



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

(hereinafter referred to as the Division)

Agency Ref. #: **16593**  
Budget  
Account: **3218**  
Category: **22**  
GL: **8516**  
Job Number: **9306918S**

**NOTICE OF SUBAWARD**

|  |                       |   |   |
|--|-----------------------|---|---|
| <b>Program Name:</b><br>Public Health Preparedness Program (PHP)<br>Bureau of Health Protection and Preparedness (BHPP)  |                       | <b>Subgrantee Name:</b><br>Washoe County Health District (WCHD)                                 |   |
| <b>Address:</b><br>4150 Technology Way, Suite # 200<br>Carson City, NV 89706-2009  |                       | <b>Address:</b><br>1001 East Ninth Street / PO Box 11130<br>Reno, Nevada 89520                  |   |
| <b>Project Period:</b><br>July 1, 2018 to June 30, 2019  |                       | <b>Subrecipient's:</b>  |   |
| <b>Budget Period:</b><br>July 1, 2018 to June 30, 2019   |                       | EIN: <b>88-6000138</b>  |   |
|  |                       | Vendor #: <b>T40283400</b>  |   |
|  |                       | Dun & Bradstreet: <b>073786998</b>  |   |
| <b>Purpose of Award:</b> Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) domains according to the HPP and PHEP Cooperative Agreement.   |                       |   |   |
| <b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>   |                       |   |   |
| <b>Approved Budget Categories:</b>   |                       | <b>AWARD COMPUTATION:</b>   |   |
| 1. Personnel   | <b>\$603,867.00</b>   | Total Obligated by This Action:   | \$ 920,693.00                                   |
| 2. Travel  | <b>\$4,790.00</b>     | Cumulative Prior Awards this Budget Period:   | \$ 0.00   |
| 3. Supplies  | <b>\$62,701.00</b>    | Total Federal Funds Awarded to Date:  | \$ 920,693.00                                   |
| 4. Equipment   | <b>\$0.00</b>         | Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                 |   |
| 5. Contractual/Consultant  | <b>\$127,031.00</b>   | Amount Required This Action:  | \$ 92,069.30                                    |
| 6. Other   | <b>\$38,605.00</b>    | Amount Required Prior Awards:   | \$ 0.00   |
| <b>TOTAL DIRECT COSTS</b>  | <b>\$836,994.00</b>   | Total Match Amount Required:  | \$ 92,069.30                                    |
| 7. INDIRECT COSTS  | <b>\$83,699.00</b>    | Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |   |
| <b>TOTAL FEDERAL FUNDS</b>   | <b>\$920,693.00</b>   |   |   |
| 8. Match   | <b>\$92,069.30</b>    |   |   |
| <b>TOTAL FEDERAL &amp; NON-FEDERAL CONTRIBUTION</b>  | <b>\$1,012,762.30</b> |   |   |
| <b>Source of Funds:</b> Centers for Disease Control and Prevention (CDC)   |                       | <b>% Funds:</b><br>100%   | <b>CFDA:</b><br>93.069                          |
|  |                       | <b>FAIN:</b><br>NU90TP921907  | <b>Federal Grant #:</b><br>6 NU90TP921907-01-04 |
| <b>Federal Grant Award Date by Federal Agency:</b>   |                       | August 8, 2018  |   |
| <b>Terms and Conditions:</b><br>In accepting these grant funds, it is understood that:<br>1. This award is subject to the availability of appropriate funds.<br>2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.<br>3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.<br>4. Subrecipient must comply with all applicable Federal regulations.<br>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.<br>6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator. |                       |   |   |
| <b>Incorporated Documents:</b><br>Section A: Grant Conditions and Assurances;<br>Section B: Description of Services, Scope of Work and Deliverables;<br>Exhibit 1: Detailed Work Plan;<br>Section C: Budget and Financial Reporting Requirements;<br>Exhibit 2: Worksheet;   |                       |   |   |

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

|            |   |
|------------|---|
| Section D: | Request for Reimbursement;                |
| Section E: | Audit Information Request;                |
| Section F: | Current/Former State Employee Disclaimer; |
| Section G: | DPBH Business Associate Addendum; and     |
| Section H: | Matching Funds Agreement                  |

|  |  |                 |
|--|--|-----------------|
| Kevin Dick<br>District Health Officer            | <br>Signature (Blue Ink) | Date<br>8/23/18 |
| Karen Beckley, MPA<br>Bureau Chief, BHPP         |  |                 |
| for Julie Kotchevar, PhD.<br>Administrator, DPBH |  |                 |

THIS SPACE INTENTIONALLY LEFT BLANK

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

**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 Grantee 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 "The Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Grantee is an independent entity.
2. The Grantee shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Grantee 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 Grantee 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 Grantee.

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 Attachment A 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 Grantee under this Agreement shall, at the option of the Department, become the property of the Department, and the Grantee 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 Grantee 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 Grantee 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 Grantee is in noncompliance with any applicable rules or regulations, the Department may withhold funding as outlined in the current Grant Instructions and Requirements.

**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).

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

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. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

***Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

8. Certification that neither the Grantee 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 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).
  9. No funding associated with this grant will be used for lobbying.
  10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
  11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
  12. Compliance with Grant Instructions and Requirements from the Office of Community Partnerships and Grants.  
(Online: <http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Forms/FY17%20GIRS.pdf> )
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
    1. 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.
    2. 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.
    3. Any attempt to influence:
      - (a) The introduction or formulation of Federal, State or local legislation; or
      - (b) 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.
    4. 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.
    5. Any attempt to influence:
      - (a) The introduction or formulation of Federal, State or local legislation;
      - (b) The enactment or modification of any pending Federal, State or local legislation; or
      - (c) 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.

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

6. 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.
7. 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.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  1. 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
  2. Not specifically directed at:
    - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - (c) 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 grantee 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.

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

**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**NOTICE OF SUBAWARD**  
**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 (Exhibit 1) is for Budget Period 1 Supplemental, July 1, 2018 to June 30, 2019 and is broken down by domain, goals, objectives, capabilities and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2019. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain 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, 2018 | 1 <sup>st</sup> Quarter Progress Report | (For the period of 7/1/18 to 9/30/18)  |
| ○ January 31, 2018 | 2 <sup>nd</sup> Quarter Progress Report | (For the period of 7/1/18 to 12/31/18) |
| ○ April 30, 2019   | 3 <sup>rd</sup> Quarter Progress Report | (For the period of 7/1/18 to 3/31/19)  |
| ○ July 31, 2019    | 4 <sup>th</sup> Quarter Progress Report | (For the period of 7/1/18 to 6/30/19)  |
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:

|                    |   |   |
|--------------------|---|---|
| ○ October 31, 2018 | 1 <sup>st</sup> Quarter Progress Report | (For the period of 7/1/18 to 9/30/18)   |
| ○ January 31, 2018 | 2 <sup>nd</sup> Quarter Progress Report | (For the period of 10/1/18 to 12/31/18) |
| ○ April 30, 2019   | 3 <sup>rd</sup> Quarter Progress Report | (For the period of 1/1/19 to 3/31/19)   |
| ○ July 31, 2019    | 4 <sup>th</sup> Quarter Progress Report | (For the period of 4/1/19 to 6/30/19)   |

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

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

EXHIBIT 1

**Washoe County Health District**  
**CDC Public Health Emergency Preparedness (PHEP)**  
**Detailed Work Plan**  
**July 1, 2018 through June 30, 2019 (BP1 Supplemental)**

| <b>DOMAIN 1: PHEP STRENGTHEN COMMUNITY RESILIENCE</b>  |   |                                  |  |
|--|---|----------------------------------|--|
| Planned Activity Type:   | <input checked="" type="checkbox"/> Build | <input type="checkbox"/> Sustain | <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity |
| <b>Domain 1 Activity 1: Partner with Stakeholders by Developing and Maturing Health Care Coalitions</b>  |   |                                  |  |
| No planned objectives  |   |                                  |  |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)  |   |                                  |  |
| <b>CAPABILITY 1: Community Preparedness</b>  |   |                                  |  |
| <input type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction  |   |                                  |  |
| <input type="checkbox"/> Function #2: Build community partnerships to support health preparedness  |   |                                  |  |
| <input type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks |   |                                  |  |
| <input type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts                             |   |                                  |  |
| <b>CAPABILITY 2: Community Recovery</b>  |   |                                  |  |
| <input type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs                    |   |                                  |  |
| <input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations               |   |                                  |  |
| <input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents   |   |                                  |  |
| Planned activity(s) for Domain 1 Activity 5:   |   | Activity Documentation           | Completion Quarter<br>(Q1, Q2, Q3, Q4)   |
|  |   |                                  |  |
|  |   |                                  |  |
|  |   |                                  |  |
| Output(s) for planned activities in Domain 1 Activity 1:   |   |                                  |  |
|  |   |                                  |  |
| Domain 1 Activity 2: Characterize Probable Risk of the Jurisdiction & the Health Care Coalition (HCC)  |   |                                  |  |
| Statewide Objective: By June 30, 2019 State PHP and LHAs will have an all-hazards resource assessment tool for their jurisdiction.                       |   |                                  |  |



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

**Objective 1:** Participate in Washoe County All-Hazards Mitigation Planning efforts beginning in Q2 and ending in BP3.

**Objective 2:** Washoe County will update regional JRA based by June 30, 2019.

**Objective 3:** Work with Washoe County Emergency Management and the City of Reno and conduct education and outreach on preparedness during Preparedness month (September) and the Preparedness Expo by June 30, 2019.

