new research findings, sharing tools and resources, and providing a variety of opportunities for attendees to learn how to implement model practices that enhance the nation's capabilities to prepare for, respond to, and recover from disasters and other emergencies. WCHD PHP staff will be attending the training, specific staff to be identified when Summit course outline is

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published.

In-State Travel

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Meeting with Public Health Partners: Las Vegas, NV</u>					
Airfare: \$350.00 cost per trip (Reno & Las Vegas) x – trip x 2 staff	\$350.00	1	1	2	\$700
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 2 staff	\$66.00	1	1	2	\$132
Motor Pool: (\$75.00 car/day) x 1 trip x 1 day	\$75.00	1	1	2	\$75

Justification:

Meeting with Public Health Partners throughout the State. One meeting in Las Vegas, other three in Northern Nevada. Staff members affiliated with this travel are anticipated to be Public Health Emergency Response Coordinator and the Preparedness & EMS Manager.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Regional Meetings</u>					
Mileage: (\$0.58 per mile x 46.0 miles per r/trip) x 30 trips x 1 staff	\$26.68	30		1	\$800

Justification:

Attendance at meetings around the region, working on Scope of Work initiatives. All WCHD PHP staff attend regional meetings and would be eligible for mileage reimbursement.

Supplies **Total: \$22,750.00**

Office supplies: Office Supplies for day to day operations	\$1,000.00
Operating Supplies	\$21,750.00

Justification: Stop the bleed kits, radios, batteries and general supplies needed for Scope of Work deliverables.

Equipment **Total: \$5,000.00**

CBRNE (Chemical, Burn, Radiation, Nuclear, Explosive) equipment such as but not limited to, PAPER's (powered air-purifying respirator), decontamination equipment, and CBRNE survey equipment.	\$5,000.00
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Contractual/Contractual **Total: \$153,000.00**

<u>POD Activities:</u> drills, exercises, games and documentation	Total	\$10,000.00
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Method of Selection: competitive bid

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

Scope of Work: Contractual support to provide training and exercise support to assist in meeting Scope of Work deliverables.

Budget

Personnel	\$10,000.00
Travel	\$0.00
Total Budget	\$10,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Contract support for CHEMPACK Initiative **Total \$3,000.00**

Method of Selection: competitive bid

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

Scope of Work: Contractual support to perform CHEMPACK regional planning initiatives to assist in meeting Scope of Work deliverables.

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<u>Budget</u>	
Personnel	\$3,000.00
Travel	\$0.00
Total Budget	\$3,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

ICAMS/Inventory Management Support **Total \$5,000.00**

Method of Selection: competitive bid

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

Scope of Work: Contractual support to perform iCAMS inventory management planning to assist in meeting Scope of Work deliverables. iCAMS is the statewide inventory management system purchased for Strategic National Stockpile inventory management operations.

<u>Budget</u>	
Personnel	\$5,000.00
Travel	\$0.00
Total Budget	\$5,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Respiratory Protection Mass Drill **Total \$10,000.00**

Method of Selection: competitive bid and sole source.

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

Scope of Work: Medical clearances for all staff followed by mass fit testing. Testing the WCHD Respiratory Protection Plan, which will require using both ARC (contracted Washoe County medical provided) and internet medical clearance company, as well as the purchasing of masks.

* Sole Source Justification: Sole source on ARC as they are a Washoe County contracted medical service provider.

<u>Budget</u>	
Personnel	\$10,000.00
Travel	\$0.00
Total Budget	\$10,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

WebEOC Module Improvement **Total \$10,000.00**

Method of Selection: sole source

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

Scope of Work: Update, develop and fix a variety of issues in WebEOC to make data boards (patient tracking/mass casualty etc.) more functional.

* Sole Source Justification: WebEOC is a proprietary system that Washoe County uses for emergency management.

<u>Budget</u>	
Personnel	\$10,000.00
Travel	\$0.00
Total Budget	\$10,000.00

Method of Accountability:

Lists of WebEOC problems and fixes will be tracked by WCHD Epi Center Director (Dr. Randall Todd).

