

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

Federal Award Computation			Match		
Total Obligated by this Action:	\$630,054.00	Match Required L Y Y N		10.00%	
Cumulative Prior Awards this Budget Period:	\$0.00	Amount Required this Action:		\$63,005.40	
Total Federal Funds Awarded to Date:	\$630,054.00	Amount Required Prior Awards:		\$0.00	
		Total Match Amount Required:		\$63,005.40	
Research and Development Y Y L 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					
FEDERAL GRANT #: 5 NU90TU000057-02-00	Source of Funds: Nevada Public Health Emergency Preparedness (PHEP) Program		% Funds: 100.00	CFDA: 93.069	FAIN: NU90TU000057
					Federal Grant Award Date by Federal Agency: 6/30/2025
Budget Account	Category	GL	Function	Sub-org	Job Number
3218	22	8516	N/A	N/A	9306926

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Scope of work is an attached document shown below

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SECTION B

Description of Services, Scope of Work and Deliverables

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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.

Objective	Activities	Due Date	Documentation Needed
1. See attached.	See attached.	06/30/2026	See attached.

Goal: Programmatic Conditions of Award

Objective	Activities	Due Date	Documentation Needed
1. Ensure active engagement and project progress.	TRAVEL ~ÁACCHO Summit- Mandatory for at least one traveler to attend the summit; may be met and/or combined with travel funded from the ASPR Cooperative Agreement funds ~ÁNEPA Preparedness Conference- Mandatory for at least one traveler to attend the conference; may be met and/or combined with travel funded from the ASPR Cooperative Agreement funds ~ÁState Public Health Preparedness Rural Preparedness Summit- attendance of at least one traveler is strongly recommended for all PHEP recipients*; may be combined and/or met with travel funded from the ASPR Cooperative Agreement funds MANDATORY REPORTING ~ÁQuarterly Progress Report must include a spend plan that includes remaining balances and spending projections for future quarters ~ÁStaffing changes, specifically vacancies must be reported and include projected salary savings as a result; include any plans or projections for redirect of salary savings STRATEGIC PLAN PARTICIPATION ~ÁSubrecipients MUST participate in strategic work groups and are encouraged to identify and join work groups that align with any of their planned activities across the 5-year performance period. ~ÁSubrecipients MUST participate in strategic plan performance measure surveys and annual review activities upon request.	06/30/2026	Proof of travel or request for reimbursement for mandatory travel; quarterly reporting to include spend plans; representation on strategic work group member list(s) and performance measure survey response(s).

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

Domain 1 Summary		
Domain Name		Community Resilience
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Community Preparedness		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Community Recovery		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy		Strengthen Community Resilience
1a. Planned Objective		
Incorporate AFN partners into community response exercises to plan for and respond to populations disproportionately impacted by public health emergencies and all-hazards events.		
1b. Completion Timeline		
Planned Activity:	In support of State strategic planning, incorporate CMIST / AFN checklist/documents or State provided checklist into exercise, training, and/or education programs, as time permits.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Check list, ExPlan		
Planned Activity:	Incorporate DIME-ICE model into exercise, training, and/or education programs.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise documents, training documents, completed DIME-ICE model for exercises		
Planned Activity:	Conduct training on DIME-ICE model for PHP staff.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Training agenda, sign-in sheet		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	

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	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Development of CMIST/AFN checklists and/or documents for use by PHP partners	
Proposed Output:	Exercise documentation with DIME-ICE model	
2a. Proposed Objective		
<i>Maintain and update Threat Hazard Identification Risk Assessment/ Hazard Vulnerability Assessment in coordination with jurisdictional Emergency Management Agency, with identified considerations for public health and medical services in all hazards events, by December 31, 2025.</i>		
2b. Completion Timeline		
Planned Activity:	Participate in the State THIRA / SPR.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Agenda, Registration, Calendar Invite		
Planned Activity:	Participate in the development of State and County IPPW.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, Agenda, Registration, Calendar Invite, POETE Worksheet		
2c. Function Association (Select all that apply):		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
X	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	State THIRA/SPR document	
Proposed Output:	State and County IPPW documents	
3a. Planned Objective		

Exercise recovery objectives in planned jurisdictional exercises.
3b. Completion Timeline

Planned Activity:	Incorporate recovery objective(s) into exercise through the planning process.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: Exercise documents

Planned Activity:	Exercise the identified recovery objective(s) in at least one planned exercise.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: Exercise documents

3c. Function Association (Select all that apply):
Community Preparedness:

	Determine risks to the health of the jurisdiction
X	Strengthen community partnerships to support health preparedness
	Coordinate with partners and share information through community social networks
	Coordinate training and provide guidance to support community involvement with preparedness efforts

Community Recovery:

	Identify and monitor community recovery needs
X	Support recovery operations for public health and related systems for the community
	Implement corrective actions to mitigate damage from future incidents

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

Proposed Output:	AAR-IP
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4a. Planned Objective

By the end of BP2, identify entities responsible for procedures in place to inform child service providers, such as schools, pediatricians, and children's needs in an emergency/disaster.

