



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

Agency Ref, #: SG-2026-00398  
 Budget Account: 3218

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Public Health Preparedness Office of Bureau of Health Protection and Prevention Donielle Allen / DPBHPHPFiscal@health.nv.gov	<b>Subrecipient's Name:</b> Northern Nevada Public Health Andrea Esp / aesp@nnph.org
<b>Address:</b> 4126 Technology Way Carson City, Nevada 89706	<b>Address:</b> 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
<b>Subaward Period:</b> 2025-07-01 through 2026-06-30	<b>Subrecipient's:</b> <b>EIN:</b> 88-6000138 <b>Vendor #:</b> T40283400Q <b>UEI #:</b> GPR1NY74XPQ5
<b>Purpose of Award:</b> To support the preparedness and response needs of the health delivery system for emerging special pathogen threats, such as avian influenza or bird flu. Maintain existing and create new activities to increase the capability to bolster preparedness and response activities for emerging threats.	
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County	
<b>Approved Budget Categories</b>	
1. Personnel	\$0.00
2. Travel	\$0.00
3. Operating	\$46,747.00
4. Equipment	\$523,306.00
5. Contractual/Consultant	\$5,200.00
6. Training	\$240.00
7. Other	\$0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$575,493.00</b>
8. Indirect Costs	\$5,376.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$580,869.00</b>

**Terms and Conditions:**

In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriated 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 15th 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;<br>Section B: Descriptions of Services, Scope of Work and Deliverables;<br>Section C: Budget and Financial Reporting Requirements;<br>Section D: Request for Reimbursement;<br>Section E: Audit Information Request; | Section F: Current or Former State Employee Disclaimer<br>Section G: Business Associate Addendum<br>Section H: Matching Funds Agreement (optional: only if matching funds are required) |
|--|---|

Name	Signature	Date
Chad Kingsley, District Health Officer		
Janice Hadlock-Burnett, Bureau Chief		
for Dena Schmidt Administrator, DPBH		

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Federal Award Computation		Match			
Total Obligated by this Action:	\$580,869.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	10.00%		
Cumulative Prior Awards this Budget Period:	\$0.00	Amount Required this Action:	\$58,086.90		
Total Federal Funds Awarded to Date:	\$580,869.00	Amount Required Prior Awards:	\$0.00		
		Total Match Amount Required:	\$58,086.90		
Research and Development <input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
Federal Budget Period			Federal Project Period		
7/1/2025 through 6/30/2026			7/1/2024 through 6/30/2029		
FOR AGENCY USE ONLY					
<b>FEDERAL GRANT #:</b> 6 U3REP240774-02-01	<b>Source of Funds:</b> Nevada Public Health Preparedness Hospital Preparedness Program ASPR Supplemental	<b>% Funds:</b> 100.00	<b>CFDA:</b> 93.889	<b>FAIN:</b> U3REP240774	<b>Federal Grant Award Date by Federal Agency:</b> 6/26/2025
Budget Account	Category	GL	Function	Sub-org	Job Number
3218	23	8516	N/A	N/A	9388925S

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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 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.
3. 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 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).
8. 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.**
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 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.

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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 Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - 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**

\*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

Northern Nevada Public Health, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

**Scope of Work for Northern Nevada Public Health**

Primary Goal: See attached for SOW activities highlighted

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. See attached	See attached	06/30/2026	See attached

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

# Administration for Strategic Preparedness and Response (ASPR) Fiscal Year (FY) 2024 Hospital Preparedness Program (HPP) Administrative Supplement for H5N1 Avial Flu Additional Funds

**Activity 1: Establish Governance:** Recipients will work with their HCC(s) to review and, as needed, update governance documents for their coalitions to bolster readiness for emerging threats, such as avian influenza. This may include updating governance documents to describe: any new management or administration updates; coordination with Regional Emerging Special Pathogen Treatment Centers (RESPTCs) or other components of the National Special Pathogen System (NSPS); policies and procedures for response operations; and other updates ad needed.