**Objective 4:** Develop and conduct a CASPER survey to gain household level baseline data to support local planning efforts by June 30, 2019.

| <p><b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b></p> <p><b>CAPABILITY 1: Community Preparedness</b></p> <p><input checked="" type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction</p> <p><input checked="" type="checkbox"/> Function #2: Build community partnerships to support health preparedness</p> <p><input type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks</p> <p><input checked="" type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts</p> <p><b>CAPABILITY 2: Community Recovery</b></p> <p><input checked="" type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs</p> <p><input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations</p> <p><input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents</p> |  |                                     |  |
|--|--|-------------------------------------|--|
| Planned activity(s) for Domain 1 Activity 2:   | Activity Documentation   | Completion Quarter (Q1, Q2, Q3, Q4) |  |
| 1) Participate in Washoe County Emergency Management 2018 Hazard Mitigation Planning efforts starting in Q2.   | Sign-in sheets, minutes  | Q4                                  |  |
| 2) Review and update JRA in conjunction with Washoe County Hazard Mitigation Planning  | Updated JRA  | Q4                                  |  |
| 5) Planning meetings to develop CASPER focus and questions for exercise.   | Meeting agendas, sign-in sheets, completed survey form         | Q2                                  |  |
| 6) Identification and development of CASPER geographic survey area and methodology.  | GIS maps, emails   | Q3                                  |  |
| 7) Conduct CASPER  | ICS chart, personnel roster, strike team rosters, survey forms | Q3                                  |  |
| 8) Analyze CASPER developed data   | Completed CASPER analysis                                      | Q4                                  |  |
| <p><b>Output(s) for planned activities in Domain 1 Activity 2:</b></p> <p>1) Updated JRA</p> <p>2) Completed CASPER survey</p>   |  |                                     |  |
| <p><b>Domain 1 Activity 3: Characterize Populations at Risk</b></p> <p><b>Statewide Objectives: By June 30, 2019 Nevada PHP and LHAs will revise response plans to include access and functional needs based upon data for each jurisdiction.</b></p>  |  |                                     |  |



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

**Objective 1:** By June 30, 2018, Washoe County revise emergency response plans to include Access and Functional Needs considerations.

**Objective 2:** Engage with first responder community partners and finalize Community Reception Center plan by June 30, 2019.

**Objective 3:** Provision of basic radiological CRC training to Health District staff and community partners.

---

**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 3:   | Activity Documentation                                  | Completion Quarter (Q1, Q2, Q3, Q4) |
|--|---|-------------------------------------|
| 1) Coordinate "Stop-the-Bleeding" training for WCHD personnel, volunteers and other Community members  | Sign-in sheets and training materials                   | Q3                                  |
| 2) NNAFNW will review a selected WCHD Plan to assess if the AFN population needs are addressed and then make recommendations. I.e. Isolation and Quarantine or Multi-Casualty Incident Plans | Sign-in sheets, minutes of the meeting notes            | Q4                                  |
| 3) Continue to provide community partner agencies (i.e. VOAD) relevant information to incorporate vulnerable populations' response plans.  | Information provided to community volunteers            | Q4                                  |
| 4) Develop Point of Dispensing Video in top 2 identified Washoe County Languages other than English  | Completed Video   | Q4                                  |
| 5) Partner with CLEAR Team, Fire Services Triad and other community partners to review the CRC plan based on BP1 exercise.   | Meeting agendas, meeting notes, sign-in sheets          | Q2                                  |
| 6) Identify primary CRC locations in Washoe County based upon discussions with SMEs.   | Meeting notes, sign-in sheets                           | Q3                                  |
| 7) Create planning documents for selected CRC sites.   | GIS Mapping, site surveys, file pathways                | Q4                                  |
| 8) Integrate site plans and recommendations from partners and finalize plan  | Finalized CRC plan                                      | Q4                                  |
| 9) Identify and provide CRC focused radiological training to selected Washoe County Health District staff and community stakeholders, as appropriate.  | Training materials, sign-in sheets, participant surveys | Q3                                  |
| 10) Test, if possible, environmental tracking for public health in a mass care setting developed during BP1.   | AAR/IP  | Q4                                  |

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

|  |  |  |
|--|--|--|
| <b>Output(s) for planned activities in Domain 1 Activity 3:</b><br>1) Increased awareness of "Stop the Bleed" techniques.<br>2) Educational Materials<br>3) Finalized CRC plan.<br>4) Site plans for CRC operations.<br>5) Baseline radiological training for selected WCHD staff and community stakeholders   |  |  |
| <b>Domain 1 Activity 4: Engage Communities &amp; Health Care Systems</b>   |  |  |
| <b>Objective 1:</b> <i>By January 1, 2019 provide influenza vaccination educational material to the Washoe County School District for dissemination to students in Washoe County.</i><br><b>Objective 2:</b> <i>By June 30, 2018, Washoe County revise emergency response plans to include Access and Functional Needs considerations.</i><br><b>Objective 3:</b> <i>By June 30, 2018, Washoe County will work with tribal partners to establish a workgroup focused on collaborating on emergency preparedness information.</i><br><b>Objective 4:</b> <i>Washoe County Health District will present public health response plans to the Local Emergency Preparedness Committee, by June 30, 2019</i> |  |  |
| <b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b><br><b>CAPABILITY 1: Community Preparedness</b><br><input checked="" type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction<br><input checked="" type="checkbox"/> Function #2: Build community partnerships to support health preparedness<br><input checked="" type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks<br><input checked="" type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts              |  |  |
| <b>CAPABILITY 2: Community Recovery</b><br><input type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs<br><input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations<br><input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents   |  |  |
| <b>Planned activity(s) for Domain 1 Activity 4:</b>  |  | <b>Completion Quarter (Q1, Q2, Q3, Q4)</b>                                       |
| 1) If requested, volunteers will participate in a Community based health festival event.   |  | Sign-in sheets<br>Q4   |
| 2) Conduct educational pushout on seasonal and pandemic influenza with focus on increasing vaccinations rates in Nevada based on NHSPI findings  |  | Educational push out material<br>Q3  |
| 3) Develop Nevada specific Pandemic Influenza and flu vaccination educational material for distribution to community stakeholders including the school district  |  | Completed materials, schedule/plan of distribution<br>Q3                         |
| 4) Continue to expand the NNAFNW committee to include new non represented members representing the AFN population e.g. WCD, Health providers.  |  | New previously non-represented members of AFN population committee members<br>Q4 |

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

|  |  |                                     |
|--|--|-------------------------------------|
| 5) Work to improve quarterly meeting attendance by 10% of the NNAFN committee membership.  | New committee attendees & membership   | Q4                                  |
| 6) Continue to facilitate quarterly NNAFNW committee meetings.   | Committee meeting notes  | Q4                                  |
| 7) Develop a bi-yearly tribal workgroup to review current exercises, training opportunities and emergency preparedness plans.                            | Agendas, meeting notes   | Q4                                  |
| 8) Partner with Washoe County Emergency Management and provided public preparedness outreach during Preparedness month (September)                       | Event flyers, sign-in sheets for events  | Q1                                  |
| 9) Partner with City of Reno on the Preparedness Expo and conduct outreach and education during event  | Event flyer, educational material, sign-in sheets  | Q4                                  |
| 10) Conduct presentation LEPC on new public health response plans (CRC and Iso/Quarantine Plan) and request feedback.                                    | Meeting minutes  | Q3                                  |
| 11) Update public health response plans based on LEPC recommendations  | Meeting minutes, list of recommendations   | Q4                                  |
| <b>Output(s) for planned activities in Domain 1 Activity 4:</b>  |  |                                     |
| 1) Participation in health related community events  |  |                                     |
| 2) Educational materials   |  |                                     |
| 3) Increased NNAFNW participation  |  |                                     |
| 4) Developed workgroup   |  |                                     |
| 5) Community preparedness outreach activities occurring in September 2018  |  |                                     |
| 6) Educational information pushout during June 2019 City of Reno Preparedness Expo   |  |                                     |
| <b>Domain 1 Activity 5: Operationalize Response Plans</b>  |  |                                     |
| No planned objectives  |  |                                     |
| <b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>   |  |                                     |
| <b>CAPABILITY 1: Community Preparedness</b>  |  |                                     |
| <input type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction  | Function #1: Determine risks to the health of the jurisdiction<br>Function #2: Build community partnerships to support health preparedness<br>Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks<br>Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts |                                     |
| <input type="checkbox"/> Function #2: Build community partnerships to support health preparedness  |  |                                     |
| <input type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks |  |                                     |
| <input type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts                             |  |                                     |
| <b>CAPABILITY 2: Community Recovery</b>  |  |                                     |
| <input type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs                    | Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs<br>Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations<br>Function #3: Implement corrective actions to mitigate damages from future incidents   |                                     |
| <input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations               |  |                                     |
| <input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents   |  |                                     |
| Planned activity(s) for Domain 1 Activity 5:   |  | Completion Quarter (Q1, Q2, Q3, Q4) |
| Activity Documentation   |  |                                     |

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

Output(s) for planned activities in Domain 1 Activity 5:

## DOMAIN 2: PHEP STRENGTHEN INCIDENT MANAGEMENT

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

### Domain 2 Activity 1: Coordinate Emergency Operations

**Objective 1:** Washoe County Health District will integrate satellite phones into 2 communications drills by June 30, 2019.