4b. Completion Timeline

Planned Activity:	By the end of BP2, identify entities responsible for procedures in place to inform child service providers, such as schools, pediatricians, and children's mental health of and encourage their participation in jurisdictional strategies for addressing children's needs in an emergency/disaster.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: Documentation outlining responsible entities, meeting agendas, meeting notes

Planned Activity:	By the end of BP2, offer to meet with or participate in jurisdictional strategy meetings as identified by the pediatric stakeholders responsible.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Planned Activity:	By the end of B2, identify areas to increase or maintain based on the identification of responsible entities.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31

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		<input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Documentation outlining responsible entities, meeting agendas, meeting notes		
4c. Function Association (Select all that apply):		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	List of entities	
Proposed Output:	BP3 draft SOW	
5a. Planned Objective		
<i>By the end of BP2, offer to meet with or participate in jurisdictional strategy meetings as identified by the pediatric stakeholders responsible.</i>		
5b. Completion Timeline		
Planned Activity:	Reach out to organizations conducting jurisdictional strategy meetings and offer to participate in their meetings as time permits.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, voicemails, calendar invites		
Planned Activity:	Attend and participate in jurisdictional meetings as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, calendar invites, meeting agendas, meeting minutes/summaries		
5c. Function Association (Select all that apply):		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery		
X	Identify and monitor community recovery needs	

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	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Meeting notes/minutes, list of organizations.	
6a. Planned Objective		
<i>By the end of BP2, identify areas to increase or maintain based on the identification of responsible entities.</i>		
6b. Completion Timeline		
Planned Activity:	Create list of identified areas to increase or maintain as time permits.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting agendas, notes, BP3 draft SOW, list		
6c. Function Association (Select all that apply):		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
6d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	List of areas to be increased or maintained	
7a. Planned Objective		
Train PHEP staff on responsibilities of Medical Service Unit (MSU) and Health Unit position in an emergency response by end of Q2, BP2.		
7b. Completion Timeline		
Planned Activity:	Provide Medical Service Unit and Health Unit training to all PHEP PHERCs and/or available NNPH staff.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Training outline, Sign in sheets, MSU handbook		
Planned Activity:	Incorporate MSU and Health Services Unit into exercise.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign-in sheets, exercise documents		
Planned Activity:	Develop AAR-IP and update MSU and/or Health Services Unit training based on AAR-IP.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30

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		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, MSU training documents		
Planned Activity:	Participate in the update MSU and Health Unit JASs as appropriate.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, MSU training documents, updated JASs		
7c. Function Association (Select all that apply):		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
7d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	100% of PHERCs trained on MSU position	
8a. Planned Objective		
Update JRA tool to include linking 13 identified regional hazards to HVA and THIRA/SPR by BP2, Q4.		
8b. Completion Timeline		
Planned Activity:	Revise JRA tool to more thoroughly reflect Public Health considerations within Washoe County.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, meeting notes. Draft documents		
Planned Activity:	Coordinate with HPP to include linkage to annual HVA to streamline assessment efforts for evaluators.	<input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, emails, sign in sheets		
Planned Activity:	Create online tools to implement the JRA electronically.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated online JRA tool.		
8c. Function Association (Select all that apply):		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	

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	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
8d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Updated JRA tool	
Proposed Output:	Linkage from HPP/HVA to JRA	
9a. Planned Objective		
Coordinate with HPP program and regional partners to choose the most concerning threat / hazard for Washoe County in BP2 and plan an exercise around the hazard to be completed by Q4.		
9b. Completion Timeline		
Planned Activity:	Identify risks, gaps and mitigation requirements with most concerning threat hazard and use the information created to design an exercise in coordination with HPP program	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes/minutes, exercise documents, threat assessments		
Planned Activity:	Conduct threat hazard exercise in coordination with regional partners and HPP.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agendas, meeting notes/minutes, exercise documents, threat assessments		
Planned Activity:	Develop AAR-IP.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP		
9c. Function Association (Select all that apply):		
Community Preparedness:		
X	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	

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	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
9d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	AAR-IP	
Proposed Output:	Exercise Documents (ExPlan, MSEL)	
10a. Planned Objective		
Develop a hazardous materials exercise with community partners, focusing on the coordination of resources in BP2.		
10b. Completion Timeline		
Planned Activity:	Develop a hazardous materials exercise in coordination with local partners.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, agendas, exercise documents		
Planned Activity:	Conduct exercise	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign in Sheets, ExPlan		
Planned Activity:	Develop AAR-IP	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
10c. Function Association (Select all that apply):		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
10d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Exercise documents	
Proposed Output:	AAR-IP	
11a. Planned Objective		

Incorporate Public Health Ready requirements into planning documents by the end of BP2.