Objective 1:

Planned Activities:	Current Capability:	New Capability:	Completion Quarter (Q1, Q2, Q3, Q4)
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness</li> <li><input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination</li> <li><input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery</li> <li><input type="checkbox"/> Capability 4: Medical Surge</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Incident Management and Coordination</li> <li><input type="checkbox"/> Capability 2: Information Management</li> <li><input type="checkbox"/> Capability 3: Patient Movement and Distribution</li> <li><input type="checkbox"/> Capability 4: Workforce</li> <li><input type="checkbox"/> Capability 5: Resources</li> <li><input type="checkbox"/> Capability 6: Operational Continuity</li> <li><input type="checkbox"/> Capability 7: Specialty Care</li> <li><input type="checkbox"/> Capability 8: Community Integration</li> </ul>	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness</li> <li><input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination</li> <li><input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery</li> <li><input type="checkbox"/> Capability 4: Medical Surge</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Incident Management and Coordination</li> <li><input type="checkbox"/> Capability 2: Information Management</li> <li><input type="checkbox"/> Capability 3: Patient Movement and Distribution</li> <li><input type="checkbox"/> Capability 4: Workforce</li> <li><input type="checkbox"/> Capability 5: Resources</li> <li><input type="checkbox"/> Capability 6: Operational Continuity</li> <li><input type="checkbox"/> Capability 7: Specialty Care</li> <li><input type="checkbox"/> Capability 8: Community Integration</li> </ul>	

	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	
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**Output(s) for planned activities:**

**Activity 2: Assess Readiness:** Recipients will work with their HCC(s) to review and, as needed, update assessments for their coalitions to identify threats, risks, hazards, vulnerabilities, and needs, including considering the specific needs and risks of communities with higher risk for avian influenza outbreak (e.g., rural areas, areas in close proximity to agriculture). These updates may include identifying potential supply chain needs and vulnerabilities (e.g., personal protective equipment) or workforce shortfalls as a result of emerging threats, such as avian influenza.

Objective 1:			
Planned Activities:	Current Capability:	New Capability:	Completion Quarter (Q1, Q2, Q3, Q4)
	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	

	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	
	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	
<b>Output(s) for planned activities:</b>			

**Activity 3: Plan and Implement:** As appropriate, recipients will work with their HCC(s) to update plans to address preparedness, response, and recovery for emerging threats such as avian influenza. This may include updating information-sharing plans, resource management plans (e.g., supplemental staffing and personal protective equipment [PPE] stockpile activation and deployment), patient movement plans (e.g., coordination with RESPTCs), and training and exercise plans (e.g., using training resources developed by the National Emerging Special Pathogens Training and Education Center [NESPTEC] or RESPTCs) to support readiness for emerging threats. Recipients and HCCs will coordinate with RESPTCs in their region to update the Special Pathogen Annex to their medical surge plan, incorporating considerations for avian influenza.

**Please Note:** Patient movement planning includes coordination with emergency medical services (EMS). The term EMS will encompass pre-hospital care including ambulance services, paramedic services, and 911 dispatch, as well as specialty transport, including pediatric

transport, air transport, and critical care transport. Recipients and their HCC(s) must work with HCC members and additional health care readiness partners (e.g., Biosafety Transport Consortium, other partners that support EMS readiness) to review and update plans as needed, particularly to incorporate considerations for avian influenza.

**Objective 1:** Acquire and deploy mechanical CPR devices by the end of the budget period to strengthen EMS operational capacity and improve cardiac arrest outcomes in Washoe County.

Description: This initiative supports the acquisition of four mechanical CPR devices to enhance EMS cardiac arrest response by ensuring consistent, high-quality chest compressions during transport and prolonged resuscitation events.