**Objective 2:** *Washoe County Health District will review and revise the current all-hazards public health preparedness and response plan by January 1, 2019.*

**Objective 3:** *Washoe County Health District will coordinate a multi-day tabletop exercise, designed to test incident management and emergency response.*

**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<br>(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) Jurisdiction will conduct communications with their allocated satellite phones at least Semi-annually in conjunction with its quarterly communications drills.   |  | Quarterly Communications drills AARs.  | Q4                                     |
| 3) Jurisdiction will develop operational documents for Department Emergency Operations Plan   |  | Operational Documents  | Q4                                     |
| 4) Review of Department Emergency Operations Plan to ensure the Emergency Management Assistance Compact is clearly outlined to ensure the mutual aid agreements to support activities are activated and utilized when needed. |  | If necessary, revised DEOP   | Q2                                     |
| 5) Coordinate multi-agency, multi-day tabletop exercise for region, testing emergency operations plans to strengthen incident management.   |  | Exercise documentation and AAR/IP  | Q4                                     |
| <b>Output(s) for planned activities in Domain 2 Activity 1:</b>   |  |  |  |
| 1) Current satellite phone subscription minutes.  |  |  |  |
| 2) Completed Communications Drill AARs.   |  |  |  |
| 3) Operational documents  |  |  |  |
| 4) Revised DEOP, if required  |  |  |  |
| 5) Exercise Plan  |  |  |  |
| 6) AAR/IP   |  |  |  |



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

|  |  |                                       |  |
|--|--|---------------------------------------|--|
| <b>Domain 2 Activity 2: Standardize Incident Command Structures for Public Health</b>  |  |                                       |  |
| <b>Objective 1:</b> <i>Washoe County Health District will coordinate emergency operations training with command staff and support function staff by June 30, 2019.</i>   |  |                                       |  |
| <b>Objective 2:</b> <i>Washoe County Health District will provide ICS training to staff and community partners by June 30, 2019.</i>   |  |                                       |  |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)  |  |                                       |  |
| CAPABILITY 3: Emergency Operations Coordination  |  |                                       |  |
| <input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation<br><input checked="" type="checkbox"/> Function #2: Activate public health emergency operations<br><input type="checkbox"/> Function #3: Develop incident response strategy<br><input checked="" type="checkbox"/> Function #4: Manage and sustain the public health response<br><input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations |  |                                       |  |
| <b>Planned activity(s) for Domain 2 Activity 2:</b>  |  | <b>Activity Documentation</b>         | <b>Completion Quarter (Q1, Q2, Q3, Q4)</b> |
| 1) Conduct POD Command Course Training for staff identified in MCM plans   |  | Sign-in Sheets, presentation material | Q2   |
| 2) Coordinate ICS 300 & 400 Training for WCHD personnel and other Emergency Preparedness Community Members.  |  | Sign-in Sheets, presentation material | Q4   |
| 3) Coordinate "Stop-the-Bleeding" training for WCHD personnel and other community members  |  | Sign-in Sheets, presentation material | Q3   |
| <b>Output(s) for planned activities in Domain 2 Activity 2:</b>  |  |                                       |  |
| 1) Trained on FEMA's ICS requirements<br>2) Completed ICS/POD training for MCM staff<br>3) Newly trained personnel   |  |                                       |  |
| <b>Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations &amp; HCC</b>  |  |                                       |  |
| No planned objectives  |  |                                       |  |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)  |  |                                       |  |
| CAPABILITY 3: Emergency Operations Coordination  |  |                                       |  |
| <input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation<br><input type="checkbox"/> Function #2: Activate public health emergency operations<br><input type="checkbox"/> Function #3: Develop incident response strategy<br><input type="checkbox"/> Function #4: Manage and sustain the public health response<br><input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations                       |  |                                       |  |
| <b>Planned activity(s) for Domain 2 Activity 3:</b>  |  | <b>Activity Documentation</b>         | <b>Completion Quarter (Q1, Q2, Q3, Q4)</b> |
|  |  |                                       |  |
| <b>Output(s) for planned activities in Domain 2 Activity 3:</b>  |  |                                       |  |

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

|  |  |                        |                                     |
|--|--|------------------------|-------------------------------------|
| <b>Domain 2 Activity 4: Ensure HCC Integration &amp; Collaboration with ESF-8</b>  |  |                        |                                     |
| <b>Statewide Objective:</b> By June 30, 2019 State PHP and LHAs will have a template for a coordinating response plan with their jurisdictional healthcare coalition.  |  |                        |                                     |
| No planned objectives  |  |                        |                                     |
| <p><b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b></p> <p><b>CAPABILITY 3: Emergency Operations Coordination</b></p> <p> <input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation<br/> <input type="checkbox"/> Function #2: Activate public health emergency operations<br/> <input checked="" type="checkbox"/> Function #3: Develop incident response strategy<br/> <input type="checkbox"/> Function #4: Manage and sustain the public health response<br/> <input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations         </p> |  |                        |                                     |
| Planned activity(s) for Domain 2 Activity 4:   |  | Activity Documentation | Completion Quarter (Q1, Q2, Q3, Q4) |
| Output(s) for planned activities in Domain 2 Activity 4:   |  |                        |                                     |
| <b>Domain 2 Activity 5: Expedite Fiscal Preparedness Procedures</b>  |  |                        |                                     |
| <b>Statewide Objective:</b> By June 30, 2019 State PHP and LHAs will revise plans to reflect fiscal procedures tested in BP1 incorporating the fiscal procedures needed to execute the Public Health Crisis Response Cooperative Agreement.  |  |                        |                                     |
| <b>Objective 1:</b> During BP2, if requested, Washoe County will participate in the State PHP led activity for testing fiscal procedures.  |  |                        |                                     |
| <p><b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b></p> <p><b>CAPABILITY 3: Emergency Operations Coordination</b></p> <p> <input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation<br/> <input type="checkbox"/> Function #2: Activate public health emergency operations<br/> <input type="checkbox"/> Function #3: Develop incident response strategy<br/> <input type="checkbox"/> Function #4: Manage and sustain the public health response<br/> <input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations         </p>            |  |                        |                                     |
| Planned activity(s) for Domain 2 Activity 5:   |  | Activity Documentation | Completion Quarter (Q1, Q2, Q3, Q4) |
| 1) WCHD will participate in any State-led activity specific to fiscal procedures.  |  | Meeting notes          | Q4                                  |
| <b>Output(s) for planned activities in Domain 2 Activity 5:</b>  |  |                        |                                     |
| 1) Testing AAR/IP.   |  |                        |                                     |

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

| <b>DOMAIN 3: PHEP STRENGTHEN INFORMATION MANAGEMENT</b>   |   |                                       |  |
|---|---|---------------------------------------|--|
| Planned Activity Type:  | <input checked="" type="checkbox"/> Build | <input type="checkbox"/> Sustain      | <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity |
| <b>Domain 3 Activity 1: Share Situational Awareness Across the Health Care &amp; Public Health Systems</b>  |   |                                       |  |
| <b>Statewide Objective: By June 30, 2019 Nevada's public health authorities will modify current response plans to reflect changes resulting from the Information Sharing Review Committee in BP1.</b>   |   |                                       |  |
| Objective 1: <i>Washoe County Health District will review and revise information sharing plans by March 31, 2019.</i>   |   |                                       |  |
| Objective 2: <i>Washoe County Health District will conduct quarterly communication drills and two call down drills by June 30, 2019.</i>  |   |                                       |  |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)   |   |                                       |  |
| <b>CAPABILITY 4: Emergency Public Information &amp; Warning</b>   |   |                                       |  |
| <input type="checkbox"/> Function #1: Activate the emergency public information system<br><input type="checkbox"/> Function #2: Determine the need for a joint public information system<br><input checked="" type="checkbox"/> Function #3: Establish and participate in information system operations<br><input type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange<br><input type="checkbox"/> Function #5: Issue public information alerts, warnings and notifications |   |                                       |  |
| <b>CAPABILITY 6: Information Sharing</b>  |   |                                       |  |
| <input type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow<br><input checked="" type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing<br><input type="checkbox"/> Function #3: Exchange information to determine a common operating picture   |   |                                       |  |
| <b>Planned activity(s) for Domain 3 Activity 1:</b>   |   | <b>Activity Documentation</b>         | <b>Completion Quarter<br/>(Q1, Q2, Q3, Q4)</b>                                   |
| 1) Upon receipt of feedback from the Information Sharing Review Committee, WCHD will modify current response plans as appropriate.  |   | TBD                                   | Q4   |
| 2) HF/FEMA radio instructions – step by step and exercise   |   | Written protocols                     | Q4   |
| 3) Conduct quarterly communications drills.   |   | AAR/IP, Vesta reports                 | Q4   |
| 4) Conduct WCHD call-down drills per ORR guidance   |   | AAR/IP, Vesta reports, sign in sheets | Q4   |
| <b>Output(s) for planned activities in Domain 3 Activity 1:</b>   |   |                                       |  |
| 1) Updated communications plan<br>2) Operational Documents for radios<br>3) AAR-IPs for communication drills<br>4) AAR-IPs for call down drills   |   |                                       |  |
| <b>Domain 3 Activity 2: Share Emergency Information &amp; Warnings Across Disciplines &amp; Jurisdictions &amp; HCCs &amp; their Members</b>  |   |                                       |  |
| Objective 1: <i>Washoe County will continue to work to ensure unified messaging throughout the County during an emergency activation.</i>   |   |                                       |  |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)   |   |                                       |  |