11b. Completion Timeline

Planned Activity:	Update the NNPH EOP to reflect Public Health Ready requirements	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated EOP		
Planned Activity:	As the four annexes (MCM, CBRNE, POD, and EOP) are reviewed in the coming year, link EOP Public Health Ready changes across them.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated plans		
11c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
X	Implement corrective actions to mitigate damage from future incidents	
11d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Updated EOP	
Proposed Output:	Coordinated annexes	
Barriers that affected the completion of activity(ies):		

To add a new Planned Objective for the Domain Strategy above, please copy the table, paste below, and fill out. Renumber at the start of the new sections 4a–4d, 5a-5d, etc. as needed.

Domain 2 Summary	
Domain Name	Incident Management
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Emergency Operations Coordination	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Strategies/Activities	

Domain Strategy		Strengthen Incident Management
1a. Planned Objective		
Complete training requirements for public health staff identified to fill ICS (Incident Command System) roles and public health leadership and surge staff for response needs.		
1b. Completion Timeline		
Planned Activity:	Collaborate with State as requested to promote training opportunities for public health staff identified to fill ICS/ISM roles and surge of staff for response needs.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: State training documents		
Planned Activity:	Promote internal trainings/resources for staff identified to fill ICS/ISM roles and public health leadership and surge staff for response and recovery needs.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, course, workforce training analysis (if available)		
Planned Activity:	Collaborate and coordinate with the Regional Emergency Operations Center on the conversion from an ICS modeled operation center to an ISM operation center, as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agendas, notes, trainings		
1c. Function Association (Select all that apply):		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	State list of staff ICS resources.	
Proposed Output:	Training opportunities consistent with PHICS task book completion	
Proposed Output:	Conversion process from ICS to ISM model for emergency operations	
2a. Planned Objective		
Support and participate when needed in BP 3 Capstone Exercise planning and coordination efforts during the Budget Period.		
2b. Completion Timeline		
Planned Activity:	Participate in State PHP planning for BP3 Capstone Exercise as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30

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Documentation: Meeting notes, sign in sheets		
2c. Function Association (Select all that apply):		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
X	Activate public health emergency operations	
	Develop and maintain an incident response strategy	
	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Exercise documents	
3a. Planned Objective		
Identify, bring in and/or coordinate training on Incident Support Model (ISM) and community lifelines by Q4 of BP2		
3b. Completion Timeline		
Planned Activity:	Identify ISM training for NNPH staff to include position specific training and provide to staff, as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: List of potential trainings		
Planned Activity:	Identify ISM training alternatives to replace current NNPH ICS Refresher training.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Notes, ISM training websites		
3c. Function Association (Select all that apply):		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Staff taking ISM or position-specific training	
Proposed Output:	List of possible ISM online training modules for NNPH staff.	
4a. Planned Objective		
Create “mini” tabletop exercises (TTX) for at least one-third of PHEP plans / annexes to enhance training opportunities and participation in BP2.		
4b. Completion Timeline		
Planned Activity:	Review plans and determine component parts to be included in mini TTX.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30

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		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Notes from plans, outline document		
Planned Activity:	Develop draft of mini TTX to review and finesse to meet exercise objectives.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Draft of mini TTX to review and finesse to meet exercise objectives.		
Planned Activity:	Conduct practice run-through of new mini TTX(s).	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Notes for TTX improvement, calendar invitation		
4c. Function Association (Select all that apply):		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Mini TTX(s)	
5a. Planned Objective		
Coordinate with NNPH Communications staff to develop at least one short informational video for a third of the plan annexes as able in BP2.		
5b. Completion Timeline		
Planned Activity:	Submit Comms Request.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Comms request confirmation		
Planned Activity:	Meet with Comms to review pertinent information from plan(s) to be included in the video(s).	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Calendar invite, meeting notes		
Planned Activity:	Comms creates video draft(s) for review by PHP.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Video drafts, emails with comments/review		