Planned Activities:	Current Capability:	New Capability:	Due Date/Completion Quarter (Q1, Q2, Q3, Q4)
Procure and distribute mechanical CPR devices to EMS agencies	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness</li> <li><input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination</li> <li><input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery</li> <li><input type="checkbox"/> Capability 4: Medical Surge</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Incident Management and Coordination</li> <li><input type="checkbox"/> Capability 2: Information Management</li> <li><input type="checkbox"/> Capability 3: Patient Movement and Distribution</li> <li><input type="checkbox"/> Capability 4: Workforce</li> <li><input checked="" type="checkbox"/> Capability 5: Resources</li> <li><input type="checkbox"/> Capability 6: Operational Continuity</li> <li><input type="checkbox"/> Capability 7: Specialty Care</li> <li><input type="checkbox"/> Capability 8: Community Integration</li> </ul>	June 30, 2026/Q4

Documentation Needed: Purchase orders and invoices; Equipment inventory and asset tracking records

**Objective 2:** By the end of the budget period, procure and deploy general medical and operational supplies to support infection control, responder safety, and sustained healthcare and EMS operations during surge and infectious disease response events.

Description: This initiative supports the purchase of general medical and operational supplies necessary to maintain effective infection control and surge response capacity during high-volume incidents, infectious disease outbreaks, and prolonged emergency operations. Maintaining adequate on-hand supplies reduces cross-contamination risk, limits equipment sharing, and ensures continuity of patient care and responder protection when demand exceeds routine capacity.

Procure and distribution general medical and operational supplies in accordance with procurement requirements to support infection control and surge response needs.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness</li> <li><input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination</li> <li><input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery</li> <li><input checked="" type="checkbox"/> Capability 4: Medical Surge</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Incident Management and Coordination</li> <li><input type="checkbox"/> Capability 2: Information Management</li> <li><input type="checkbox"/> Capability 3: Patient Movement and Distribution</li> <li><input type="checkbox"/> Capability 4: Workforce</li> <li><input checked="" type="checkbox"/> Capability 5: Resources</li> <li><input type="checkbox"/> Capability 6: Operational Continuity</li> <li><input type="checkbox"/> Capability 7: Specialty Care</li> <li><input type="checkbox"/> Capability 8: Community Integration</li> </ul>	June 30, 2026/Q4
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<b>Objective 3:</b> By the end of the budget period, deploy isolation PPE stations in Washoe County SNFs to strengthen preparedness for infectious disease response and PPE shortages.			
Description: This initiative establishes 20 isolation PPE stations to improve preparedness for infectious disease events and resource shortages, particularly in skilled nursing facilities. These stations support rapid access to PPE and infection control supplies during outbreaks or surge events.			
Procure and distribute isolation PPE stations and associated supplies with participating SNFs	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	June 30, 2026/Q4
Documentation Needed: Procurement and invoicing records; Distribution logs by facility; Facility acknowledgment or receipt documentation			
<b>Objective 4:</b> Procure and deploy video laryngoscopes with chargers to EMS agencies by the end of the budget period to strengthen airway management and pediatric response capabilities.			
Description: This initiative enhances advanced airway management capabilities by procuring video laryngoscopes in multiple sizes, including pediatric, along with chargers. These devices support improved intubation success during emergency and pediatric responses.			
Procure video laryngoscopes and accessories and coordinate distribution to EMS agencies	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	June 30, 2026/Q4
Documentation Needed: Procurement and invoicing documentation			
<b>Objective 5:</b> Acquire AmbuBus monitoring systems to strengthen facility and EMS readiness for mass respiratory support and infectious disease response by the end of the budget period.			
Description: This initiative enhances advanced airway management capabilities by procuring video laryngoscopes in multiple sizes, including pediatric, along with chargers. These devices support improved intubation success during emergency and pediatric responses.			
Procure AmbuBus monitoring systems and integrate them into regional surge and patient transport operations by	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness	<input type="checkbox"/> Capability 1: Incident Management and Coordination	June 30, 2026/Q4

