



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

Agency Ref. #: **SG 25275**
Budget Account: **3218**
Category: **22**
GL: **8516**
Job Number: **9306922**

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov		Subrecipient's Name: Washoe County Health District (WCHD) Andrea Esp / AEsp@washoecounty.us	
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520	
Subaward Period: July 1, 2021 through June 30, 2022		Subrecipient's: EIN: 88-60000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998	
Purpose of Award: Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) program domains according to the PHEP Cooperative Agreement.			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>			
Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel \$557,728.00		Total Obligated by this Action: \$ 948,213.00	
2. Travel \$15,441.00		Cumulative Prior Awards this Budget Period: \$ 0.00	
3. Supplies \$24,267.00		Total Federal Funds Awarded to Date: \$ 948,213.00	
4. Equipment \$0.00		Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant \$102,328.00		Amount Required this Action: \$ 94,821.30	
6. Other \$75,300.00		Amount Required Prior Awards: \$ 0.00	
TOTAL DIRECT COSTS \$775,064.00		Total Match Amount Required: \$ 94,821.30	
7. Indirect Costs \$173,149.00		Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET \$948,213.00		Federal Budget Period: July 1, 2021 through June 30, 2022	
		Federal Project Period: July 1, 2019 through June 30, 2024	
FOR AGENCY USE, ONLY			
Source of Funds: Centers for Disease Control and Prevention (CDC)	% Funds: 100%	CFDA: 93.069	FAIN: NU90TP922047
		Federal Grant #: 5 NU90TP922047-03-00	Grant Award Date by Federal Agency: 05/19/2021
Agency Approved Indirect Rate: 12 %		Subrecipient Approved Indirect Rate: 22.34%	
Terms and Conditions: In accepting these grant funds, it is understood that: 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented 4. Subrecipient must comply with all applicable Federal regulations 5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.			
Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;		Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and Section H: Matching Funds Agreement Section I: Acronym Key	
Name		Signature	Date
Kevin Dick District Health Officer			7/23/21
Karen Beckley, MPA, MS Bureau Chief, BHPP			
for Lisa Sherych Administrator, DPBH			

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**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

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

Grant Assurances

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

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

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

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

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

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

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

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SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached detailed Work Plan is for Budget Period 3, July 1, 2021 to June 30, 2022 and is broken down by domains, capabilities, goals, objectives, and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of capability objectives for this budget period are to be completed by June 30, 2022. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- RFRs are due monthly by the 15th of the month for the previous month. If there are no claims for any specific month, a signed zero dollar RFR is to be submitted by the 15th of the month.
 - Your Program Manager, the State PHP Manager and both State PHP fiscal staff need to be copied on all fiscal emails including RFR submissions, Redirect Requests, Match Reporting and any other Fiscal Documents.
- Submit written Progress Reports to the Division electronically on or before:

○ October 31, 2021	1 st Quarter Progress Report	(For the period of 07/01/21 to 09/30/21)
○ January 31, 2022	2 nd Quarter Progress Report	(For the period of 10/01/21 to 12/31/21)
○ April 30, 2022	3 rd Quarter Progress Report	(For the period of 01/01/22 to 03/31/22)
○ July 31, 2022	4 th Quarter Progress Report	(For the period of 04/01/22 to 06/30/22)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:

○ October 31, 2021	1 st Quarter Progress Report	(For the period of 07/01/21 to 09/30/21)
○ January 31, 2022	2 nd Quarter Progress Report	(For the period of 10/01/21 to 12/31/21)
○ April 30, 2022	3 rd Quarter Progress Report	(For the period of 01/01/22 to 03/31/22)
○ July 31, 2022	4 th Quarter Progress Report	(For the period of 04/01/22 to 06/30/22)

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

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

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SECTION B Cont.

Washoe County Health District (WCHD)
CDC Public Health Emergency Preparedness (PHEP)
Scopes of Work
July 1, 2021 through June 30, 2022

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

Domain Summary	
Domain Name	Community Resilience
Domain Description	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.
Associated Capabilities	<ul style="list-style-type: none"> • Community Preparedness • Community Recovery
Community Preparedness Definition	<p>Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to</p> <ul style="list-style-type: none"> • Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness • Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health • Identify populations that may be disproportionately impacted by an incident or event and at-risk individuals with access and functional needs • Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event • Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors • Convene or participate with community partners to identify and implement additional ways to strengthen community resilience • Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster
Community Recovery Definition	<p>Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.</p>

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Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Community Preparedness	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Capability: Community Recovery	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Domain Summary	
Domain Name	Incident Management
Domain Description	Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the National Incident Management System (NIMS) and coordinated with the jurisdictional incident, unified, or area command structure.
Associated Capabilities	<ul style="list-style-type: none"> Emergency Operations Coordination
Emergency Operations Definition	Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Emergency Operations Coordination	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	Sustain – plan to maintain the current level of capability or capacity of the capability

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	<i>Scale back – plan to reduce the capability or capacity of the capability</i>	
	<i>No planned activities this budget period – there are no planned activities to address this capability</i>	
Strategies/Activities		
Domain Strategy	Strengthen Incident Management	
1a. Planned Objective		
<i>Sustain current NIMS (National Incident Management System), NRF (National Response Framework), ICS (Incident Command System) training and exercises.</i>		
1b. Completion Timeline		
<p>Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.</p> <p>Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</p>		
Planned Activity:	Coordinate access to ICS 300 & 400 training and offer to WCHD personnel and community stakeholders as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Flyers, Sign in Sheets		
Planned Activity:	Coordinate the identification and education of a WCHD ICS 300 & 400 trainer as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Certifications, class completion documentation		
Planned Activity:	Participate in State led exercises and activities as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise, meeting sign-in sheets, emails		
1c. Function Association (Select all that apply):		

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Subrecipients must select the functions used to guide planned activities.

Emergency Operations Coordination:

X	Conduct preliminary assessment to determine the need for activation of public health emergency operations
	Activate public health emergency operations
	Develop and maintain an incident response strategy
X	Manage and sustain the public health response
	Demobilize and evaluate public health emergency operations

1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):

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

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

Proposed Output:	ICS training courses provided to WCHD and community stakeholders
Proposed Output:	ICS certified trainer
Proposed Output:	Participation in State led activities and exercises

2a. Planned Objective

Nevada will conduct improvement planning for incident management and emergency operations coordination from the COVID-19 response lessons learned and After-Action Reports.