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Planned Activity:	Comms finalizes videos based on feedback and shares final product with PHP.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Final video, emails		
Planned Activity:	PHP shares videos through various methods including but not limited to the NNPH Workforce Development webpage and/or the County's Bridge online training application.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Final video posted on webpage, or other appropriate web site, email announcement(s)		
5c. Function Association (Select all that apply):		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Finalized informational video.	
Proposed Output:	Workforce Development webpage w/finalized informational video.	
6a. Planned Objective		
Coordinate with Washoe County Tech Services and NNPH to implement CyberReady for response and recovery needs associated with a technology related event.		
6b. Completion Timeline		
Planned Activity:	Plan CyberReady TTX board game with Tech Services for NNPH staff.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Planning meeting notes, sign-in sheets, TTX documents		
Planned Activity:	Conduct CyberReady TTX board game with Tech Services for NNPH staff.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign in sheets, TTX documents, calendar invite		
Planned Activity:	Create AAR-IP	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign in sheets, TTX documents, calendar invite, AAR-IP		
6c. Function Association (Select all that apply):		
Emergency Operations Coordination:		

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	Conduct preliminary assessment to determine the need for activation of public health emergency operations
X	Activate public health emergency operations
X	Develop and maintain an incident response strategy
	Manage and sustain the public health response
	Demobilize and evaluate public health emergency operations
6d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Proposed output:	AAR-IP
Proposed output:	Exercise documents

Domain 3 Summary		
Domain Name	Information Management	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Public Information and Warning		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Information Sharing		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Information Management	
1a. Planned Objective		
Participate in the Information Sharing Workgroup and support the testing and implementation of a patient tracking/ case management system being field tested by Southern Nevada Health District.		
1b. Completion Timeline		
Planned Activity:	Participate as requested by SNHD and/or State as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Calendar invite(s), agendas, emails, meeting notes, supporting system documents		
1c. Function Association (Select all that apply):		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	

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	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
X	Exchange information to determine a common operating picture	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:		
2a. Planned Objective		
As exercises are planned throughout BP2, incorporate strategies/activities to improve communication with the public without English proficiency and others with access and functional communication needs.		
2b. Completion Timeline		
Planned Activity:	Comms team representation and participation in exercise planning with focus on reaching those members of the public without English proficiency.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Documentation: Sign in sheets, meeting notes, plan drafts		
Planned Activity:	Comms team representation and participation in internal and community exercises with focus on reaching those members of the public without English proficiency.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Documentation: Exercise documents		
2c. Function Association (Select all that apply):		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Learning/Media campaign/materials	
3a. Planned Objective		
NNPH Communications Team to coordinate with PHP program to push out public health emergency preparedness information / media campaign to identified AFN populations throughout BP2.		
3b. Completion Timeline		

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Planned Activity:	Continue media campaign developed during BP1.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Media/campaign materials, media campaign summary report		
Planned Activity:	Create postcards with information for where to register for the Green Cross program following an incident based on Empower data.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Postcards		
3c. Function Association (Select all that apply):		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Postcards	
Proposed Output:	Summary report	
4a. Planned Objective		
Coordinate with NNPH Communications team on media pushout for influenza and hazard exercises occurring in the fall 2025 and spring 2026.		
4b. Completion Timeline		
Planned Activity:	Develop media push for Fall Influenza/COVID POD	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Planning meetings docs, Media releases, social media releases		
Planned Activity:	Develop media push for spring exercise.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Planning meetings docs, Media releases, social media releases		
4c. Function Association (Select all that apply):		

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Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Media messaging	
5a. Planned Objective		
Exercise internal communications methods (e.g., AlertMedia, satellite phones, and radios) two times per year.		
5b. Completion Timeline		
Planned Activity:	Research alternatives to satellite phone systems for emergency communications from NNPH to local partners.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Quotes, research notes, meeting notes.		
Planned Activity:	Exercise redundant communications, two times per year.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise documents (ExPlan/SitMan)		
5c. Function Association (Select all that apply):		
Emergency Public Information and Warning:		
X	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
X	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Alternative communication modality (satellite or other)	
Proposed Output:	AAR-IP	

6a. Planned Objective		
Two PHERCs to obtain HAM Radio license by end of BP2 as able.		
6b. Completion Timeline		
Planned Activity:	Determine timeline for obtaining license within BP2 (identify test dates, studying, taking test, etc.).	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Planned Activity:	Identify and study pertinent materials (radio learning manual, instructional videos, ham cram).	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Planned Activity:	Register and take exam.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Learning manual, exam registration, ham license		
6c. Function Association (Select all that apply):		
Emergency Public Information and Warning:		
X	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
X	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
6d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Two additional Ham licenses in support of enhanced emergency communications methods.	