<p>coordinating deployment with EMS and partner agencies, incorporating the systems into surge and transport plans, and providing training and guidance to ensure effective use during incidents.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination</li> <li><input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery</li> <li><input type="checkbox"/> Capability 4: Medical Surge</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 2: Information Management</li> <li><input type="checkbox"/> Capability 3: Patient Movement and Distribution</li> <li><input type="checkbox"/> Capability 4: Workforce</li> <li><input type="checkbox"/> Capability 5: Resources</li> <li><input type="checkbox"/> Capability 6: Operational Continuity</li> <li><input type="checkbox"/> Capability 7: Specialty Care</li> <li><input type="checkbox"/> Capability 8: Community Integration</li> </ul>	
<p>Installation of AmbuBus kit</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness</li> <li><input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination</li> <li><input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery</li> <li><input type="checkbox"/> Capability 4: Medical Surge</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Incident Management and Coordination</li> <li><input type="checkbox"/> Capability 2: Information Management</li> <li><input type="checkbox"/> Capability 3: Patient Movement and Distribution</li> <li><input type="checkbox"/> Capability 4: Workforce</li> <li><input type="checkbox"/> Capability 5: Resources</li> <li><input type="checkbox"/> Capability 6: Operational Continuity</li> <li><input type="checkbox"/> Capability 7: Specialty Care</li> <li><input type="checkbox"/> Capability 8: Community Integration</li> </ul>	<p>June 30, 2026/Q4</p>
<p>Documentation Needed: Procurement and invoicing documentation</p>			
<p><b>Objective 6:</b> By the end of the budget period, deliver infection control and prevention training to healthcare personnel in Washoe County to improve preparedness for infectious disease response and reduce responder exposure.</p>			
<p>Description: This initiative provides targeted infection control and prevention training for healthcare personnel to reduce occupational exposure risks and strengthen response capacity during infectious disease emergencies. Training supports consistent application of PPE, decontamination, and exposure mitigation practices.</p>			
<p>Provide infection control training to healthcare providers.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness</li> <li><input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capability 1: Incident Management and Coordination</li> <li><input type="checkbox"/> Capability 2: Information Management</li> <li><input type="checkbox"/> Capability 3: Patient Movement and Distribution</li> <li><input type="checkbox"/> Capability 4: Workforce</li> </ul>	<p>June 30, 2026/Q4</p>

	<input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input checked="" type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input checked="" type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	
Documentation Needed: Training curriculum and presentation materials; Attendance rosters and completion certificates			
<b>Objective 7:</b> This initiative supports the purchase of cyanide antidote kits (Cyanokits) to strengthen EMS and fire response during fire-related surge events, including wildfires and structure fires, which often coincide with respiratory exposure risks, infectious disease overlap, and healthcare system strain. Timely administration of Cyanokits reduces the need for prolonged airway management, invasive procedures, and extended emergency department utilization, supporting both infection control and surge mitigation during high-volume incidents.			
Description: This initiative supports the purchase of cyanide antidote kits (Cyanokits) to strengthen EMS and fire response during fire-related surge events, including wildfires and structure fires, which often coincide with respiratory exposure risks, infectious disease overlap, and healthcare system strain. Timely administration of Cyanokits reduces the need for prolonged airway management, invasive procedures, and extended emergency department utilization, supporting both infection control and surge mitigation during high-volume incidents.			
Procure cyanokits and accessories and coordinate distribution to EMS/Fire agencies	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input checked="" type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input checked="" type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input checked="" type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	June 30, 2026/Q4
Documentation: purchase orders and invoices			
<b>Objective 8:</b> By the end of the budget period, procure and deploy ZOLL rechargeable batteries to ensure continuous operation of EMS medical devices during surge events, reduce equipment downtime and sharing, and support infection control and responder safety during high-volume and infectious disease responses.			
Description: This initiative supports the purchase of ZOLL rechargeable batteries to ensure uninterrupted operation of critical EMS medical devices, including cardiac monitors and defibrillators, during high-volume response and surge events. Reliable battery capacity reduces equipment downtime and limits the need for device sharing or repeated equipment exchanges between patients, which supports infection control and exposure reduction during infectious disease outbreaks and mass casualty incidents. Sustained device functionality also enables continuous patient monitoring during extended incidents when access to charging infrastructure may be limited, preserving EMS and healthcare system capacity.			