2b. Completion Timeline

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

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

Planned Activity:	Maintain AAR/IP, updating in alignment with Incident Action Plan (IAP).	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: AAR/IP

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Planned Activity:	If COVID-19 response has ended, finalize the After-Action Reports/Improvement Plans (AAR/IP)	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR/IP		
Planned Activity:	Update applicable response plans identified in the AAR/IP. Ex. Pandemic Influenza Plan, POD Manual, etc.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated plans		
Planned Activity:	Review Department Emergency Operations Plan (DEOP) and identify areas of improvement.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes		
Planned Activity:	Update Department Emergency Operations Plan and identify areas of improvement.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated DEOP		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
	Develop and maintain an incident response strategy	
	Manage and sustain the public health response	
x	Demobilize and evaluate public health emergency operations	

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2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):

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

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

Proposed Output:	COVID AAR/IP
Proposed Output:	Updated Plan (s)
Proposed Output:	Updated DEOP

3a. Planned Objective

Maintain emergency operations coordination and communication through drills and exercises to improve implementation of incident command structure.

3b. Completion Timeline

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

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

Planned Activity:	WCHD will maintain its allocation of active Satellite Phones.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
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Documentation: Satellite phone minutes purchased amount documented on activation and renewal notice

Planned Activity:	WCHD will conduct communications with their allocated satellite phones at least semi-annually in conjunction with its communications drills and/or exercises.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: Communication drill documents, AAR-IP

Planned Activity:	Set up multiple drill activations utilizing ServNV communication platform to surge, with little notice, MRCs into POD exercises or real-world events.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31
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		<input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Planned Activity: ServNV communication		
Planned Activity:	Evaluate MRC pushout and analyze effectiveness of activation with suggestions for improvement.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Evaluation, analysis, improvement plan.		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
x	Activate public health emergency operations	
	Develop and maintain an incident response strategy	
x	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Satellite phones available for use in exercises and communications drills	
Proposed Output:	Completed Communications drill/exercise AARs	
Proposed Output:		

4a. Planned Objective

Conduct training for incident command and support personnel in order to drill and exercise the public health jurisdictional incident command structure.

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4b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Planned Activity:	Activation of DEOP to include notification/activation of the Regional Emergency Operations Center for an exercise or real event.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: ExPlan, EEG, hotwash, exercise notes		
Planned Activity:	Identify ICS training needs based on AAR of DEOP activation.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Hot wash, AAR-IP		
Planned Activity:	Provision of identified ICS trainings based on DEOP exercise/real event.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: ICS trainings scheduled or completed		
Research best practices for post-event mental/behavioral health assessment and tracking.		
Create tracking form/process for post-event mental/behavioral health.		
4c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
X	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	

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Demobilize and evaluate public health emergency operations	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Proposed Output:	Simulated or real activation of DEOP
Proposed Output:	List of ICS training needs for WCHD
Proposed Output:	Provision of ICS trainings

5a. Planned Objective		
Create team to conduct active tracking of all WCHD activities to include exercises and real-world events.		
5b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Planned Activity:	Consolidate WCHD after-action improvement plan items into single point of reference document and update following all exercises and events.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP tracking document.		
Planned Activity:	Develop and conduct regular team (PHP et al) meetings to review and identify action plans to complete outstanding AAR-IP items.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, emails		
Planned Activity:	Produce yearly report on after action deliverables (accomplishments and current challenges) and provide to appropriate level of authority (as identified by AAR team).	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30

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Documentation: Yearly report	
5c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Emergency Operations Coordination:	
	Conduct preliminary assessment to determine the need for activation of public health emergency operations
	Activate public health emergency operations
	Develop and maintain an incident response strategy
	Manage and sustain the public health response
X	Demobilize and evaluate public health emergency operations
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Proposed Output:	Consolidated AAR-IP tracking document
Proposed Output:	Review team for AAR-IP tracking
Proposed Output:	Production of yearly activity report on after action completions and outstanding items
Domain Summary	
Domain Name	Information Management
Domain Description	Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts, and warnings using a whole community approach, and to exchange health information and situational awareness with federal, state, local, territorial and tribal levels of governments and partners.
Associated Capabilities	<ul style="list-style-type: none"> Emergency Public Information and Warning Information Sharing
Emergency Public Information and Warning Definition	Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.
Information Sharing Definition	Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

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Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Public Information and Warning		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Information Sharing		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Information Management	
1a. Planned Objective		
<i>Nevada will include public information and situational awareness components in preparedness and response plans.</i>		
1b. Completion Timeline		
<p>Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.</p> <p>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</p>		
Planned Activity:	Update of pandemic messaging specific to limited vaccine, high risk groups and vaccine repetition requirements for inclusion into Emergency Communications and Public Information Plan (i.e. PIC Plan).	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, messaging		

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Planned Activity:	If necessary, update Emergency Communications and Public Information Plan.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated Emergency Communications and Public Information Plan		
1c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
X	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Messaging on limited vaccine, high risk groups and vaccine repetition	
Proposed Output:	Updated Emergency Communications and Public Information Plan	
Proposed Output:		
2a. Planned Objective		

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Nevada will conduct emergency public information and warning improvement planning from COVID-19 response lessons learned and After-Action Reports.

2b. Completion Timeline

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

For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.

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

Planned Activity:	Review and, if necessary, update Emergency Communications and Public Information Plan.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: Updated Emergency Communications and Public Information Plan

Planned Activity:		Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
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Documentation:

Planned Activity:		Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
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Documentation:

2c. Function Association (Select all that apply):

Recipients must select the functions used to guide planned activities.