POD Partner Support **Total \$25,000.00**

Method of Selection: competitive bid

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

Scope of Work: Contractual support to perform POD (Point of Dispensing) initiatives with local POD partners to establish autonomy including HSEEP (Homeland Security Exercise and Evaluation Program) paperwork to assist in meeting Scope of Work deliverables.

<u>Budget</u>	
Personnel	\$25,000.00
Travel	\$0.00
Total Budget	\$25,000.00

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Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Temporary Staff: Public Health Investigator (PHI)

Total \$65,000.00

Method of Selection: competitive bid

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

Scope of Work: Contractor to provide exercise support for the Complex Coordinated Terrorist Attack exercise in November. Will represent WCHD PHP in planning meetings and coordinate with community partners to maximize exercise participation.

Budget

Personnel	\$65,000.00
Travel	\$0.00
Total Budget	\$65,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Temporary Staff: for statewide Full-Scale Exercise, Silver Crucible

Total \$25,000.00

Complex Coordinated Terrorist Attack.

Method of Selection: sole source

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

Scope of Work: Contractor to provide exercise support for the Complex Coordinated Terrorist Attack exercise in November. Will represent PHP in planning meetings and coordinate with community partners to maximize exercise participation.

* Sole Source Justification: Vendor was selected through competitive bid process in in previous Budget Period (BP1SUPP), and should be maintained for continuity of project.

Budget

Personnel	\$25,000.00
Travel	\$0.00
Total Budget	\$25,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Other	Total:	\$ 81,715.00
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Copier/Printer Lease: \$83.33/mo. x 12 mo.	\$1,000.00
Postage:	\$992.00
Printing: \$1,675.00/mo. x 12 mo.	\$20,100.00
Network data lines, landlines, long distance and cell phone: \$183.33/mo. x 12 mo.	\$2,200.00
PFA Seminars/Meetings: \$1,302.50/meeting x 4 meetings	\$5,210.00
Dues/Memberships:	\$3,125.00
Medical Services: \$16.67/mo. x 12 mo.	\$200.00
Advertising:	\$27,150.00
Satellite phone-subscription minutes: \$116.67/mo. x 12 mo.	\$1,400.00
Repairs and Maintenance: \$200.00/mo. x 12 mo.	\$2,400.00
Trailer/Vehicle Expenses (asset mgmt., o/m, fuel, lease) \$1,494.83/mo. x 12 mo.	\$17,938.00

Justification: Copy charges and lease allocation based on usage; Senior AFN pushout – mailer, general mailings; Senior AFN pushout, IZ (Immunize) Nevada Campaign to include WCSD (Washoe County School District) families and employees. General printing including emergency response plans or materials relating to educational campaign to the community; General day to day operational use of telephones, network and cellular phones; Planning Section/Psychological First Aid (PFA) classes, NACCHO Preparedness Summit Conference Registration, Training for volunteer management; Dues for Public Health Communications Manager for National Public Health Information Coalition (NPHIC) and Public Relations Society of America (PRSA) NACCHO Project Public Health Ready Accreditation; Medical Fit tests for staff; Survey Monkey subscription, CASPER (Community Assessment for Public Health Emergency Response) pushout utilizing the opportunities identified by the 2019 CASPER survey to educate and engage the public through but not limited to: public information pushouts (media, social media, printed materials and other means that may be identified) and preparedness activities (workshops, conferences, trainings, family health festivals), Public information pushout documentation (social media contacts/posts, advertising or other) and/or documentation from preparedness activities (such as agendas, meeting notes, exercise documents or activities); Required for PHEP Capability: Emergency Operations Coordination - two satellite phone subscription minutes; Trailer repairs to include but not limited to reader board trailers, POD trailers, communications trailer and hospital trailer; Maintain and operate trailers, signs and FY20 truck lease for 1 yr.

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TOTAL DIRECT CHARGES

\$ 846,664.00

Indirect Charges

Indirect Rate:

10.00%

\$ 84,666.00

Indirect Methodology: 10% of all direct expenses per Federally approved indirect agreement.