Procure and distribute batteries to EMS agencies.	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	June 30, 2026/Q4
<b>Output(s) for planned activities: Equipment for healthcare partners (neonatal isolation PPE stations, video laryngoscopes, AmbuBus monitors and installation, Zoll rechargeable batteries)</b>			

**Activity 4: Exercise and Improvement:** As appropriate, recipients will work with their HCC(s) to conduct exercises related to medical surge, patient movement, and additional jurisdictional priorities or areas of improvement. As appropriate, this should include a health care preparedness exercise that specifically addresses the needs of communities most impacted by the avian influenza outbreak (e.g., rural communities, communities in close proximity to agriculture).

Objective 1:			
Planned Activities:	Current Capability:	New Capability:	Completion Quarter (Q1, Q2, Q3, Q4)
	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness <input type="checkbox"/> Capability 2: Health Care and Medical Response Coordination <input type="checkbox"/> Capability 3: Continuity of Health Care Service Delivery <input type="checkbox"/> Capability 4: Medical Surge	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management <input type="checkbox"/> Capability 3: Patient Movement and Distribution <input type="checkbox"/> Capability 4: Workforce <input type="checkbox"/> Capability 5: Resources <input type="checkbox"/> Capability 6: Operational Continuity <input type="checkbox"/> Capability 7: Specialty Care <input type="checkbox"/> Capability 8: Community Integration	
	<input type="checkbox"/> Capability 1: Foundation for Health Care and Medical Readiness	<input type="checkbox"/> Capability 1: Incident Management and Coordination <input type="checkbox"/> Capability 2: Information Management	

	<input type="checkbox"/> <b>Capability 2: Health Care and Medical Response Coordination</b> <input type="checkbox"/> <b>Capability 3: Continuity of Health Care Service Delivery</b> <input type="checkbox"/> <b>Capability 4: Medical Surge</b>	<input type="checkbox"/> <b>Capability 3: Patient Movement and Distribution</b> <input type="checkbox"/> <b>Capability 4: Workforce</b> <input type="checkbox"/> <b>Capability 5: Resources</b> <input type="checkbox"/> <b>Capability 6: Operational Continuity</b> <input type="checkbox"/> <b>Capability 7: Specialty Care</b> <input type="checkbox"/> <b>Capability 8: Community Integration</b>	
	<input type="checkbox"/> <b>Capability 1: Foundation for Health Care and Medical Readiness</b> <input type="checkbox"/> <b>Capability 2: Health Care and Medical Response Coordination</b> <input type="checkbox"/> <b>Capability 3: Continuity of Health Care Service Delivery</b> <input type="checkbox"/> <b>Capability 4: Medical Surge</b>	<input type="checkbox"/> <b>Capability 1: Incident Management and Coordination</b> <input type="checkbox"/> <b>Capability 2: Information Management</b> <input type="checkbox"/> <b>Capability 3: Patient Movement and Distribution</b> <input type="checkbox"/> <b>Capability 4: Workforce</b> <input type="checkbox"/> <b>Capability 5: Resources</b> <input type="checkbox"/> <b>Capability 6: Operational Continuity</b> <input type="checkbox"/> <b>Capability 7: Specialty Care</b> <input type="checkbox"/> <b>Capability 8: Community Integration</b>	
<b>Output(s) for planned activities:</b>			

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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 # 6 U3REP240774-02-01 from Nevada Public Health Preparedness Hospital Preparedness Program ASPR Supplemental. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Public Health Preparedness Hospital Preparedness Program ASPR Supplemental."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6 U3REP240774-02-01 from Nevada Public Health Preparedness Hospital Preparedness Program ASPR Supplemental.

Subrecipient agrees to adhere to the following budget:

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	\$0.00
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<b>In-State Travel</b>	<b>Total:</b>	\$0.00
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<b>Out of State Travel</b>	OSMot Days	<b>Total:</b>	\$0.00
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<b>Operating</b>					<b>Total:</b>	\$46,747.00
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	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?
Cyanokits	\$1,500.00	15	1.0	\$22,500.00	<input checked="" type="checkbox"/>