Emergency Public Information and Warning:

	Activate the emergency public information system
	Determine the need for a Joint Information System

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X	Establish and participate in information system operations
	Establish avenues for public interaction and information exchange
X	Issue public information, alerts, warnings, and notifications
Information Sharing:	
	Identify stakeholders that should be incorporated into information flow and define information sharing needs
	Identify and develop guidance, standards, and systems for information exchange
	Exchange information to determine a common operating picture
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
<p>Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.</p> <p><i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i></p>	
Proposed Output:	Updated Emergency Communications and Public Information Plan
Proposed Output:	
Proposed Output:	
3a. Planned Objective	
WCHD will conduct external communication with the public.	
3b. Completion Timeline	
<p>Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.</p> <p>For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.</p> <p><i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i></p>	
Planned Activity:	Disseminate information to the public regarding exercises or real-world events.
	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30

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Documentation: Social media, press releases, flyers		
Planned Activity:	Disseminate public health awareness, emergency preparedness information to the public through social media.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Social media posts, impressions		
Planned Activity:		Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation:		
3c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
X	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		

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Proposed Output:	Media releases for exercises and real-world events
Proposed Output:	Social media releases for exercises and real-world events.
Proposed Output:	

4a. Planned Objective

WCHD will improve consistency of communication to various levels of government, community partners, and the private sector.

4b. Completion Timeline

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

Planned Activity:	Continue to coordinate with ARES, identify, purchase and install required radio communication equipment to operationalize the command/communication trailer.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
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Documentation: List of equipment, POs,

Planned Activity:	Continue to coordinate with ARES, to train on the deployment of the AM station/reader boards and Roadrunner.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: Deployment plan and instructions

4c. Function Association (Select all that apply):

Recipients must select the functions used to guide planned activities.

Emergency Public Information and Warning:

	Activate the emergency public information system
	Determine the need for a Joint Information System
	Establish and participate in information system operations
X	Establish avenues for public interaction and information exchange

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X	Issue public information, alerts, warnings, and notifications
Information Sharing:	
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs
	Identify and develop guidance, standards, and systems for information exchange
	Exchange information to determine a common operating picture
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Proposed Output:	Deployment plan for mobile AM radio communications
Proposed Output:	
Proposed Output:	

5a. Planned Objective		
WCHD will practice internal communication and activation of staff using Vesta Communicator by June 30, 2021.		
5b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Planned Activity:	Conduct WCHD quarterly communications exercises to test redundant communication modalities.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, communication pushouts		
Planned Activity:	Conduct semi-annual call down drills of personnel using Vesta communicator.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, communication pushouts		

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Planned Activity:	Identify and train additional staff on Vesta Communicator.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Training information, meeting notes.		
5c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
X	Activate the emergency public information system	
	Determine the need for a Joint Information System	
X	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Proposed Output:	Quarterly communication drills	
Proposed Output:	Bi-annual call down drills	
Proposed Output:	Minimum of 1 additional trained staff on Vesta Communicator	
Domain Summary		
Domain Name	Countermeasures and Mitigation	
Domain Description	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non-	

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	pharmaceutical and responder safety and health measures during response to a public health incident.
Associated Capabilities	<ul style="list-style-type: none"> • Medical Countermeasure Dispensing and Administration • Medical Materiel Management and Distribution • Nonpharmaceutical Interventions • Responder Safety and Health
Medical Countermeasure Dispensing and Administration Definition	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.
Medical Materiel Management and Distribution	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.
Nonpharmaceutical Interventions	<p>Nonpharmaceutical interventions are actions that people, and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include</p> <ul style="list-style-type: none"> • Isolation • Quarantine • Restrictions on movement and travel advisories or warnings • Social distancing • External decontamination • Hygiene • Precautionary protective behaviors
Responder Safety and Health	Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Medical Countermeasure Dispensing and Administration	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Medical Materiel Management and Distribution	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability

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X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Nonpharmaceutical Interventions	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Responder Safety and Health	
Please select ONE from the list below by placing an X in the appropriate cell on the left.	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Strategies/Activities	
Domain Strategy	Strengthen Countermeasures and Mitigation
1a. Planned Objective	
Nevada will conduct Countermeasures Dispensing and administration improvement planning from COVID-19 response lessons learned and After-Action Reports.	
1b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Review the POD Manual for necessary updates based on lessons learned.
	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30

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		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes		
Planned Activity:	Update the POD Manual, if necessary.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated POD Manual		
Planned Activity:	Review POD MOUs and update tracking sheet	<input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes		
Planned Activity:	Update POD MOUS, as appropriate.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated POD MOUs		
Planned Activity:	Review the MCM Plan for necessary updates based on lessons learned.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes		
Planned Activity:	Update the MCM Plan, if necessary.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated MCM Plan		
1c. Function Association (Select all that apply):		

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Subrecipients must select the functions used to guide planned activities.	
Medical Countermeasure Dispensing and Administration	
X	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
	Activate medical countermeasure dispensing/administration operations
	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events
Medical Materiel Management & Distribution	
	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources
	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
<p>Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.</p> <p><i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i></p>	

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Proposed Output:	Updated POD Manual	
Proposed Output:	Update POD MOU and tracking sheet	
Proposed Output:	Updated MCM Plan	
Proposed Output:		
Proposed Output:		
2a. Planned Objective		
Nevada will conduct improvement to Non-Pharmaceutical Intervention planning based on lessons learned and After-Action Reports from the COVID-19 Response.		
2b. Completion Timeline		
<p>Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.</p> <p><i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i></p>		
Planned Activity:	Review Isolation and Quarantine (I/Q Bench Book) for necessary updates based on lessons learned.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting notes		
Planned Activity:	Updated I/Q Bench Book, if necessary.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated I/Q Bench Book		
Planned Activity:	Review I/Q Annex for necessary updates based on lessons learned.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting notes		

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Planned Activity:	Updated I/Q Annex, if necessary.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated I/Q Annex		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
X	Engage partners and identify factors that impact nonpharmaceutical interventions	
X	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	

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	Monitor responder safety and health during and after incident response	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
<p>Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.</p> <p><i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i></p>		
Proposed Output:	Updated I/Q Bench Book	
Proposed Output:	Updated I/Q Annex	
Proposed Output:		
Proposed Output:		
3a. Planned Objective		
Plan and conduct PODs with community partners throughout FY 20-21.		
3b. Completion Timeline		
<p>Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.</p> <p><i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i></p>		
Planned Activity:	Develop planning documents for WCHD POD exercises (e.g. Project Homeless Connect, Family Health Festival) and COVID-19 PODs.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: ExPlan, EEG's		
Planned Activity:	Conduct any scheduled POD exercises/or drills including COVID-19 PODs.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign in sheets, media releases		
Planned Activity:	Evaluate scheduled POD exercises and/or drills including COVID-19 PODs.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30