TOTAL BUDGET

Total:

\$931,330.00

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Form 2

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

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

<u>FUNDING SOURCES</u>	<u>PHP</u>	<u>Other Funding</u>	<u>Other Funding</u>	<u>Other Funding</u>	<u>Other Funding</u>	<u>Other Funding</u>	<u>Other Funding</u>	<u>Program Income</u>	<u>TOTAL</u>
SECURED		n/a	n/a	n/a	n/a	n/a	n/a	n/a	
ENTER TOTAL REQUEST	\$931,330								\$931,330

EXPENSE CATEGORY

Personnel	\$580,116	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$580,116
Travel	\$4,083	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$4,083
Operating	\$22,750	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$22,750
Equipment	\$5,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$5,000
Contractual/Consultant	\$153,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$153,000
Other Expenses	\$81,715	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$81,715
Indirect	\$84,666	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$84,666

TOTAL EXPENSE	\$931,330	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$931,330
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$84,666
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Total Agency Budget	\$931,330
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$93,133.00**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H. These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed **\$931,330.00**;
- ****Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.***
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$93,133.00**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2020 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within **90 days of exercise completion.**
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

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

The Department agrees:

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

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Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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

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Agency Ref. #: **HD 17250**
Budget Account: **3218**
GL: **8516**
Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subaward Period: July 1, 2019 to June 30, 2020	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT						
(must be accompanied by expenditure report/back-up)						
Month(s)	Calendar year					

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$580,116.00	\$0.00	\$0.00	\$0.00	\$580,116.00	0.0%
2. Travel	\$4,083.00	\$0.00	\$0.00	\$0.00	\$4,083.00	0.0%
3. Supplies	\$22,750.00	\$0.00	\$0.00	\$0.00	\$22,750.00	0.0%
4. Equipment	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0.0%
5. Contractual/Consultant	\$153,000.00	\$0.00	\$0.00	\$0.00	\$153,000.00	0.0%
6. Other	\$81,715.00	\$0.00	\$0.00	\$0.00	\$81,715.00	0.0%
7. Indirect	\$84,666.00	\$0.00	\$0.00	\$0.00	\$84,666.00	0.0%
Total	\$931,330.00	\$0.00	\$0.00	\$0.00	\$931,330.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$93,133.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature _____	Title _____	Date _____
FOR Department USE ONLY		
Is program contact required? ☐ Yes ☐ No Contact Person: _____		
Reason for contact: _____		
Fiscal review/approval date: _____		
Scope of Work review/approval date: _____		
Chief (as required): _____		Date _____

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Washoe County Health District (WCHD) PHEP
Reimbursement Worksheet
Month _____
HD 17250

Personnel	Title	Description	Amount
TOTAL			

Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.58/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							

Supplies (Items under \$5,000 & consumed within 1 yr)	Description	Amount
TOTAL		

Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)	Description (attach invoice copies for all items)	Amount
TOTAL		

Contract / Consultant	Description	Amount
TOTAL		

Other	Description	Amount
TOTAL		

Indirect	Description	Amount
TOTAL		

TOTAL EXPENDITURES		

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SECTION E

Audit Information Request

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

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?



YES

☐ NO

3. When does your organization's fiscal year end?

June 30, 2020

4. What is the official name of your organization?

Washoe County Health District

5. How often is your organization audited?

Annually

6. When was your last audit performed?

FY 19 in progress

7. What time-period did your last audit cover?

7/1/18 - 6/30/19

8. Which accounting firm conducted your last audit?

Eide Bailly

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

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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

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

- YES ☐ If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO ☐ Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name

Services

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

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

STATE OF NEVADA
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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

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

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

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IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

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**SECTION H
Matching Funds Agreement**

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

Program Name	Public Health Preparedness (PHP)	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	1 NU90TP922047-01-00	Subaward Number	HD 17250
Federal Amount	\$931,330.00	Contact Name	Christina Conti
Non-Federal (Match) Amount	\$93,133.00	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	\$931,330.00		
Performance Period	July 1, 2019 to June 30, 2020		

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

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded **\$931,330.00**
Required Match Percentage 10%
Total Required Match **\$93,133.00**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	58,011.60
2	Travel	\$	408.30
3	Supplies	\$	2,275.00
4	Contract/Consultant	\$	15,300.00
5	Equipment	\$	0.00
6	Other	\$	8,171.50
7	Indirect Costs	\$	8,466.60
	Total	\$	93,133.00

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