Operating supplies: Funds will be used to procure general medical and operational supplies necessary to support infection control and surge response activities across EMS, healthcare facilities, and partner agencies. These supplies will enhance the ability to safely manage increased patient volume during infectious disease outbreaks, mass casualty incidents, and prolonged emergency operations. General supplies support surge readiness by ensuring rapid availability of essential materials needed for patient care, responder protection, and continuity of operations when demand exceeds routine capacity. Maintaining adequate on-hand supplies reduces the need for equipment sharing, minimizes cross-contamination risk, and supports consistent application of infection prevention practices during high-volume responses. This investment directly supports healthcare system resilience by preserving workforce safety, reducing operational disruptions, and enabling coordinated medical response during surge events. Supplies will be procured in accordance with applicable procurement requirements and aligned with identified preparedness gaps and operational needs. Examples of supplies include: PPE, infection prevention materials, disposable medical consumables, and surge operations supplies necessary to support high-volume response and infectious disease emergencies. Cyanokits kits: Fire-related surge events increase patient volumes, respiratory compromise, and responder exposure time. Early administration of Cyanokits reduces the need for advanced airway interventions and prolonged patient contact, thereby supporting infection control objectives and preserving EMS and healthcare system capacity during surge conditions. ZOLL rechargeable batteries: Funds will support the purchase of ZOLL rechargeable batteries to maintain uninterrupted operation of critical EMS medical devices, including cardiac monitors, defibrillators, and related life-saving equipment. Reliable battery capacity is essential to ensure device functionality during extended responses, transport, and surge events when access to charging infrastructure may be limited.

Rechargeable batteries support surge response by enabling continuous patient monitoring and treatment during high-volume incidents, mass casualty events, and infectious disease emergencies. Maintaining fully functional equipment reduces the need for equipment sharing, minimizes device downtime, and limits unnecessary responder movement between patients, supporting infection control and responder safety. This investment ensures continuity of operations, extends equipment service life, and supports HPP objectives related to healthcare and medical readiness, coordinated response, and sustained EMS operational capacity during prolonged or high-demand incidents. Isolation Stations are portable, pre-stocked units that contain personal protective equipment (PPE), hand hygiene supplies, signage, and other infection prevention resources. These stations support rapid response to infectious disease exposures and help staff implement isolation protocols consistently and efficiently. In SNFs, quick and effective implementation of isolation measures is critical to controlling outbreaks and protecting residents and staff. Having dedicated isolation stations ensures readiness and improves compliance with CDC and CMS infection control requirements.

Zoll rechargeable batteries	\$700.70	15	1.0	\$10,511.00	<input checked="" type="checkbox"/>
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Isolation stations	\$139.00	20	1.0	\$2,780.00	<input checked="" type="checkbox"/>
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Operating supplies	\$913.00	1	12.0	\$10,956.00	<input checked="" type="checkbox"/>
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<b>Equipment</b>					<b>Total:</b>	<b>\$523,306.00</b>
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?	
Video Laryngoscope Kit(s)	\$17,614.25	1	1	\$17,615.00	<input type="checkbox"/>	
Video Laryngoscope(s): Funds will be used to procure video laryngoscopes in multiple sizes, including pediatric, with chargers to enhance advanced airway management capability. Video laryngoscopy improves first-pass success, reduces repeated airway attempts, and increases provider distance from the patient's airway, supporting infection control during respiratory and surge events. This investment strengthens EMS readiness for both adult and pediatric emergencies.						
Ambubus Monitoring System	\$4,004.90	6	1	\$24,030.00	<input type="checkbox"/>	
AmbuBus Monitoring System: Funding supports the purchase of AmbuBus monitoring systems to improve patient monitoring during mass ventilation, transport, and surge scenarios, including infectious disease emergencies. Enhanced monitoring capability supports safe management of multiple patients simultaneously, reduces responder exposure risk, and improves situational awareness during high-demand incidents. This investment directly supports surge capacity and coordinated medical response.						
Neonatal Transport Unit	\$323,131.05	1	1	\$323,132.00	<input type="checkbox"/>	
Neonatal Transport Unit: Funds will be used to acquire a neonatal transport unit to address identified gaps in pediatric and neonatal transport capacity. Dedicated neonatal transport capability reduces delays, minimizes transfers through overwhelmed facilities during surge events, and ensures safe, specialized care for vulnerable populations. This investment strengthens pediatric readiness and continuity of care during disasters and routine emergencies. Mechanical CPR Device: Funds will support the purchase of four mechanical CPR devices to ensure consistent, high-quality chest compressions during cardiac arrest response and transport.						
Mechanical CPR Devices	\$9.00	17614.25	1	\$158,529.00	<input type="checkbox"/>	
Mechanical CPR reduces responder fatigue and limits prolonged close patient contact, supporting infection control during high-acuity and surge events.						