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

|   |  |  |  |
|---|--|--|--|
| <b>CAPABILITY 4: Emergency Public Information &amp; Warning</b><br><input type="checkbox"/> Function #1: Activate the emergency public information system<br><input type="checkbox"/> Function #2: Determine the need for a joint public information system<br><input checked="" type="checkbox"/> Function #3: Establish and participate in information system operations<br><input checked="" type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange<br><input type="checkbox"/> Function #5: Issue public information alerts, warnings and notifications   |  |  |  |
| <b>CAPABILITY 6: Information Sharing</b><br><input checked="" type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow<br><input checked="" type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing<br><input checked="" type="checkbox"/> Function #3: Exchange information to determine a common operating picture   |  |  |  |
| Planned activity(s) for Domain 3 Activity 2:  |  | Activity Documentation   | Completion Quarter<br>(Q1, Q2, Q3, Q4) |
| 1) Participate in the quarterly meetings of the Washoe County Crisis Communicators Group  |  | Meeting notes  | Q4                                     |
| 2) Participate in the Washoe County Strategic Planning and Communications Team meetings.  |  | FAQs and developed information                                       | Q4                                     |
| <b>Output(s) for planned activities in Domain 3 Activity 2:</b><br>1) Unified messaging<br>2) FAQs  |  |  |  |
| <b>Domain 3 Activity 3: Conduct External Communication with the Public</b>  |  |  |  |
| <b>Objective 1:</b> <i>Prior to and during the fall 2018 POD exercises provide public messaging in multiple modes to encourage the public to get their flu vaccinations.</i>  |  |  |  |
| <b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b><br><b>CAPABILITY 4: Emergency Public Information &amp; Warning</b><br><input type="checkbox"/> Function #1: Activate the emergency public information system<br><input checked="" type="checkbox"/> Function #2: Determine the need for a joint public information system<br><input type="checkbox"/> Function #3: Establish and participate in information system operations<br><input checked="" type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange<br><input type="checkbox"/> Function #5: Issue public information alerts, warnings and notifications |  |  |  |
| <b>CAPABILITY 6: Information Sharing</b><br><input type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow<br><input checked="" type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing<br><input checked="" type="checkbox"/> Function #3: Exchange information to determine a common operating picture  |  |  |  |
| Planned activity(s) for Domain 3 Activity 3:  |  | Activity Documentation   | Completion Quarter<br>(Q1, Q2, Q3, Q4) |
| 1) In conjunction with planned fall Flu POD activities, develop public POD messaging in coordination with community stakeholders and HCC partners   |  | Media releases, meeting minutes, sign in sheets, messaging templates | Q1                                     |

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

|   |  |    |
|---|--|----|
| 2) Integrate alternative communication modes (RAILS) for public information push-out linked to fall flu POD exercises.  | Media releases, emails, video clips                | Q2 |
| 3) Conduct public messaging in top two Washoe County language groups other than English attached to fall flu POD  | Media releases, emails, video clips                | Q2 |
| 4) Identify and ensure information sharing systems are in place to include appropriately trained public health information officers, procedures for media notification, message development, and plans describing how the public can contact the health department. | PIC plan reviews                                   | Q4 |
| 5) MRC Volunteers will be invited to participate in any WCHD drills and/or POD Exercises  | Sign-in Sheets Media releases, emails, video clips | Q4 |
| <b>Output(s) for planned activities in Domain 3 Activity 3:</b><br>1) Media messaging for fall flu PODs<br>2) Multiple language media messaging.<br>3) Assistance in POD activity<br>4) Updated PIC plan as appropriate   |  |    |

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

## 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: Use ORR planning guidance to develop readiness tracking spreadsheet and identify top two areas to create mitigation plan by June 30, 2019.

Objective 2: Add media messaging templates to Isolation and Quarantine plan by June 30, 2019.

**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<br>(Q1, Q2, Q3, Q4) |
|--|--|---|--|
| 1)   | Conduct operational review of ORR planning elements and identify areas for improvement within MCM response plans | ORR element spreadsheet items, list of improvements | Q4                                     |
| 2)   | Create improvement plan on top two identified ORR gap areas.   | List of ranked improvements                         | Q4                                     |

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

|  |  |    |
|--|--|----|
| 3) Develop public messaging for isolation and quarantine plan                        | Public messaging media release templates | Q3 |
| 4) Revise and update Isolation and Quarantine plan with public information messaging | Plan revision                            | Q4 |

**Output(s) for planned activities in Domain 4 Activity 1:**

- 1) ORR tracking sheet
- 2) Improvement plan for top 2 identified gaps
- 3) Mitigation plan for ORR components
- 4) Updated Isolation and Quarantine Plan

**Domain 4 Activity 2: Ensure Safety & Health of Responders**

**Statewide Objectives: By June 30, 2019 Nevada public health authorities will complete jurisdictional plans for distributing pharmaceutical caches to first responders.**

**Objective 1:** By June 30, 2019 train up to 90 Washoe County School District staff to implement 'Stop the Bleed' protocols in an active assailant event.

**Objective 2:** By June 20, 2019 in conjunction with the IHCC and community stakeholders-- identify, purchase and integrate supplies and pharmaceuticals into the pharmacy cache plan.

**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 Material 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-pharmaceutical 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

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

| <input checked="" type="checkbox"/> <b>Function #3: Coordinate with partners to facilitate risk-specific safety and health training</b><br><input type="checkbox"/> <b>Function #4: Monitor responder safety and health actions</b> |   | <b>Activity Documentation</b>                              | <b>Completion Quarter<br/>(Q1, Q2, Q3, Q4)</b> |
|---|---|--|--|
| <b>Planned activity(s) for Domain 4 Activity 2:</b>   |   |  |  |
| 1)  | Work with Washoe County School District to develop a 'Stop the Bleed' initiative for staff as able.   | Meeting notes, sign-in sheets, agendas                     | Q1   |
| 2)  | Develop training schedule for 'Stop the Bleed' training classes   | Training schedule  | Q2   |
| 3)  | Provide 'Stop the Bleed' training to school staff (up to 90 staff)  | Presentation material, sign-in sheets                      | Q4   |
| 4)  | Present pharmaceutical cache plan to IHCC   | Meeting minutes, sign-in sheet                             | Q1   |
| 5)  | Request IHCC to review how pharmacy cache plan supplies and pharmaceuticals are to be distributed in a Public Health Emergency.                           | Meeting notes, sign-in sheets, updated Pharmacy Cache Plan | Q2   |
| 6)  | Request PMAC to review pharmacy cache plan formulary and make recommendations on content.   | List of recommendations                                    | Q2   |
| 7)  | Purchase identified supplies and pharmaceuticals as able  | Purchasing documents                                       | Q4   |
| 8)  | Update pharmacy cache plan with any formulary changes   | Updated Pharmacy Cache Plan                                | Q4   |
| 9)  | Review and update if necessary the Respiratory Protection Program Plan for WCHD   | Revisions in plan if made                                  | Q2   |
| 10)   | Conduct fit testing, per Respiratory Protection Program plan, on selected PPEs for assigned WCHD staff  | Staff Fit Tested signature                                 | Q4   |
| 11)   | Develop "just in time" training materials that could be provided to government employees on how they will be involved in an emergency activation request. | Training materials   | Q4   |
| <b>Output(s) for planned activities in Domain 4 Activity 2:</b>   |   |  |  |
| 1)  | Trained Washoe County School staff in 'Stop the Bleed' protocols  |  |  |
| 2)  | Expanded formulary on Pharmacy Cache plan   |  |  |
| 3)  | Updated Pharmacy Cache Plan   |  |  |
| 4)  | Revision in Plan  |  |  |
| 5)  | Training materials for government employees   |  |  |
| <b>Domain 4 Activity 3: Operationalize Response Plans</b>   |   |  |  |
| <b>Objective 1:</b> <i>In coordination with community stakeholders, conduct private and public PODs during second quarter of budget period, measure throughput and update POD Operations manual by June 30, 2019.</i>               |   |  |  |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)   |   |  |  |
| <b>CAPABILITY 8: Medical Countermeasure Dispensing</b>  |   |  |  |
| <input type="checkbox"/>  | <b>Function #1: Identify and initiate medical countermeasure dispensing strategies</b>  |  |  |
| <input type="checkbox"/>  | <b>Function #2: Receive medical countermeasures</b>   |  |  |
| <input checked="" type="checkbox"/>   | <b>Function #3: Activate dispensing modalities</b>  |  |  |
| <input checked="" type="checkbox"/>   | <b>Function #4: Dispense medical countermeasures to identified populations</b>  |  |  |