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		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR/IP		
Planned Activity:	Review PPE requirements within Pandemic influenza plan and COVID-19/EID recommendations. inventory existing supplies, order supplies as able and update inventory lists.	<input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Inventory list with locations, PPE purchase documents.		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
X	Activate medical countermeasure dispensing/administration operations	
X	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	

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Responder Safety and Health		
	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
<p>Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.</p> <p><i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i></p>		
Proposed Output:	Exercise documentation	
Proposed Output:	Real-world documentation	
Proposed Output:	Inventory lists	
Proposed Output:		
4a. Planned Objective		
WCHD will identify gaps in readiness based on review of ORR guidance and create mitigation opportunities.		
3b. Completion Timeline		
<p>Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.</p> <p><i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i></p>		
Planned Activity:	Conduct review of ORR planning elements and identify areas for improvement within MCM response plans.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: 2020 – 2021 improvement tab in ORR spreadsheet		
Planned Activity:	Create list of improvement opportunities with possible mitigation activities based on review.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31

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		<input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Improvement list with mitigation activities.		
Planned Activity:	Conduct improvement/mitigation activities as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, improvement plan		
4c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
X	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		

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X	Identify responder safety and health risks
X	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response

3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):

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

Note: To create an additional proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.

Proposed Output:	List of improvements on MCM planning
Proposed Output:	Mitigated gap/s as identified in ORR document
Proposed Output:	Updated MCM Plan
Proposed Output:	

Domain Summary

Domain Name	Surge Management
Domain Description	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other non-medical volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.
Associated Capabilities	<ul style="list-style-type: none"> • Fatality Management • Mass Care • Medical Surge • Volunteer Management
Fatality Management Definition	<p>Fatality management is the ability to coordinate with organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting</p> <ul style="list-style-type: none"> • Recovery and preservation of remains • Identification of the deceased • Determination of cause and manner of death • Release of remains to an authorized individual • Provision of mental/behavioral health assistance for the grieving <p>The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.</p>
Mass Care Definition	Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.
Medical Surge Definition	Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were

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	compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.
Volunteer Management Definition	Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Fatality Management	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Capability: Mass Care	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Capability: Medical Surge	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Capability: Volunteer Management	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Strategies/Activities	
Domain Strategy	Strengthen Surge Management
1a. Planned Objective	
Nevada will conduct improvement planning for Volunteer Management based on lessons learned and after action reports from the COVID-19 response.	
1b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	

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

Planned Activity:	Review and identify alignment between local volunteer management plans and updates based on lessons learned.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, agendas, emails		
Planned Activity:	Update WCHD Volunteer Management Plan.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated Volunteer Management Plan		
Planned Activity:	Review MRC Protocols and identify updates based on lessons learned.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes		
Planned Activity:	Update MRC Protocols	<input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated MRC Protocols		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
	Determine public health role in mass care operations	
	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
Medical Surge		
	Assess the nature and scope of the incident	
	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	

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Volunteer Management		
X	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
X	Conduct or support volunteer safety and health monitoring and surveillance	
X	Demobilize volunteers	
Other (please specify)		
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated Volunteer Management Plan	
Proposed Output:		
Proposed Output:		
2a. Planned Objective		
Research and create Go Kits for Volunteer Reception Center.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Research best practices for VRC Go Kit/s and cross reference with POD and FAC Go Kits.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Print out/notes of best practices from other organizations.		
Planned Activity:	Develop Volunteer Reception Center Go Kit/s.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: List of supplies		
Planned Activity:	Purchase supplies and set up Go Kit/s.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Purchasing documents, list of supplies in go kit		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
	Determine the public health agency role in fatality management	

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	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
X	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Updated Volunteer Management Plan
Proposed Output:	
Proposed Output:	
3a. Planned Objective	
Utilize volunteer resources to increase WCHD's ability to rapidly deploy required supplies to initiate PODs or emergency operations	
3b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Solicit MRC participation to review POD medical and administrative go boxes and first aid kits for deploy ability as able.
Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30	

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		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Planned Activity: Communication through SERV-NV and other mechanisms		
Planned Activity:	Purchase needed inventory for POD medical and administrative go boxes and first aid kits.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Inventory list of current supplies with expiration dates.		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
<input type="checkbox"/>	Determine the public health agency role in fatality management	
<input type="checkbox"/>	Identify and facilitate access to public health resources to support fatality management operations	
<input type="checkbox"/>	Assist in the collection and dissemination of antemortem data	
<input type="checkbox"/>	Support the provision of survivor mental/behavioral health services	
<input type="checkbox"/>	Support fatality processing and storage operations	
Mass Care		
<input type="checkbox"/>	Determine public health role in mass care operations	
X	Determine mass care health needs of the impacted population	
<input type="checkbox"/>	Coordinate public health, medical, and mental/behavioral health services	
<input type="checkbox"/>	Monitor mass care population health	
Medical Surge		
<input type="checkbox"/>	Assess the nature and scope of the incident	
<input type="checkbox"/>	Support activation of medical surge	
<input type="checkbox"/>	Support jurisdictional medical surge operations	
<input type="checkbox"/>	Support demobilization of medical surge operations	
Volunteer Management		
<input type="checkbox"/>	Recruit, coordinate, and train volunteers	
<input type="checkbox"/>	Notify, organize, assemble, and deploy volunteers	
<input type="checkbox"/>	Conduct or support volunteer safety and health monitoring and surveillance	
<input type="checkbox"/>	Demobilize volunteers	
Other (please specify)		
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated MRC Protocols	

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Proposed Output:	
Proposed Output:	
Domain Summary	
Domain Name	Biosurveillance
Domain Description	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, and radiological agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks and adverse events, and provide relevant information in a timely manner to stakeholders and the public.
Associated Capabilities	<ul style="list-style-type: none"> Public Health Laboratory Testing Public Health Surveillance and Epidemiological Investigation
Public Health Laboratory Testing Definition	Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies.
Public Health Surveillance and Epidemiological Investigation Definition	Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Public Health Laboratory Testing	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Public Health Surveillance and Epidemiological Investigation	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability