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<b>Contractual/Contractual and all Pass-thru Subawards</b>				<b>Total:</b>	\$5,200.00
<u>Name of Contractor/Subrecipient:</u> AmbuBus					
<u>Method of Selection:</u> Sole Source					
<u>Period of Performance:</u> 7/1/2025 - 6/30/2026					
<p><u>Scope of Work:</u> Funds will support the installation of AmbuBus kits to ensure the systems are fully operational and immediately deployable during surge events. Proper installation is required to integrate AmbuBus components with existing EMS and transport platforms, verify functionality, and ensure safe, effective use during mass ventilation and infectious disease response scenarios. Installation costs support preparedness by reducing deployment delays, preventing equipment failure during high-acuity incidents, and minimizing responder exposure through efficient setup and operation. Ensuring AmbuBus kits are correctly installed prior to an emergency preserves EMS and healthcare system capacity during respiratory surge events, including infectious disease outbreaks and mass casualty incidents. This expense is necessary to operationalize previously or concurrently purchased AmbuBus equipment and directly supports HPP objectives related to surge capacity, coordinated medical response, and responder safety.</p>					
<u>*Sole Source Justification:</u> Vendor to install AmbuBus Kits					
<b>Budget</b>					
Personnel	\$2,100.00				
Travel	\$3,100.00				
<p><u>Method of Accountability:</u> Funds will support the installation of AmbuBus kits to ensure the systems are fully operational and immediately deployable during surge events. Proper installation is required to integrate AmbuBus components with existing EMS and transport platforms, verify functionality, and ensure safe, effective use during mass ventilation and infectious disease response scenarios. Installation costs support preparedness by reducing deployment delays, preventing equipment failure during high-acuity incidents, and minimizing responder exposure through efficient setup and operation. Ensuring AmbuBus kits are correctly installed prior to an emergency preserves EMS and healthcare system capacity during respiratory surge events, including infectious disease outbreaks and mass casualty incidents. This expense is necessary to operationalize previously or concurrently purchased AmbuBus equipment and directly supports HPP objectives related to surge capacity, coordinated medical response, and responder safety.</p>					<b>Total:</b> \$5,200.00

<b>Training</b>				<b>Total:</b>	\$240.00
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	
Infection control training	\$240.00	1	1	\$240.00	
<p>Funding supports the development and delivery of infection control and prevention training for EMS and fire personnel. Training improves consistent use of PPE, decontamination practices, and exposure mitigation, reducing workforce illness and absenteeism during infectious disease surges. This investment strengthens responder safety and ensures sustained operational capacity during prolonged or high-volume incidents.</p>					

<b>Other</b>				<b>Total:</b>	\$0.00
				\$0.00	<input type="checkbox"/>
<u>Justification:</u>					

<b>TOTAL DIRECT CHARGES</b>	<b>\$575,493.00</b>
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<b>Indirect Charges</b>	Indirect Rate:	10.3%	<b>\$5,376.00</b>
<p>Indirect Methodology: Negotiated rate between Washoe County and Nevada DHHS. The indirect rate is calculated on total costs minus equipment costs.</p>			

<b>TOTAL BUDGET</b>	<b>\$580,869</b>
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Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

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

<b>FUNDING SOURCES</b>	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$580,869.00								\$580,869.00

**EXPENSE CATEGORY**

Personnel	\$0.00								\$0.00	
Travel	\$0.00								\$0.00	
Operating	\$46,747.00								\$46,747.00	
Equipment	\$523,306.00								\$523,306.00	
Contractual/Consultant	\$5,200.00								\$5,200.00	
Training	\$240.00								\$240.00	
Other Expenses	\$0.00								\$0.00	
Indirect	\$5,376.00								\$5,376.00	
TOTAL EXPENSE	\$580,869.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$580,869.00	
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	
Total Indirect Cost	\$5,376.00	Total Agency Budget							\$580,869.00	
									Percent of Subrecipient Budget	100.00%

**B. Explain any items noted as pending:**

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**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).
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

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Note: If match funds are required, Section H: Matching Funds Agreement must accompany the subaward packet.