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

| <input type="checkbox"/> <b>Function #5: Report adverse events</b>  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
|---|--|------------------------|-------------------------------------|-------------------|----|--------------|----|--|----|--|----|--|----|----------------|----|--------|----|---|----|--|----|----------------------|----|------------------|----|---|----|
| <b>CAPABILITY 9: Medical Materiel Management &amp; Distribution</b>   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #1: Direct and activate medical materiel management and distribution</b>                               |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #2: Acquire medical materiel</b>   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #3: Maintain updated inventory management and reporting system</b>                                     |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #4: Establish and maintain security</b>  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #5: Distribute medical materiel</b>  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #6: Recover medical materiel and demobilize distribution operations</b>                                |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <b>CAPABILITY 11: Non-Pharmaceutical Interventions</b>  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions</b>             |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #2: Determine non-pharmaceutical interventions</b>   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #3: Implement non-pharmaceutical interventions</b>   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #4: Monitor non-pharmaceutical interventions</b>   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <b>CAPABILITY 14: Responder Safety &amp; Health</b>   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #1: Identify responder safety and health risks</b>   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #2: Identify safety and personal protective needs</b>  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #3: Coordinate with partners to facilitate risk-specific safety and health training</b>                |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <input type="checkbox"/> <b>Function #4: Monitor responder safety and health actions</b>  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| <b>Planned activity(s) for Domain 4 Activity 3:</b>   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 1) Develop planning schedule and exercise documents for Fall POD exercises  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Activity Documentation</th><th style="width: 50%;">Completion Quarter (Q1, Q2, Q3, Q4)</th></tr> <tr> <td>Planning document</td><td>Q1</td></tr> <tr> <td>IHCC minutes</td><td>Q1</td></tr> <tr> <td>Meeting agenda, meeting notes, sign-in sheet</td><td>Q1</td></tr> <tr> <td>Meeting agenda, meeting notes, sign-in sheet</td><td>Q1</td></tr> <tr> <td>Sign-in sheets, presentation documentation</td><td>Q2</td></tr> <tr> <td>Sign-in sheets</td><td>Q2</td></tr> <tr> <td>AAR/IP</td><td>Q3</td></tr> <tr> <td>Throughput report and updated POD Operations manual</td><td>Q4</td></tr> <tr> <td>Lists of appropriate PPE and/or supplies</td><td>Q1</td></tr> <tr> <td>Purchasing documents</td><td>Q2</td></tr> <tr> <td>Updated CRC plan</td><td>Q4</td></tr> <tr> <td>Approved District Board of Health agenda item</td><td>Q4</td></tr> </table> | Activity Documentation | Completion Quarter (Q1, Q2, Q3, Q4) | Planning document | Q1 | IHCC minutes | Q1 | Meeting agenda, meeting notes, sign-in sheet | Q1 | Meeting agenda, meeting notes, sign-in sheet | Q1 | Sign-in sheets, presentation documentation | Q2 | Sign-in sheets | Q2 | AAR/IP | Q3 | Throughput report and updated POD Operations manual | Q4 | Lists of appropriate PPE and/or supplies | Q1 | Purchasing documents | Q2 | Updated CRC plan | Q4 | Approved District Board of Health agenda item | Q4 |
| Activity Documentation  | Completion Quarter (Q1, Q2, Q3, Q4)  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Planning document   | Q1   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| IHCC minutes  | Q1   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Meeting agenda, meeting notes, sign-in sheet  | Q1   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Meeting agenda, meeting notes, sign-in sheet  | Q1   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Sign-in sheets, presentation documentation  | Q2   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Sign-in sheets  | Q2   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| AAR/IP  | Q3   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Throughput report and updated POD Operations manual   | Q4   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Lists of appropriate PPE and/or supplies  | Q1   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Purchasing documents  | Q2   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Updated CRC plan  | Q4   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| Approved District Board of Health agenda item   | Q4   |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 2) Present POD planning and training schedule to IHCC   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 3) Coordinate with WCSD to conduct public POD at school site if able  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 4) Coordinate with community stakeholders to develop Washoe County POD planning considerations  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 5) Provide POD training to community Private POD partners as requested.   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 6) Coordinate POD activities with State DPS   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 7) Conduct PODs   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 8) Assess throughputs and update POD planning documents (POD Operations Manual, MCMDD plan) with new assumptions                            |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 9) Identify radiological PPE and/or supplies and equipment for law enforcement (CBRNE) for support of Community Reception Center Operations |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 10) Purchase PPE and/or supplies and equipment for law enforcement (CBRNE)  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 11) Integrate radiological supplies and equipment into CRC planning documents   |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |
| 12) Donate identified radiological supplies and equipment to appropriate community partners.  |  |                        |                                     |                   |    |              |    |  |    |  |    |  |    |                |    |        |    |   |    |  |    |                      |    |                  |    |   |    |

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

|   |                             |    |
|---|-----------------------------|----|
| 13) Provide training on the CRC planning document to IHCC   | Sign-in sheet, IHCC minutes | Q4 |
| <b>Output(s) for planned activities in Domain 4 Activity 3:</b><br>1) POD plan exercising for multiple private POD partners<br>2) AAR-IP for public POD exercise<br>3) Throughput documentation from private and public POD exercises |                             |    |



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

| <b>DOMAIN 5: PHEP STRENGTHEN SURGE MANAGEMENT</b>  |   |                                  |  |
|--|---|----------------------------------|--|
| Planned Activity Type:   | <input checked="" type="checkbox"/> Build | <input type="checkbox"/> Sustain | <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity |
| <b>Domain 5 Activity 1: Management of Public Health Surge - Address mass care needs</b>  |   |                                  |  |
| Objective 1: <i>By March 31, 2019, Washoe County Health District, in partnership with community partners, will train and exercise the operational document created during BP 1 for medical support in mass care settings.</i>  |   |                                  |  |
| Objective 1: <i>By June 30, 2019, Washoe County Health District, in partnership with community partners, will assist with creating response plans to address health needs in congregate locations.</i>   |   |                                  |  |
| <p style="color: red;">Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</p> <p style="color: red;"><b>CAPABILITY 5: Fatality Management</b></p> <p><input type="checkbox"/> Function #1: Determine role for public health in fatality management</p> <p><input type="checkbox"/> Function #2: Activate public health fatality management operations</p> <p><input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data</p> <p><input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services</p> <p><input type="checkbox"/> Function #5: Participate in fatality processing and storage operations</p> <p style="color: red;"><b>CAPABILITY 7: Mass Care</b></p> <p><input checked="" type="checkbox"/> Function #1: Determine public health role in mass care operations</p> <p><input checked="" type="checkbox"/> Function #2: Determine mass care needs of the impacted population</p> <p><input checked="" type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services</p> <p><input type="checkbox"/> Function #4: Monitor mass care population health</p> <p style="color: red;"><b>CAPABILITY 10: Medical Surge</b></p> <p><input type="checkbox"/> Function #1: Assess the nature and scope of the incident</p> <p><input type="checkbox"/> Function #2: Support activation of medical surge</p> <p><input type="checkbox"/> Function #3: Support jurisdictional medical surge operations</p> <p><input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions</p> <p style="color: red;"><b>CAPABILITY 15: Volunteer Management</b></p> <p><input checked="" type="checkbox"/> Function #1: Coordinate volunteers</p> <p><input type="checkbox"/> Function #2: Notify volunteers</p> <p><input checked="" type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers</p> <p><input type="checkbox"/> Function #4: Demobilize volunteers</p> |   |                                  |  |
| <b>Planned activity(s) for Domain 5 Activity 1:</b>  |   | <b>Activity Documentation</b>    | <b>Completion Quarter (Q1, Q2, Q3, Q4)</b>                                       |
| 1) Work with community partner responsible for mass care shelters to train shelter volunteers on operational document for the activation of the MRC MOU  |   | Operational document             | Q3   |
| 2) Exercise operational document for medical support in a mass care shelter with community partners  |   | AAR/IP                           | Q4   |

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

|  |                             |   |
|--|-----------------------------|---|
| 3) Work with HPP partners on de-identified data obtained for baseline data for hospice and home health to improve emergency planning items.  | De-identified data analysis | Q2  |
| 4) Work with community partner responsible for mass care shelters to create shelter activation plans specifically for medical surge, utilizing baseline data from home health and hospice.   | Meeting notes               | Q4  |
| <b>Output(s) for planned activities in Domain 5 Activity 1:</b><br>1) Operational document for medical support at mass care shelter<br>2) AAR/IP<br>3) Baseline information  |                             |   |
| <b>Domain 5 Activity 2: Management of Public Health Surge - Address surge needs</b>  |                             |   |
| <b>Objective 1:</b> <i>By December 31, 2018, Washoe County Health District will finalize the regional Family Reunification Plan drafted during BP1.</i>  |                             |   |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)<br><b>CAPABILITY 5: Fatality Management</b><br><input type="checkbox"/> Function #1: Determine role for public health in fatality management<br><input type="checkbox"/> Function #2: Activate public health fatality management operations<br><input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data<br><input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services<br><input type="checkbox"/> Function #5: Participate in fatality processing and storage operations<br><b>CAPABILITY 7: Mass Care</b><br><input type="checkbox"/> Function #1: Determine public health role in mass care operations<br><input type="checkbox"/> Function #2: Determine mass care needs of the impacted population<br><input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services<br><input type="checkbox"/> Function #4: Monitor mass care population health<br><b>CAPABILITY 10: Medical Surge</b><br><input type="checkbox"/> Function #1: Assess the nature and scope of the incident<br><input checked="" type="checkbox"/> Function #2: Support activation of medical surge<br><input checked="" type="checkbox"/> Function #3: Support jurisdictional medical surge operations<br><input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions<br><b>CAPABILITY 15: Volunteer Management</b><br><input type="checkbox"/> Function #1: Coordinate volunteers<br><input type="checkbox"/> Function #2: Notify volunteers<br><input type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers<br><input type="checkbox"/> Function #4: Demobilize volunteers |                             |   |
| <b>Planned activity(s) for Domain 5 Activity 2:</b>  |                             | <b>Activity Documentation</b><br><br>Completion Quarter<br>(Q1, Q2, Q3, Q4) |