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	<i>Scale back – plan to reduce the capability or capacity of the capability</i>	
	<i>No planned activities this budget period – there are no planned activities to address this capability</i>	
Strategies/Activities		
Domain Strategy	Strengthen Biosurveillance	
1a. Planned Objective		
Nevada will conduct improvement planning on Public Health Surveillance and Epidemiological Investigations based on the lessons learned and After Action Reports from the COVID-19 response.		
1b. Completion Timeline		
<p>Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.</p> <p><i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i></p>		
Planned Activity:	Maintain AAR/IP, updating in alignment with Incident Action Plan (IAP).	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR/IP		
Planned Activity:	If COVID-19 response has ended, finalize the After-Action Reports/Improvement Plans (AAR/IP)	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR/IP		
Planned Activity:	Update applicable response plans identified in the AAR/IP. Ex. Pandemic Influenza Plan, POD Manual, CD Manual, Call Center Procedures, Disease Investigator procedures, etc.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30

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Documentation: AAR/IP	
1c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Public Health Laboratory Testing:	
	Conduct laboratory testing and report results
	Enhance laboratory communications and coordination
	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
	Conduct or support public health surveillance
	Conduct public health and epidemiological investigations
X	Recommend, monitor, and analyze mitigation actions
X	Improve public health surveillance and epidemiological investigation systems
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	COVID AAR/IP
Proposed Output:	Updated Plan (s)
Proposed Output:	
2a. Planned Objective	
Maintain a consistent referral and communication mechanism for testing appropriate specimens for COVID-19 in alignment with national best-practices for the timely detection of and reporting of positive COVID -19 cases throughout the budget period.	
2b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	

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For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.

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

Planned Activity:	Ongoing communication with Nevada State Public Health Laboratory director to ensure most up-to-date information regarding testing protocols and affiliated changes are communicated to WCHD epi staff and leadership.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: emails, nationally standardized procedures per CDC, meeting minutes that outline changes in processes

Planned Activity:	Review of a procedural document to outline process for appropriate clinical specimen sampling, storing, notification to CDC and/or NSPHL, and subsequent reporting of specimen results.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: testing procedures document

Planned Activity:	Communication to local providers of ongoing changes and updates.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: Epi News

2c. Function Association (Select all that apply):

Subrecipients must select the functions used to guide planned activities.

Public Health Laboratory Testing:

<input checked="" type="checkbox"/>	Conduct laboratory testing and report results
<input checked="" type="checkbox"/>	Enhance laboratory communications and coordination
<input checked="" type="checkbox"/>	Support training and outreach

Public Health Surveillance and Epidemiological Investigation:

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	Conduct or support public health surveillance
	Conduct public health and epidemiological investigations
	Recommend, monitor, and analyze mitigation actions
	Improve public health surveillance and epidemiological investigation systems

2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):

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

Note: To create an additional proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.

Proposed Output:	
Proposed Output:	
Proposed Output:	

3a. Planned Objective

Continued surveillance as directed by CDC and national best-practices for COVID-19 through June 2022.

3b. Completion Timeline

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

For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.

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

Planned Activity:	Monitor cases or reportable disease.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: CD Log for 2020 and 2021		
Planned Activity:	Investigate individual cases of disease and affiliated outbreaks per CDC guidance.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30

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		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: CD Log for 2020 and 2021		
Planned Activity:	Implement control measures for person with suspect or confirmed COVID-19 and other emerging novel diseases.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: CD Log for 2020 and 2021, Investigation Notes, and NBS		
Planned Activity:	Participate in Northern Nevada Infection Control meetings at least twice during the fiscal year to provide situational update.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, attendance if documented by third-party leading the meeting		
Planned Activity:	Provide updates at least twice during the fiscal year at the Inter Hospital Coordinating Council meetings.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting minutes		
Planned Activity:	Provide epidemiological summary on at least a quarterly basis of number of COVID-19 cases investigated for prior time period.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Epidemiology and Public Health Preparedness Division meeting minutes.		
3c. Function Association (Select all that apply):		

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Public Health Laboratory Testing:	
	Conduct laboratory testing and report results
	Enhance laboratory communications and coordination
	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
X	Conduct or support public health surveillance
X	Conduct public health and epidemiological investigations
X	Recommend, monitor, and analyze mitigation actions
X	Improve public health surveillance and epidemiological investigation systems
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Data for confirmed COVID-19 cases if any.
Proposed Output:	Improved knowledge among community providers on current situation related to COVID-19.
Proposed Output:	Epi News, CD Weekly Summary or other published materials to document the epidemiological profile of COVID-19 locally, or if data are not relevant, national profile and update to inform providers and general public on COVID-19.

4a. Planned Objective
Review of the protocol for the identification or, reporting on, and treatment of persons with suspect or confirmed COVID-19 by June 2022.
4b. Completion Timeline
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

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Planned Activity:	Ongoing monitoring of CDC recommendations for assessing risk, case testing, follow up and management of persons suspected or confirmed to have COVID-19.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Email or meeting minutes illustrating notification to other epi staff of pertinent changes to the national processes and guidance.		
Planned Activity:	Review of the protocols.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Draft versions of protocols, communication to NSPHL, Nevada Division of Public and Behavioral Health and CDC for guidance, updates, and information on local practices and expectations related to COVID-19.		
Planned Activity:	If necessary, update COVID-19 protocols and signed off by medical consultant retained by Washoe County health District's Communicable Disease Program for the purpose of approving medical recommendations and guidance as outlined in chapter specific to reportable conditions in Nevada Revised Statutes.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Communicable Disease Manual COVID-19 chapter.		
4c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	

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4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):

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

Proposed Output:	Evidence of ongoing communication to ensure staff are implementing best-practices and national guidance for COVID-19.
Proposed Output:	Finalized Communicable Disease Chapter on COVID-19, with medical provider signature.
Proposed Output:	

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 5 NU90TP922047-03-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention (CDC)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 5 NU90TP922047-02-00 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE - SFY 22 - PHEP - BP3