Domain 4 Summary	
Domain Name	Countermeasures and Mitigation
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Medical Countermeasure Dispensing and Administration	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Medical Materiel Management and Distribution	
	Build – plan to increase the capability or capacity of the capability

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X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability

Capability: Nonpharmaceutical Interventions

	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability

Capability: Responder Safety and Health

	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability

Strategies/Activities

Domain Strategy		Strengthen Countermeasures and Mitigation
1a. Planned Objective		
Maintain the ability to dispense medical and non-medical countermeasures to the public in an all-hazards scenario.		
1b. Completion Timeline		
Planned Activity:	Coordinate with State PHP on statewide exercises and support as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise documents, sign-in sheets, meeting notes		
Planned Activity:	Support exercise development and operations for Fall Flu POD activities by partners and/or develop NNPH Flu exercise.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise documents, sign-in sheets, meeting notes, CMIST checklist, DIME-ICE model		
Planned Activity:	Participate in partner flu POD events as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign in sheets, maps, exercise documents		
Planned Activity:	Participate and support AAR-IP development based on POD exercise by partners.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, AAR-IP tracking document		
Planned Activity:	Partner with CCHS to plan and conduct the TEST POD TTX in fall 2025.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31

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		<input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign in sheets, meeting notes, TTX documents		
1c. Function Association (Select all that apply):		
Medical Countermeasure Dispensing and Administration		
X	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
X	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Exercise support-listing in exercise documents	
Proposed Output:	ExPlan & exercise documents	
Proposed Output:	AAR-IP	
2a. Planned Objective		
<i>By the end of BP2, evaluate plans, processes, and procedures to identify specialized pediatric equipment for a CBRNE response.</i>		
2b. Completion Timeline		
Planned Activity:	Review plans, processes, and procedures to identify special equipment for a CBRNE response as time permits.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: plans, meeting notes, agendas		
Planned Activity:	Create a spreadsheet of plans, processes, and procedures with associated pediatric equipment as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30

		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: spreadsheet		
2c. Function Association (Select all that apply):		
Medical Countermeasure Dispensing and Administration		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
X	Engage partners and identify factors that impact nonpharmaceutical interventions	
X	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	CBRNE Pediatric Equipment document	
3a. Planned Objective		
<i>By the end of BP2, identify specialized plan needs, training, equipment, and technical assistance, decontamination response and MCM response for biological (communicable illness or not) radiation, nuclear, chemical, biological and explosive incidents to be addressed in BP3.</i>		
3b. Completion Timeline		
Planned Activity:	Meet with SMEs and stakeholders to identify specialized plan needs, training, equipment, and technical assistance, decontamination response and MCM response for biological (communicable illness or not) radiation, nuclear, chemical, biological and explosive incidents.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting notes, agendas		
Planned Activity:	Create a spreadsheet documenting the identified plan needs, training, equipment, and technical assistance.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31

		<input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting notes, spreadsheet		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
X	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Completed spreadsheet documenting the identified plan needs, training, equipment, and technical assistance	
4a. Planned Objective		
<i>By the end of BP2, identify the areas of improvement or sustainment to be built into BP3 SOW.</i>		
4b. Completion Timeline		
Planned Activity:	Support State as they identify areas of improvement or sustainment for BP3, as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: List of identified areas for improvement or sustainment		
4c. Function Association (Select all that apply):		
Medical Countermeasure Dispensing and Administration		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		

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X	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
X	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
X	Identify responder safety and health risks	
X	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	BP3 draft scope of work	
5a. Planned Objective		
<i>Update plans (MCM, CBRNE, POD, EOP, Pandemic Influenza, and NNPH EAP) by the end of BP2, Q4, as appropriate to reflect lessons learned from collaborative drills, exercises with community partners, Project Public Health Ready, & ISM model.</i>		
5b. Completion Timeline		
Planned Activity:	Update Medical Countermeasures (MCM) plan.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, emails, meeting invites, draft updated plans		
Planned Activity:	Update Point of Dispensing Operations Manual.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, emails, meeting invites, draft updated plans		
Planned Activity:	Update Pandemic Influenza Plan.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, emails, meeting invites, draft updated plans		
Planned Activity:	Update EOP	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, emails, meeting invites, draft updated plans		

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Planned Activity:	Update Isolation & Quarantine Plan	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, emails, meeting invites, draft updated plans		
Planned Activity:	Update NNPH EAP Plan	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Draft updated plans		
5c. Function Association (Select all that apply):		
Medical Countermeasure Dispensing and Administration		
X	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		
X	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Updated MCM Plan	
Proposed Output:	Updated POD Operations Manual	
Proposed Output:	Updated Pandemic Influenza Plan	
Proposed Output:	Updated EOP	