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

|  |                               |  |
|--|-------------------------------|--|
| 1) Present community partners drafted Family Reunification Plan and request input  | Meeting notes                 | Q1   |
| 2) Update and finalize Family Reunification Plan   | Family Reunification Plan     | Q2   |
| 3) Exercise Family Reunification Plan during regional table-top exercises  | Exercise documents            | Q4   |
| <b>Output(s) for planned activities in Domain 5 Activity 2:</b>  |                               |  |
| 1) Family Reunification Plan   |                               |  |
| 2) AAR/IP  |                               |  |
| <b>Domain 5 Activity 3: Management of Public Health Surge - Coordinate Volunteers</b>  |                               |  |
| <b>Objective 1:</b> <i>Develop regional Spontaneous Volunteer Surge plan in coordination with Washoe County Emergency Management by June 30, 2019.</i><br><b>Objective 2:</b> <i>During BP2, Washoe County Health District will seek opportunities to utilize MRC volunteers in exercises and/or drills.</i>   |                               |  |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)<br><b>CAPABILITY 5: Fatality Management</b><br><input type="checkbox"/> Function #1: Determine role for public health in fatality management<br><input type="checkbox"/> Function #2: Activate public health fatality management operations<br><input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data<br><input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services<br><input type="checkbox"/> Function #5: Participate in fatality processing and storage operations<br><b>CAPABILITY 7: Mass Care</b><br><input type="checkbox"/> Function #1: Determine public health role in mass care operations<br><input type="checkbox"/> Function #2: Determine mass care needs of the impacted population<br><input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services<br><input type="checkbox"/> Function #4: Monitor mass care population health<br><b>CAPABILITY 10: Medical Surge</b><br><input type="checkbox"/> Function #1: Assess the nature and scope of the incident<br><input type="checkbox"/> Function #2: Support activation of medical surge<br><input type="checkbox"/> Function #3: Support jurisdictional medical surge operations<br><input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions<br><b>CAPABILITY 15: Volunteer Management</b><br><input checked="" type="checkbox"/> Function #1: Coordinate volunteers<br><input checked="" type="checkbox"/> Function #2: Notify volunteers<br><input checked="" type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers<br><input checked="" type="checkbox"/> Function #4: Demobilize volunteers |                               |  |
| <b>Planned activity(s) for Domain 5 Activity 3:</b>  | <b>Activity Documentation</b> | <b>Completion Quarter<br/>(Q1, Q2, Q3, Q4)</b> |

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

|   |   |    |
|---|---|----|
| 1) In collaboration with Washoe County Emergency Management Homeland Security, develop project scope for the development of a regional Spontaneous Volunteer Surge plan, to include operational processes for spontaneous volunteer registration and dispatch, donation management and response and call center operations. | Meeting agendas, meeting notes                  | Q1 |
| 2) Engage community stakeholders such as Catholic Charities, Salvation Army, and Crisis Call Center in planning process.  | Meeting agendas, meeting notes, sign-in sheets. | Q2 |
| 3) Present draft plan to community stakeholder groups (i.e. VOAD or emergency managers) for input and feedback.   | Meeting minutes                                 | Q3 |
| 4) Finalize Spontaneous Volunteer Surge plan  | Plan  | Q4 |
| 5) Continue to recruit new MRC Volunteers and embrace opportunities on the availability of MRC Volunteers to help out in various situations.  | Increased MRC members                           | Q4 |
| 6) Develop "just in time" training materials that could be provided to government employees during an emergency activation request.   | Training materials                              | Q2 |
| 7) Exercise the personnel surge elements of the Volunteer Management Plan.  | AAR/IP  | Q4 |
| 8) Continue to update <a href="http://www.servnv.org">www.servnv.org</a> with MRC volunteers' information.  | Updated volunteer information                   | Q4 |
| 9) Identify opportunities that MRC volunteers can participate in emergency preparedness trainings and/or exercises.   | Training materials, sign-in sheets              | Q4 |
| 10) Update Volunteer Managements Plan, as appropriate, from regional AAR/IPs.   | Revised Volunteer Management Plan               | Q4 |
| 11) Continue to recruit new MRC Volunteers and embrace opportunities on the availability of MRC Volunteers to help out in various situations.   | Sign-in-sheets                                  | Q4 |
| <b>Output(s) for planned activities in Domain 5 Activity 3:</b>   |   |    |
| 1) Regional Spontaneous Volunteer Surge Plan  |   |    |
| 2) Training materials   |   |    |
| 3) AAR/IP   |   |    |
| 4) Updated volunteer information  |   |    |
| 5) Trainings and volunteering opportunities   |   |    |
| 6) Revised Volunteer Management Plan  |   |    |
| <b>Domain 5 Activity 4: Management of Public Health Surge – Prevent or Mitigate Injuries and Fatalities</b>   |   |    |
| <b>Objective 1:</b> <i>By June 30, 2019, the Medical Examiner Coroner's Office will update plans and provide training to ensure ability to respond during a mass fatality event.</i>  |   |    |
| <b>Objective 2:</b> <i>By June 30, 2019, the Medical Examiner Coroner's Office provide training to the region on Family Assistance Center operations and the software programs utilized during a mass fatality event.</i>   |   |    |
| <b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>  |   |    |
| <b>CAPABILITY 5: Fatality Management</b>  |   |    |
| <input checked="" type="checkbox"/> <b>Function #1: Determine role for public health in fatality management</b>   |   |    |

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

|   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <p>Function #2: Activate public health fatality management operations</p> <p>Function #3: Assist in the collection and dissemination of ante-mortem data</p> <p>Function #4: Participate in survivor mental/behavioral health services</p> <p>Function #5: Participate in fatality processing and storage operations</p> |                                     |
| CAPABILITY 7: Mass Care   |  |                                     |
| <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                  | <p>Function #1: Determine public health role in mass care operations</p> <p>Function #2: Determine mass care needs of the impacted population</p> <p>Function #3: Coordinate public health, medical, and mental/behavioral health services</p> <p>Function #4: Monitor mass care population health</p>                   |                                     |
| CAPABILITY 10: Medical Surge  |  |                                     |
| <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                  | <p>Function #1: Assess the nature and scope of the incident</p> <p>Function #2: Support activation of medical surge</p> <p>Function #3: Support jurisdictional medical surge operations</p> <p>Function #4: Monitor non-pharmaceutical interventions</p>   |                                     |
| CAPABILITY 15: Volunteer Management   |  |                                     |
| <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                  | <p>Function #1: Coordinate volunteers</p> <p>Function #2: Notify volunteers</p> <p>Function #3: Organize, assemble, and dispatch volunteers</p> <p>Function #4: Demobilize volunteers</p>  |                                     |
| Planned activity(s) for Domain 5 Activity 4:  |  | Completion Quarter (Q1, Q2, Q3, Q4) |
| 1) Revise Family Assistance Center plan based on lessons learned from real-world events and exercises   |  | Q2                                  |
| 2) Exercise portable morgue assembly and operations   |  | Q4                                  |
| 3) Train WCMECO staff and NNDVRT on portable morgue operations  |  | Q4                                  |
| 4) Conduct regional training for Family Assistance Center operations  |  | Q3                                  |
| 5) Conduct regional training for UVIS, to be utilized during a mass fatality  |  | Q3                                  |
| 6) Exercise FAC plan during regional table-top exercises  |  | Q4                                  |
| Output(s) for planned activities in Domain 5 Activity 4:  |  |                                     |
| 1) FAC Plan<br>2) FAC training materials<br>3) UVIS training materials<br>4) Portable Morgue training<br>5) AAR/IP                            |  |                                     |

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

## 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:** *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:                             | 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 the Northern Nevada Infection Control (NNIC) meetings. | NNIC minutes           | Q4                                  |