Total Personnel Costs			including fringe	Total:	\$557,728	
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Nancy Diao</u> Director, Epidemiology and Public Health Preparedness	\$163,500.00	37.000%	65.000%	12	100.00%	\$145,597
<u>Andrea Esp</u> Preparedness and EMS Program Manager	\$103,269.00	44.360%	16.000%	12	100.00%	\$23,853
<u>Stephen Shipman</u> Public Health Emergency Response Coordinator	\$94,774.85	58.000%	100.000%	12	100.00%	\$149,744
<u>Raquel DePuy Grafton</u> Program Coordinator	\$68,188.74	52.000%	100.000%	12	100.00%	\$103,647
<u>Jessie Latchaw</u> Public Health Emergency Response Coordinator	\$91,019.37	47.580%	5.000%	12	100.00%	\$6,716
<u>Danika Williams</u> Epidemiologist	\$83,221.37	44.000%	20.000%	12	100.00%	\$23,968
<u>Dawn Spinola</u> Administrative Secretary	\$70,893.43	51.000%	88.000%	12	100.00%	\$94,203
<u>Overtime -</u> Overtime in support of afterhours exercises, trainings and response related to PHEP activities and meeting PHEP Capabilities.	\$10,000.00	0.000%	100.000%	12	100.00%	\$10,000
Total Fringe Cost		\$178,385	Total Salary Cost: \$379,343			
Total Budgeted FTE		4.94000				

Travel			Total:	\$15,441
Out-of-State Travel				\$9,240
<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
CA	Cost			

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Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$800	1		4	\$3,200
Baggage fee: \$ amount per person x # of trips x # of staff	\$50	2		4	\$400
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$66	1	5	4	\$1,320
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$200	1	4	4	\$3,200
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$40	2	2	4	\$640
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$24	1	5	4	\$480

Justification: 2021 Preparedness Summit Conference: presenting new research findings, sharing tools and resources, and providing a variety of opportunities for attendees to learn how to implement model practices that enhance the nation's capabilities to prepare for, respond to, and recover from disasters and other emergencies. WCHD PHP staff will be attending the training, specific staff to be identified when Summit course outline is available.

In-State Travel

\$6,201

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$250	3		4	\$3,000
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$61	3	2	4	\$1,464
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$102	3	1	4	\$1,224
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$25.00	3	3		\$225
Parking: \$ per day x # of trips x # of days x # of staff	\$24	3	1	4	\$288

Justification:

Yearly partner's meeting in Las Vegas to review PHP statewide activities and strategic planning initiatives (3 staff); 3 individual trips to Southern Nevada Health District to enable participation in exercises and trainings for up to 3 staff or 1 staff for 3 days.

Supplies	Total:	\$24,267
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Office Supplies: \$34.58 x 5 FTE staff x 12 months	\$2,074.80
Operating Supplies: \$1,666 x 12 months	\$19,992.00
Communications	\$2,200.00

Equipment	Total:	\$0.00
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Contractual		\$102,328
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Name of Contractor, Subrecipient: TBD	Total	\$34,268
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Method of Selection: competitive bid

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Vendor to assist in the update of plans from the COVID-19 lessons learned.

Budget

Personnel	\$34,268.00
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Travel	\$0.00
Total Budget	\$34,268.00

Method of Accountability:

Define - Contractor will provide scope of work outline process with timelines and benchmarks to be agreed upon by PHP program staff. This project will be monitored by the Public Health Emergency Response Coordinator.

Name of Contractor, Subrecipient: TBD

Total \$35,000

Method of Selection: competitive bid

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Vendor to assist in exercise design and implementation.

Budget

Personnel	\$35,000.00
Travel	\$0.00
Total Budget	\$35,000.00

Method of Accountability:

Define - Contractor will provide scope of work outline process with timelines and benchmarks to be agreed upon by PHP program staff. This project will be monitored by the Public Health Emergency Response Coordinator.

Name of Contractor, Subrecipient: TBD

Total \$10,000

Method of Selection: competitive bid

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Temporary staff to assist with Domain 6 planned activities

Budget

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

Method of Accountability:

Define - timesheets

Name of Contractor, Subrecipient: TBD

Total \$16,710

Method of Selection: competitive bid

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Temporary staff to assist with Domain 6 planned activities

Budget

Personnel	\$16,710.00
Travel	\$0.00
Total Budget	\$16,710.00

Method of Accountability:

Define – timesheets

Name of Contractor, Subrecipient: TBD

Total \$6,349

Method of Selection: competitive bid

Period of Performance: July 1, 2021 – June 30, 2022

Scope of Work: Temporary staff to assist with volunteer management.

Budget

Personnel	\$16,710.00
Travel	\$0.00
Total Budget	\$16,710.00

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Method of Accountability:
Define – timesheets

Other		Total:	\$75,300
Printing Services: \$833.33/month x 12 months	\$10,000		
Copier/Printer Lease: \$91.67/month x 12 months	\$1,100		
Satellite Phone Subscription: \$116.67/month x 12 months	\$1,400		
Postage: \$99/month x 12 months	\$1,188		
Seminars/Meetings: \$1,375/meeting x 4 meetings	\$5,500		
Dues/Membership: NACCHO and NEPA	\$3,150		
Medical Services: 15 fit test med evals @ \$35 per test	\$525		
Advertising	\$25,000		
Repairs and Maintenance: \$200/month x 12 months	\$2,400		
Trailer/Vehicle Expenses: \$1,253.08/month x 12 months	\$15,037		
CBRNE and EID equipment	\$10,000		

Justification: Copy charges and lease allocation based on usage; AFN advertising pushout – mailer, general mailings; AFN pushout, IZ (Immunize) Nevada Campaign to include WCSD (Washoe County School District) families and employees. General printing including emergency response plans or materials relating to educational campaign to the community; General day to day operational use of telephones, network and cellular phones; NACCHO Preparedness Summit Conference Registration, NEPA application and due fees, Training for volunteer management; NACCHO Project Public Health Ready Accreditation; Medical Fit tests for staff; Survey Monkey subscription, General public information preparedness pushouts (media, social media, printed materials and other means that may be identified) and preparedness activities (workshops, conferences, trainings, family health festivals), public information/advertising pushout documentation (social media contacts/posts, advertising or other) and/or documentation from preparedness activities (such as agendas, meeting notes, exercise documents or activities); Required for PHEP Capability: Emergency Operations Coordination - two satellite phone subscription minutes; Trailer repairs to include but not limited to reader board trailers, POD trailers, communications trailer and hospital trailer; Maintain and operate trailers and PHP truck. CBRNE and EID equipment such as PAPR's, decontamination equipment, survey, and response equipment for Emergency First Responders.