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Proposed Output:	Updated Isolation & Quarantine Plan	
Proposed Output:	Updated plans tracking spreadsheet	
6a. Planned Objective		
Review, update, and sign expiring POD MOUs with POD community partners throughout BP2.		
6b. Completion Timeline		
Planned Activity:	Review POD MOU spreadsheet to determine which MOUs require updates and/or new signatures (& compare against existing MOU documents).	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: MOU spreadsheet		
Planned Activity:	Update MOU documents and include new signature lines as appropriate.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated MOU spreadsheet, Updated MOUs		
Planned Activity:	Share POD MOU docs with appropriate POD partners, review as necessary, and obtain partner signatures.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, Meeting notes, Signed MOUs		
Planned Activity:	Update MOU spreadsheet to indicate which MOUs are finalized with updates and signatures.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated MOU spreadsheet, Updated MOUs.		
6c. Function Association (Select all that apply):		
Medical Countermeasure Dispensing and Administration		
X	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
Medical Materiel Management & Distribution		
X	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		

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	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
6d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Proposed Output:	Updated MOU spreadsheet
Proposed Output:	Updated MOU documents

Domain 5 Summary		
Domain Name		Surge Management
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Fatality Management		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
X	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Mass Care		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Medical Surge		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Volunteer Management		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy		Strengthen Surge Management
1a. Planned Objective		
In coordination with jurisdictional healthcare coalitions, evaluate mass casualty plans and capabilities to determine emergency medical services resource needs and local health authority support capabilities in a mass casualty event.		
1b. Completion Timeline		
Planned Activity:	Support State, as able, as they coordinate with jurisdictional healthcare coalitions, evaluate mass casualty plans and capabilities to determine emergency medical services resource needs and local health authority support capabilities in mass casualty event.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agendas, meeting summaries, emails, calendar invites		

1c. Function Association (Select all that apply):		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
X	Determine public health role in mass care operations	
X	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
Medical Surge		
	Assess the nature and scope of the incident	
	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	
Volunteer Management		
	Recruit, coordinate, and train volunteers	
	Notify, organize, assemble, and deploy volunteers	
	Conduct or support volunteer safety and health monitoring and surveillance	
	Demobilize volunteers	
Other (please specify)		
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Updated mass casualty planning.	
Proposed Output:		
Proposed Output:		
2a. Planned Objective		
By the end of BP2 and in collaboration with HCCs, identify the pediatric partners that are able to participate in jurisdictional planning who can identify gaps in the provision of pediatric care and coordinate pediatric care within the justification.		
2b. Completion Timeline		
Planned Activity:	Identify the pediatric partners that can participate in jurisdictional planning as time permits.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting notes, agendas		
2c. Function Association (Select all that apply):		
Fatality Management		
	Determine the public health agency role in fatality management	

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	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
X	Determine public health role in mass care operations
X	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
X	Assess the nature and scope of the incident
X	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
	Recruit, coordinate, and train volunteers
	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Proposed Output	BP3 SOW
3a. Planned Objective	
By the end of BP2, identify where procedures are documented for local EMS to request additional resources, such as specialty equipment and personnel, for the needs of pediatric cases as part of the jurisdictional ESF #8 annex or other documentation.	
3b. Completion Timeline	
Planned Activity:	Identify where procedures are documented as able. <div> Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30 </div>
Documentation: meeting notes, agendas, list of procedures	
3c. Function Association (Select all that apply):	
Fatality Management	
	Determine the public health agency role in fatality management
	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health

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Medical Surge		
	Assess the nature and scope of the incident	
X	Support activation of medical surge	
X	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	
Volunteer Management		
	Recruit, coordinate, and train volunteers	
	Notify, organize, assemble, and deploy volunteers	
	Conduct or support volunteer safety and health monitoring and surveillance	
	Demobilize volunteers	
Other (please specify)		
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	List of procedure locations.	
4a. Planned Objective		
<i>By the end of BP2 and in collaboration with HCCs, review the results for the National Pediatric Readiness Project (Hospital Assessment), identify gaps, and activities to mitigate those gaps in BP3.</i>		
4b. Completion Timeline		
Planned Activity:	Review the results for the National Pediatric Readiness Project as time permits.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, agendas		
Planned Activity:	Identify gaps and activities to mitigate those gaps as time permits.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, agendas, list of gaps and mitigation steps		
4c. Function Association (Select all that apply):		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
	Determine public health role in mass care operations	
X	Determine mass care health needs of the impacted population	
X	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
Medical Surge		
	Assess the nature and scope of the incident	
X	Support activation of medical surge	
X	Support jurisdictional medical surge operations	