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

- 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 /Injury

**Objective 1:** *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

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

|  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Function #2: Perform sample management</b><br><input type="checkbox"/> <b>Function #3: Conduct testing and analysis for routine and surge capacity</b><br><input type="checkbox"/> <b>Function #4: Support public health investigations</b><br><input type="checkbox"/> <b>Function #5: Report results</b>   |   |  |
| <b>CAPABILITY 13: Public Health Surveillance &amp; Epidemiological Investigation</b><br><input checked="" type="checkbox"/> <b>Function #1: Conduct public health surveillance and detection</b><br><input checked="" type="checkbox"/> <b>Function #2: Conduct public health and epidemiological investigations</b><br><input checked="" type="checkbox"/> <b>Function #3: Recommend, monitor and analyze mitigation actions</b><br><input type="checkbox"/> <b>Function #4: Improve public health surveillance and epidemiological investigation systems</b> |   |  |
| <b>Planned activity(s) for Domain 6 Activity 2:</b>  | <b>Activity Documentation</b>                     | <b>Completion Quarter<br/>(Q1, Q2, Q3, Q4)</b> |
| 1) Maintain syndromic reporting systems for influenza and schools.   | Weekly influenza reports                          | Q4   |
| 2) Maintain antibiogram based on local data.   | Published antibiogram                             | Q4   |
| <b>Output(s) for planned activities in Domain 6 Activity 2:</b><br>1) Data available for review to assist in investigation of unusual occurrence of illness.   |   |  |
| <b>Domain 6 Activity 3: Conduct Laboratory Testing</b>   |   |  |
| <b>Objective 1: Coordinate with Nevada State Public Health Laboratory for disease investigation.</b>   |   |  |
| Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)  |   |  |
| <b>CAPABILITY 12: Public Health Laboratory Testing</b><br><input type="checkbox"/> <b>Function #1: Manage laboratory activities</b><br><input type="checkbox"/> <b>Function #2: Perform sample management</b><br><input type="checkbox"/> <b>Function #3: Conduct testing and analysis for routine and surge capacity</b><br><input type="checkbox"/> <b>Function #4: Support public health investigations</b><br><input type="checkbox"/> <b>Function #5: Report results</b>  |   |  |
| <b>CAPABILITY 13: Public Health Surveillance &amp; Epidemiological Investigation</b><br><input checked="" type="checkbox"/> <b>Function #1: Conduct public health surveillance and detection</b><br><input checked="" type="checkbox"/> <b>Function #2: Conduct public health and epidemiological investigations</b><br><input checked="" type="checkbox"/> <b>Function #3: Recommend, monitor and analyze mitigation actions</b><br><input type="checkbox"/> <b>Function #4: Improve public health surveillance and epidemiological investigation systems</b> |   |  |
| <b>Planned activity(s) for Domain 6 Activity 3:</b>  | <b>Activity Documentation</b>                     | <b>Completion Quarter<br/>(Q1, Q2, Q3, Q4)</b> |
| 1) Coordinate submission of specimens to the Nevada State Public Health Laboratory.  | Laboratory results entered into NEDSS Base System | Q4   |
| <b>Output(s) for planned activities in Domain 6 Activity 3:</b><br>1) Laboratory data relevant to active disease investigations available for review.  |   |  |



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

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NU90TP921907-01-04 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 Division nor the Centers for Disease Control and Prevention (CDC)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NU90TP921907-01-04 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

| <u>Category</u>     | <u>Total cost</u> | <u>Detailed cost</u> | <u>Details of expected expenses</u>  |                  |
|---------------------|-------------------|----------------------|--|------------------|
| <b>1. Personnel</b> | <b>\$ 603,867</b> |                      |  |                  |
|                     |                   |                      | Annual Salary  | % of Time        |
|                     |                   | \$ 112,678           | Dr. Randall Todd, Epi Center Director<br>$\$173,351 \times 65\% = \$112,678$   | \$173,351<br>65% |
|                     |                   | \$ 16,148            | Christina Conti, Preparedness and EMS Program Manager<br>$\$100,926 \times 16\% = 16,148$  | \$100,926<br>16% |
|                     |                   | \$ 90,021. 0         | Stephen Shipman, Public Health Emergency Coordinator<br>$\$90,021 \times 100\% = \$90,021$   | \$90,021<br>100% |
|                     |                   | \$ 4,406             | Andrea Esp, Public Health Emergency Coordinator<br>$\$88,121 \times 5\% = 4,406$   | \$88,121<br>5%   |
|                     |                   | \$ 18,154            | Phil Ulibarri, Public Health Communication Manager<br>$\$90,771 \times 20\% = \$18,154$  | \$90,771<br>20%  |
|                     |                   | \$ 75,057            | David Gamble, Program Coordinator<br>$\$75,057 \times 100\% = \$75,057$  | \$75,057<br>100% |
|                     |                   | \$ 59,584            | Dawn Spinola, Administrative Secretary<br>$\$67,709 \times 88\% = \$59,584$  | \$67,709<br>88%  |
|                     |                   | \$ 5,009             | Heather Kerwin, Biostatistician<br>$\$40,068 \times 25\% = \$5,009$ (6 months)   | \$40,068<br>25%  |
|                     |                   | \$ 51,144            | Overtime*<br>*Please see note below regarding overtime expenses.   |                  |
|                     |                   | \$ 169,410           | Fringe (Excluding Overtime) @ 45.05%<br>$381,056.98 \times 45.05\% = 171,666.17$   |                  |
| <b>2. Travel</b>    | <b>\$ 4,790</b>   |                      |  |                  |
|                     |                   | \$ 700               | 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. Not to exceed \$700 |                  |

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

|                                  |                   |   |
|----------------------------------|-------------------|---|
|                                  | \$ 938            | 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<br>1 day, 2 staff, 1 trip<br>Airfare, Per Diem, Transportation<br>\$100<br>Not to exceed \$938  |
|                                  | \$ 3,152          | Preparedness Summit Conference Atlanta, GA<br>4 days, 2 staff, 1 trip<br>Airfare, Hotel, Per Diem, Transportation<br>Not to exceed \$3,152  |
| <b>3. Supplies</b>               | <b>\$ 62,701</b>  |   |
|                                  | \$ 1,200          | General office supplies for day to day operations<br>\$100/month x 12 months = \$1,200  |
|                                  | \$ 1,080          | General operating supplies for day to day operations<br>\$90/month x 12 months = \$1,080  |
|                                  | \$ 200            | MRC supplies for community outreach.<br>\$16.60/month x 12 months = \$200   |
|                                  | \$ 10,920         | Purchasing of minor furniture for office staff and/or replacement of office equipment (under \$5,000ea), purchasing of portable morgue equipment (medical examiner's office) and/or equipment for POD to be utilized during an activation<br>\$910/month x 12 months = \$10,920   |
|                                  | \$ 15,365         | Purchasing of one laptop computer for Epidemiologist and six for Medical Examiner staff<br>\$2,195/each x 7 = \$15,365  |
|                                  | \$ 33,936         | Operational supplies for regional initiatives such as: radiological and/or pharmaceutical cache for Health District and/or first responders, radiological detection equipment, lead blankets for source protection, POD signage, PPE for Health District and/or first responders, preparedness activity supplies, POD and/or MMF operating supplies and/or stop the bleed trauma supplies. Some of the purchased supplies will be donated to regional partners.<br>\$2,828/month x 12 months = \$33,936 |
| <b>4. Equipment</b>              | <b>\$ 0</b>       |   |
|                                  | \$                |   |
| <b>5. Contractual Consultant</b> | <b>\$ 127,031</b> |   |
|                                  | \$ 35,800         | Training support for Public Health preparedness staff and partner organizations<br>\$11,933/each x 3 = \$35,800   |
|                                  | \$ 25,000         | Development of Training Videos<br>\$6,250/each x 4 = \$25,000   |
|                                  | \$ 36,231         | Exercise Support for regional multi-day exercise  |
|                                  | \$ 30,000         | Regional plan facilitation and development  |
| <b>6. Other</b>                  | <b>\$ 38,605</b>  |   |
|                                  | \$ 2,265          | 3 satellite phones required for Emergency Operations Coordination<br>\$755 x 3 = \$2,265  |
|                                  | \$ 9,500          | Online classes through the University of Michigan, School of Public Health, for epidemiologist and biostatistician<br>\$4,750 x 2 = \$9,500   |
|                                  | \$ 2,700          | General day to day operational use of telephones, network and cellular phones<br>\$225/month x 12 months = \$2,700  |

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

|   |                        |   |
|---|------------------------|---|
|   | \$ 450                 | Dues for Public Health Communications Manager for NPHIC (National Public Health Information Coalition) and PRSA (Public Relations Society of America)<br>\$225/each x 2 = \$450                                 |
|   | \$ 11,520              | General printing including emergency response plans or materials relating to pandemic influenza educational campaign to community, to include WCSD families and employees<br>\$960/month x 12 months = \$11,520 |
|   | \$ 1,020               | Copy charges and lease allocation by usage<br>\$83/month x 12 months = \$1,020  |
|   | \$ 9,900               | Maintain and operate trailers, signs, truck<br>\$825/month x 12 months = \$9,900  |
|   | \$ 40                  | Postage for general mailings<br>\$2/month x 20 = \$40   |
|   | \$ 1,210               | Registration for Preparedness Summit conference<br>\$605/each x 2 = \$1,210   |
| <b>7. Indirect</b>                                | <b>\$ 83,699</b>       |   |
|   | \$ 83,699.42           | Indirect @ 10%<br>\$836,994.15 x 10% = \$83,699.42  |
| <b>Total Federal Funds</b>                        | <b>\$ 920,693</b>      |   |
| <b>8. Match</b>                                   | <b>\$ 92,069.30</b>    |   |
|   | \$ 92,069.30           | A nonfederal contribution in the amount of 10%<br>\$920,069 x 10% = 492,069.30  |
| <b>Total Federal and Non Federal Contribution</b> | <b>\$ 1,012,762.30</b> |   |

- **\*Overtime expenses:** 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% (\$92,069.30) require a formal amendment. All redistribution of funds must be submitted for written approval no later than May 1, 2019 at 5:00 PM PST.**
- 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 \$92,069.30. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated,

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

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).