TOTAL DIRECT CHARGES	\$775,064
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Indirect Charges	Indirect Rate:	22.340%	\$173,149
Indirect Methodology: 22.34% of all direct expenses per Federally approved indirect agreement.			

TOTAL BUDGET	Total:	\$948,213
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Form 2

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

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED								
ENTER TOTAL REQUEST	\$948,213							\$948,213

EXPENSE CATEGORY

Personnel	\$557,728							\$557,728
Travel	\$15,441							\$15,441
	\$24,267							\$24,267
Equipment	\$0							\$10,000
Contractual/Consultant	\$102,328							\$102,328
Other Expenses	\$75,300							\$65,300
Indirect	\$173,149							\$173,149

TOTAL EXPENSE	\$948,213	\$0	\$0	\$0	\$0	\$0	\$0	\$948,213
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$173,149
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Total Agency Budget	\$948,213
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$94,821.30**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services, and is **required to be reported no less than quarterly by the 30th of the month following the close of the quarter**. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H). These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed **\$948,213.00**:
- ****Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.***
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$94,821.30**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2022 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within **90 days of exercise completion**.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 15 days of the **CLOSE OF THE SUBAWARD PERIOD**. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

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

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

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Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:

- Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
 - All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
 - This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

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

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SECTION D**

Agency Ref. #: **SG 25275**
Budget/CAT: **3218/22**
GL: **8516**
Job #: **9306922**
Draw #: _____

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2021 to June 30, 2022	Subrecipient's: EIN: 88-60000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s)

Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$557,728.00	\$0.00	\$0.00	\$0.00	\$557,728.00	0.0%
2. Travel	\$15,441.00	\$0.00	\$0.00	\$0.00	\$15,441.00	0.0%
3. Supplies	\$24,267.00	\$0.00	\$0.00	\$0.00	\$24,267.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$102,328.00	\$0.00	\$0.00	\$0.00	\$102,328.00	0.0%
6. Other	\$75,300.00	\$0.00	\$0.00	\$0.00	\$75,300.00	0.0%
7. Indirect	\$173,149.00	\$0.00	\$0.00	\$0.00	\$173,149.00	0.0%
Total	\$948,213.00	\$0.00	\$0.00	\$0.00	\$948,213.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$94,821.30	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? ☐ Yes ☐ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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SECTION E

Audit Information Request

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

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

☒

YES

☐

NO

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

June 30th

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?

December 2020

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

July 1, 2019 - June 30, 2020

8. Which accounting firm conducted your last audit?

Eide Bailly

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

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SECTION F

Current or Former State Employee Disclaimer

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

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

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

Name

Services

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

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

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.

17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**
 - a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
 - b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
 - c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
 - d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).
2. **Prohibited Uses and Disclosures:**
 - a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
 - b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

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.

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4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

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**SECTION H
Matching Funds Agreement**

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

Program Name	Public Health Preparedness	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	5 NU90TP922047-03-00	Subaward Number	SG 25275
Federal Amount	940,446.00	Contact Name	Andrea Esp
Non-Federal (Match) Amount	94,045.00	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	1,034,491.00		
Performance Period	July 1, 2021 to June 30, 2022		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and at least quarterly by the 30th of the month following the close of a quarter during the grant period and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded **\$940,446.00**
Required Match Percentage 10%
Total Required Match **\$94,045.00**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	55,773.00
2	Travel	\$	1,471.00
3	Contract/Consultant	\$	1,000.00
4	Supplies	\$	9,671.00
5	Other	\$	8,957.00
6	Indirect Costs	\$	17,173.00
	Total	\$	94,045.00

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

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

**SECTION I
Acronym Key**

AAR/IP: After Action Report/Improvement Plan	DMORT: Disaster Mortuary Operational Response Team
ACS: Alternate Care Site/System	DOC: Division Operations Center
AED: Automated External Defibrillators	DPBH: Division of Public and Behavioral Health
AFN: Access and Functional Needs	EDR: Electronic Death Records
ARES: Amateur Radio Emergency Services	EEG: Exercise Evaluation Guide
ARRL: Amateur Radio Relay League	EM: Emergency Management/Manager
ASPR: Assistant Secretary for Preparedness and Response	EMAC: Emergency Management Assistance Compact
BDR: Bill Draft Request	EMI: Emergency Management Institute
BHPP: Bureau of Health Protection and Preparedness	EMS: Emergency Medical Services
BNICE: Biological, Nuclear, Incendiary, Chemical, Explosive	EMT: Emergency Medical Technician
BP: Budget Period	EOC: Emergency Operations Center
C³: Command, Control, Communications	EOP: Emergency Operations Plan
CASPER: Community Assessment for Public Health Emergency Response	EPA: Environmental Protection Agency
CBRNE: Chemical, Biological, Radiology, Nuclear, and Explosive (high yield)	Epi: Epidemiology/Epidemiologist
CCHHS: Carson City Health and Human Services	ESAR-EHP: Emergency System for Advanced Registration of Volunteer Health Professionals
CDC: Centers for Disease Control and Prevention	ESF: Emergency Support Function
CEMP: Comprehensive Emergency Management Plan	EVD: Ebola Virus Disease
CERC: Crisis and Emergency Risk Communications	ExPlan: Exercise Plan
CERT: Community Emergency Response Team	FAC: Family Assistance Center
CFAN: Children with Functional Access Needs	FaR: Frontier and Rural Health
CHEMPACK: Chemical Emergency Response Package	FDA: Food and Drug Administration
CHN: Community Health Nurse	FEMA: Federal Emergency Management Agency
CIKR: Critical Infrastructure and Key Resource	FOUO: For Official Use Only
CM: County Manager	FSC: Finance Section Chief
CMP: Crisis Management Plan	FSE: Full Scale Exercise
CMS: Centers for Medicare & Medicaid Services	GSA: General Services Administration
CMT: Crisis Emergency Team	HAM: Amateur Radio Operator
Comms: Communications	HAN: Health Alert Network
CONOPS: Concept of Operations	HAvBED: Hospital Available Beds Tracking System
COOP: Continuation of Operations	HAZMAT: Hazardous Materials
CP: Check Point	HCC: Hospital Command Center
CSC: Crisis Standards of Care	HCQC: b
CSTE: Council of Statewide and Territorial Epidemiologists	HEPE: Health Emergency Preparedness Evaluator
DEM: Division of Emergency Management	HF: High Frequency
Demob: Demobilization	HHS: Health and Human Services
DHHS: US Department of Health and Human Services	HICS: Hospital Incident Command System
DHS: Department of Homeland Security	HIPAA: Healthcare Information Portability and Accountability Act
DMAT: Disaster Medical Assistance Team	HPP: Healthcare Preparedness Program
DME: Durable Medical Equipment	HRA: Health Resource Analyst
DMF: Disaster Medical Facility	HSEEP: Homeland Security Exercise and Evaluation Program
	HSPD: Homeland Security Presidential Directive
	HVA: Hazard Vulnerability Assessment