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	Support demobilization of medical surge operations
Volunteer Management	
	Recruit, coordinate, and train volunteers
	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Proposed Output;	List of gaps and activities/BP3 draft SOW
5a. Planned Objective	
<i>By the end of BP2 and in collaboration with HCCs, review the results for the National Pediatric Readiness Project (Prehospital Assessment), identify gaps, and activities to mitigate those gaps in BP3.</i>	
5b. Completion Timeline	
Planned Activity:	Review the results for the National Pediatric Readiness Project as able. <div> Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30 </div>
Documentation: Meeting notes, agendas	
Planned Activity:	Identify gaps and activities to mitigate those gaps as time permits. <div> Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30 </div>
Documentation: Meeting notes, agendas, list of gaps and mitigation steps	
5c. Function Association (Select all that apply):	
Fatality Management	
	Determine the public health agency role in fatality management
	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
X	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
X	Support activation of medical surge
X	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
	Recruit, coordinate, and train volunteers

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	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Proposed Output	BP3 SOW
6a. Planned Activities:	
Host/conduct trainings for MRC, to include integration of TRAIN (as able), supporting public health and emergency preparedness throughout BP2.	
6b. Completion Timeline	
Planned Activity:	<div> Create a list of topics, identify trainers / facilitators, identify and confirm potential dates for an annual training calendar. </div> <div> Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30 </div>
Documentation: Tracking spreadsheet, emails, training calendar	
Planned Activity:	<div> Create promotional material(s) (e.g., flyer) to share training program with MRC and other partners (e.g., CERT, NNPH staff) </div> <div> Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30 </div>
Documentation: Flyer, emails, webpage	
6c. Function Association (Select all that apply):	
Fatality Management	
	Determine the public health agency role in fatality management
	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
X	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers

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	Conduct or support volunteer safety and health monitoring and surveillance	
	Demobilize volunteers	
Other (please specify)		
6d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Training calendar	
7a. Planned Objective		
Create and conduct MRC volunteer activation drill in Q3-Q4.		
7b. Completion Timeline		
Planned Activity:	Create activation drill exercise documents (including ExPlan and tracking spreadsheet).	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation:		
Planned Activity:	Conduct drill.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Emails, SignUp Genius, tracking spreadsheet		
Planned Activity:	Complete AAR-IP for drill and share pertinent information with stakeholders (e.g. DBOH, MRC).	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, DBOH report		
7c. Function Association (Select all that apply):		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
	Determine public health role in mass care operations	
	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
Medical Surge		
	Assess the nature and scope of the incident	
X	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	

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Volunteer Management		
X	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
	Conduct or support volunteer safety and health monitoring and surveillance	
	Demobilize volunteers	
Other (please specify)		
7d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Updated list of active volunteers	
Proposed Output:	ExPlan	
Proposed Output:	AAR-IP	
8a. Planned Objective		
Collaborate with community partners to provide MRC and other volunteers for fall and spring exercise(s) and PODs by end of Q4.		
8b. Completion Timeline		
Planned Activity:	Coordinate with partners (e.g., CERT, Unitek, WCCSD, TMCC, etc.) to solicit volunteers for various roles at PODs and / or exercises (e.g., victims, healthcare patients).	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Exercise / POD planning meeting summaries, emails, volunteer flyer		
Planned Activity:	Work with partners to coordinate volunteers on day of exercise to support an efficient check-in process and educational / opportunity.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign-in sheets, instructions/informational documents, emails, SignUp Genius		
Planned Activity:	Provide JITT to volunteers and solicit feedback through hotwash.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Sign-in sheets, hot wash notes, AAR-IP		
8c. Function Association (Select all that apply):		
Fatality Management		
	Determine the public health agency role in fatality management	
	Identify and facilitate access to public health resources to support fatality management operations	
	Assist in the collection and dissemination of antemortem data	
	Support the provision of survivor mental/behavioral health services	
	Support fatality processing and storage operations	
Mass Care		
	Determine public health role in mass care operations	
	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	

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Medical Surge	
	Assess the nature and scope of the incident
X	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
X	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
8d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Proposed Output:	ExPlan
Proposed Output:	AAR-IP