**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 \$580,869.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement;
  - A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any unobligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final awardAny 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 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.; and
- Additional expenditure detail will be provided upon request from the Department.; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

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

**The Department agrees:**

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
  - Providing technical assistance, upon request from the Subrecipient;
  - Providing prior approval of reports or documents to be developed;
  - Forwarding a report to another party, i.e. CDC.
  - 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.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.
- 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:**

- The site visit/monitoring schedule may be clarified here. 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.
- 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.

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**SECTION D  
Request for Reimbursement**

<u>Program Name:</u> Public Health Preparedness	<u>Subrecipient Name:</u> Northern Nevada Public Health
<u>Address:</u> 4126 Technology Way, Carson City, Nevada 89706	<u>Address:</u> 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<u>Subaward Period:</u> 07/01/2025 - 06/30/2026	<u>Subrecipient's:</u> EIN: 88-6000138  Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

	Month(s)	Calendar Year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$46,747.00	\$0.00	\$0.00	\$0.00	\$46,747.00	0.00%
4. Equipment	\$523,306.00	\$0.00	\$0.00	\$0.00	\$523,306.00	0.00%
5. Contractual/Consultant	\$5,200.00	\$0.00	\$0.00	\$0.00	\$5,200.00	0.00%
6. Training	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	0.00%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8. Indirect	\$5,376.00	\$0.00	\$0.00	\$0.00	\$5,376.00	0.00%
<b>Total</b>	<b>\$580,869.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$580,869.00</b>	<b>0.00%</b>
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Preparedness Hospital Preparedness Program ASPR Supplemental	\$58,086.90	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

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

Authorized Signature

Title

Date

**FOR DEPARTMENT USE ONLY**

Is program contact required?  Yes  No

Contact Person

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required):

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**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$1,000,000.00 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 \$1,000,000 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? 6/30/2025
4. What is the official name of your organization? Northern Nevada Public Health
5. How often is your organization audited? Annually
6. When was your last audit performed? 11/27/2024
7. What time-period did your last audit cover? 7/1/2023 - 6/30/2024
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

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

**Northern Nevada Public Health**

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

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individual. Refer to 45 CFR 160.103.

13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e)(2)(ii)(E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and 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,

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when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
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

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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.
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.

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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 Northern Nevada Public Health (referred to as "Subrecipient").

<b>Program Name</b>	Public Health Preparedness	<b>Subrecipient Name</b>	Northern Nevada Public Health
<b>Federal grant Number</b>	6 U3REP240774-02-01	<b>Subaward Number</b>	
<b>Federal Amount</b>	\$580,869.00	<b>Contact Name</b>	Northern Nevada Public Health
<b>Non-Federal (Match) Amount</b>	\$58,086.90	<b>Address</b>	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<b>Total Award</b>	\$580,869.00		
<b>Performance Period</b>	07/01/2024 through 06/30/2029		

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

**FINANCIAL SUMMARY FOR MATCHING FUNDS**

Total Amount Awarded	\$580,869.00
Required Match Percentage	10.00%
Total Required Match	\$58,086.90

	Approved Budget Category		Budgeted Match
1	Personnel	\$	
2	Travel	\$	
3	Operating	\$	\$4,674.70
4	Contract/Consultant	\$	\$520.00
5	Supplies	\$	\$52,330.60
6	Training	\$	\$24.00
7	Other	\$	
8	Indirect	\$	\$537.60
	<b>Total</b>	<b>\$</b>	<b>\$58,086.90</b>

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