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I&Q: Isolation and Quarantine	NHA: Nevada Hospital Association
IAP: Incident Action Plan	NHP: Nevada Highway Patrol
IC: Incident Commander	NIMS: National Incident Management System
ICAMS: Incident Cause Analysis Method	NLT: No Later Than
ICP: Incident Command Post	NOGA: Notice of Grant Award
ICS: Incident Command System	NPG: National Preparedness Goals
IMT: Incident Management Team	NPI: Non-Pharmaceutical Interventions
IS: Independent Study	NRF: National Response Framework
IT: Information Technology	NRP: National Response Plan
ITERC: Inter-Tribal Emergency Response Commission	NRS: Nevada Revised Statute
JAS: Job Action Sheets	NSHD: Nevada State Health Division
JFO: Joint Field Office	NSPHL: Nevada State Public Health Laboratory
JIC: Joint Information Center	NTR: Nevada Trauma Registry
JIS: Joint Information System	NVHAN: Nevada Health Alert Network
JITT: Just-in-time-training	NVPHRAT: Nevada Public Health Risk Assessment Tool
JRA: Jurisdictional Risk Assessment	OIT: Office of Informatics and Technology
LEPC: Local Emergency Planning Committee	OPHIE: Office of Public Health Informatics and Epidemiology
LHA: Local Health Authority	OSC: Operations Section Chief
LO or LNO: Liaison Officer	OSHA: Occupational Safety and Health Administration
LRN: Laboratory Response Network	PACE-EH: Protocol for Assessing Community Excellence in Environmental Health
LSC: Logistics Section Chief	PAHPA: Pandemic and All-Hazards Preparedness Act
MAA: Mutual Aid Agreement	PAIS: Preparedness, Assurance, Inspections and Statistics
MAC: Multiagency Coordination	PAPR: Powered Air-Purifying Respirator
MACS: Multiagency Coordination System	Peds: Pediatrics
MAEA: Mutual Aid Evacuation Annex	PHAB: Public Health Accreditation Board
MCI: Mass Casualty Incident	PHCS: Public Health Community Services
MCIP: Multi-Casualty Incident Plan	PHDs: Public Health Departments
MCM: Medical Countermeasures	PHEP: Public Health Emergency Preparedness
MCM ORR: Medical Countermeasure Operational Readiness Review	PHP: Public Health Preparedness Program
MERS: Mobile Emergency Response Support	PIC: Public Information and Communication
MFI: Mass Fatality Incident	PIO: Public Information Officer
MHFA: Mental Health First Aid	PMT: Performance Management Team
MHz: Mega Hertz	POC: Point of Contact
MOA: Memorandum of Agreement	POD: Point of Dispensing
MOU: Memorandum of Understanding	PPE: Personal Protective Equipment
MRC: Medical Reserve Corps	PSA: Public Service Announcement
MSAC: Medical Services Advisory Committee	PSC: Planning Section Chief
MSU: Mobile Support Unit	QCHCC: Quad County Healthcare Coalition
NAC: Nevada Administrative Code	QCPHP: Quad County Public Health Preparedness
NACCHO: National Association of County and City Health Officials	RACES: Radio Amateur Civil Emergency Services
NDEM: Nevada Division of Emergency Management	Rad Control: Nevada Radiation Control Program
NEPA: Nevada Emergency Preparedness Association	RAILS: Radio, Internet, Landline phone/fax, Satellite phone
NGO: Nongovernmental Organization	RCHS: Rural Community Health Services
RDS: Regional Distribution Sites	
REMSA: Regional Emergency Medical Services Authority	

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RFR: Request for Reimbursement
RHPP: Rural Health Preparedness Partners
RN: Registered Nurse
RP: Release Point
RSS: Receive, Stage, Store
RTAB: Regional Trauma Advisory Board
SCEMP: State Comprehensive Emergency Management Plan
SEOC: State Emergency Operations Center
SERT: State Emergency Response Team
SERV-NV: State Emergency Registry of Volunteers – Nevada
SME: Subject Matter Expert
SNAMHS: Southern Nevada Adult Mental Health Services
SNHD: Southern Nevada Health District
SNHPC: Southern Nevada Health Preparedness Coalition
SNS: Strategic National Stockpile
SO: Safety Officer
SOP: Standard Operating Procedure
SP: Start Point
SUV: Spontaneous Unaffiliated Volunteers
SWAT: Special Weapons and Tactics
TEPW: Training and Exercise Planning Workshop
THIRA: Threat Hazard Incident Risk Assessment
TTX: Tabletop Exercise
UC: Unified Command
UHF: Ultra-High Frequency
UVIS: Unified Victim Identification System
VA: Veterans Affairs
VG: Vigilant Guard
VHF: Very High Frequency
VMF: Volunteer Management System
VRC: Volunteer Reception Center
VSA: Volunteer Staging Area
WCHD: Washoe County Health District
WebEOC: Web Based Emergency Operations Center
WHO: World Health Organization
WIC: Women, Infants and Children Program