**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 performance period.

- Total reimbursement through this subaward will not exceed \$920,693.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred (Exhibit 2);
- Provide complete travel detail including purpose of travel and attach copies of a travel claim summary (if available).
- 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 45 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial reconciliation of all expenditures is required to be submitted to the Division within 45 days of the CLOSE OF THE BUDGET PERIOD. Any un-obligated funds remaining after the 45-day closing period must be returned to the Division at that time, or if not already requested, will 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 Division may not be able to provide reimbursement.
  - If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

**The Division agrees:**

- To provide technical assistance, upon request from the Subrecipient;
- To provide prior approval of reports or documents to be developed;
- To hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division

**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:

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

- 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 subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out and sign Section F, 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 Division are SUBJECT TO AUDIT.
  - The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and accurate expenditure documentation are submitted to and accepted by the Division.
  - 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 Division, 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 15<sup>th</sup> of the month, following the reporting period.
- Reimbursement is based on actual and paid expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current and accurate.
- 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.**

Section C - Exhibit B

| Washoe County Health District (WCHD)  |                     |  |                                 |                                   |                               |                             |               |
|---|---------------------|--|---------------------------------|-----------------------------------|-------------------------------|-----------------------------|---------------|
| Reimbursement Worksheet   |                     |  |                                 |                                   |                               |                             |               |
| July 2019   |                     |  |                                 |                                   |                               |                             |               |
| HD#16593  |                     |  |                                 |                                   |                               |                             |               |
| <b>Personnel</b>  | <b>Title</b>        | <b>Description</b>                                       |                                 |                                   |                               |                             | <b>Amount</b> |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
| <b>TOTAL</b>  |                     |  |                                 |                                   |                               |                             |               |
| <b>Travel</b><br>(Name of Traveler)   | <b>Travel Dates</b> | <b>To</b>  | <b>Mileage @<br/>\$0.545/mi</b> | <b>Lodging &amp;<br/>Per Diem</b> | <b>AirFare<br/>&amp; Misc</b> | <b>Purpose/ Description</b> | <b>Amount</b> |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
| <b>TOTAL</b>  |                     |  |                                 |                                   |                               |                             |               |
| <b>Supplies</b><br>(Items under \$5,000 & consumed within 1 yr)             |                     | <b>Description</b>                                       |                                 |                                   |                               |                             | <b>Amount</b> |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     | <b>TOTAL</b>   |                                 |                                   |                               |                             |               |
| <b>Equipment</b><br>(Items over \$5,000 or <u>not</u> consumed within 1 yr) |                     | <b>Description (attach invoice copies for all items)</b> |                                 |                                   |                               |                             | <b>Amount</b> |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     | <b>TOTAL</b>   |                                 |                                   |                               |                             |               |
| <b>Contract / Consultant</b>  |                     | <b>Description</b>                                       |                                 |                                   |                               |                             | <b>Amount</b> |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     | <b>TOTAL</b>   |                                 |                                   |                               |                             |               |
| <b>Other</b>  |                     | <b>Description</b>                                       |                                 |                                   |                               |                             | <b>Amount</b> |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     | <b>TOTAL</b>   |                                 |                                   |                               |                             |               |
| <b>Indirect</b>   |                     | <b>Description</b>                                       |                                 |                                   |                               |                             | <b>Amount</b> |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     |  |                                 |                                   |                               |                             |               |
|   |                     | <b>TOTAL</b>   |                                 |                                   |                               |                             |               |
| <b>TOTAL EXPENDITURES</b>   |                     |  |                                 |                                   |                               |                             |               |

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

**HD #:** **16593**  
**Budget Account:** 3218  
**GL:** 8516  
**Job Number:** TBD  
**Category:** 22  
**Draw #:** \_\_\_\_\_

**SECTION D**

**Request for Reimbursement**

|   |  |
|---|--|
| <b>Program Name:</b><br>Public Health Preparedness Program (PHP)<br>Bureau of Health Protection and Preparedness (BHPP) | <b>Subgrantee Name:</b><br>Washoe County Health District (WCHD)                |
| <b>Address:</b><br>4150 Technology Way, Suite # 200<br>Carson City, NV 89706-2009                                       | <b>Address:</b><br>1001 East Ninth Street / PO Box 11130<br>Reno, Nevada 89520 |
| <b>Subgrant Period:</b><br>July 1, 2018 to June 30, 2019  | <b>Subgrantee's:</b><br><b>EIN: 88-6000138</b><br><b>Vendor #: T40283400</b>   |

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

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

|   | Month(s)              | Calendar year             |                      |                         |                       |                       |
|---|-----------------------|---------------------------|----------------------|-------------------------|-----------------------|-----------------------|
| Approved Budget Category                            | A<br>Approved Budget  | B<br>Total Prior Requests | C<br>Current Request | D<br>Year to Date Total | E<br>Budget Balance   | F<br>Percent Expended |
| 1. Personnel  | \$603,867.00          | \$0.00                    | \$0.00               | \$0.00                  | \$603,867.00          | 0.0%                  |
| 2. Travel   | \$4,790.00            | \$0.00                    | \$0.00               | \$0.00                  | \$4,790.00            | 0.0%                  |
| 3. Supplies   | \$62,701.00           | \$0.00                    | \$0.00               | \$0.00                  | \$62,701.00           | 0.0%                  |
| 4. Equipment  | \$0.00                | \$0.00                    | \$0.00               | \$0.00                  | \$0.00                | -                     |
| 5. Contractual/Consultant                           | \$127,031.00          | \$0.00                    | \$0.00               | \$0.00                  | \$127,031.00          | 0.0%                  |
| 6. Other  | \$38,605.00           | \$0.00                    | \$0.00               | \$0.00                  | \$38,605.00           | 0.0%                  |
| 7. Indirect   | \$83,699.00           | \$0.00                    | \$0.00               | \$0.00                  | \$83,699.00           | 0.0%                  |
| <b>Total Federal Funds</b>                          | <b>\$920,693.00</b>   | <b>\$0.00</b>             | <b>\$0.00</b>        | <b>\$0.00</b>           | <b>\$920,693.00</b>   | <b>0.0%</b>           |
| 8. Match  | \$92,069.30           | \$0.00                    | \$0.00               | \$0.00                  | \$92,069.30           | 0.0%                  |
| <b>Total Federal &amp; Non-Federal Contribution</b> | <b>\$1,012,762.30</b> | <b>\$0.00</b>             | <b>\$0.00</b>        | <b>\$0.00</b>           | <b>\$1,012,762.30</b> | <b>0.0%</b>           |

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 (blue ink) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR DIVISION USE ONLY**

Is program contact required? \_\_\_\_ Yes \_\_\_\_ No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_

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



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

**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). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to division. Electronic copies are preferred and can be sent to [contractunit@health.nv.gov](mailto:contractunit@health.nv.gov). Mail hard copies to the following address:

***Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009***

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, 2019
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? FY18 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.**

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

**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 Division.

Name

Services

|       |       |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

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

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

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

SECTION G

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

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 Division 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.

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

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.
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

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

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.
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.

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

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).

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

**2. Prohibited Uses and Disclosures:**

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

**IV. OBLIGATIONS OF COVERED ENTITY**

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

**V. TERM AND TERMINATION**

**1. Effect of Termination:**

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

**VI. MISCELLANEOUS**

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and



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

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.**

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

**SECTION H**

**Matching Funds Agreement**

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

|                                   |                               |                          |   |
|-----------------------------------|-------------------------------|--------------------------|---|
| <b>Program Name</b>               | Public Health Preparedness    | <b>Subrecipient Name</b> | Washoe County Health District (WCHD)                        |
| <b>Federal Grant Number</b>       | 6 NU90TP921907-01-04          | <b>Subaward Number</b>   | 16593   |
| <b>Federal Amount</b>             | \$920,693.00                  | <b>Contact Name</b>      |   |
| <b>Non-Federal (Match) Amount</b> | \$92,069.30                   | <b>Address</b>           | 1001 East Ninth Street / PO Box 11130<br>Reno, Nevada 89520 |
| <b>Total Award</b>                | \$1,012,762.30                |                          |   |
| <b>Performance Period</b>         | July 1, 2018 to June 30, 2019 |                          |   |

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 will be required to be documented on the Monthly Financial Status and Request for Funds Request form and will be verified during subrecipient monitoring.

This subaward is subject to the requirements (federal, state financial and program assurances) established by the federal government, the State of Nevada and the Division as well as any local code, ordinances and policy. This subaward is subject to the availability of funding. Special Conditions: This project is approved subject to the conditions and limitations set forth on the following pages(s): Section A-Assurances and Certifications; Section B- Description of Services, Scope of Work and Deliverables; Section C- Budget and Financial Reporting Requirements; Section E- Audit Information Request; Section F- Current and Former State Employee Disclaimer; and Section G- Business Associate Addendum.

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