Domain 6 Summary		
Domain Name	Biosurveillance	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Public Health Laboratory Testing		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Public Health Surveillance and Epidemiological Investigation		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Biosurveillance	
1a. Planned Objective		
Coordinate with jurisdictional epidemiological program in onboarding data modernization projects and implementing modernization into response plans and training and exercises.		
1b. Completion Timeline		
Planned Activity:	Support State Epi if NNPH deems it to be a priority and has the capacity to do so.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation:		
1c. Function Association (Select all that apply):		
Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	

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	Enhance laboratory communications and coordination
	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
	Conduct or support public health surveillance
	Conduct public health and epidemiological investigations
	Recommend, monitor, and analyze mitigation actions
X	Improve public health surveillance and epidemiological investigation systems
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Proposed Output:	Meetings coordinated by the Nevada Department of Health and Human Services
2a. Planned Objective	
Update communicable diseases processes by June 2026.	
2b. Completion Timeline	
Planned Activity:	Review and revise communicable disease manual to include new links and edits to case definitions by the CDC, including new reportable conditions <div> Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30 </div>
Documentation: Meeting notes, drafts of manual	
Planned Activity:	Review and revise the Epidemiology section of the NNPH WCSD Outbreak Response Plan <div> Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30 </div>
Documentation: Finalized NNPH WCSD Outbreak Response Plan	
Planned Activity:	Create an outbreak report form in REDCap to test single-lane reporting streams <div> <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30 </div>
Documentation: REDCap report form	
2c. Function Association (Select all that apply):	
Public Health Laboratory Testing:	
	Conduct laboratory testing and report results
	Enhance laboratory communications and coordination
	Support training and outreach
Public Health Surveillance and Epidemiological Investigation:	
X	Conduct or support public health surveillance
	Conduct public health and epidemiological investigations
	Recommend, monitor, and analyze mitigation actions
	Improve public health surveillance and epidemiological investigation systems
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Proposed Output:	Updated communicable disease manual
Proposed Output:	Outbreak Response Plan
Proposed Output:	Outbreak REDCap Report Form

3a. Planned Objective		
Provide disease background, surveillance, and awareness updates to the community through reports and newsletter publications		
3b. Completion Timeline		
Planned Activity:	Monitor and compile surveillance and create reports/newsletter(s).	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Surveillance data, draft reports, draft newsletters		
Planned Activity:	Maintain the public-facing respiratory virus surveillance dashboard	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Respiratory virus surveillance dashboard		
Planned Activity	Update and maintain the communicable disease reported by week portal	<input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Weekly additions to the online portal for communicable diseases		
3c. Function Association (Select all that apply):		
Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
X	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
	Improve public health surveillance and epidemiological investigation systems	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Newsletter(s)	
Proposed Output:	Report(s)	
Proposed Output:	Dashboards	
Proposed Output:	Communicable Disease Portal	

4a. Planned Objective		
Expand and enhance data collection methodology and exchange		
4b. Completion Timeline		
Planned Activity:	Onboard healthcare facilities to the multi-drug-resistant organism (XDRO) database for rapid infection control	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30

NNPH PHEP Budget Period 2 2025-2026 Nevada Subgrantee Work Plan

Documentation: Signed MOU/BAA and user agreements, onboarding emails		
Planned Activity:	Build and test the FD3 (foodborne disease detection) database in REDCap	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Case Report Forms (pdf) in REDCap, data dictionary		
4c. Function Association (Select all that apply):		
Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
X	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Proposed Output:	Number of onboarded healthcare facilities to XDRO	
Proposed Output:	REDCap data collection instruments	

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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 # 5
 NU90TU000057-02-00 from Nevada Public Health Emergency Preparedness (PHEP) Program. Its contents are solely the responsibility of the
 authors and do not necessarily represent the official views of the Department nor Nevada Public Health Emergency Preparedness (PHEP)
 Program.+

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 5
 NU90TU000057-02-00 from Nevada Public Health Emergency Preparedness (PHEP) Program.

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs		including fringe				Total:	
Employee	Annual Salary	Fringe Rate	% of Time	Months	Annual % of Months worked	Amount Requested	Subject to Indirect? Fringe Salary
Nancy Diao - Division Director, Epidemiology and Public Health Preparedness 70002293	\$207,074.00	44.00%	65.00%	8.40	70.00%	\$135,674.88	L L
Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of the Washoe County Health District (WCHD); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes health care emergency preparedness, emergency medical services, vital records, communicable disease investigation, surveillance and epidemiology, data collection, analysis and dissemination; provides medical expertise on infectious and communicable diseases for staff, health care providers and the general community and is the liaison between Public Health Preparedness and the medical community. During an event, assist with risk communication by providing technical expertise. The EPHP Director is also a partner of the healthcare coalition, provides technical expertise on emergency planning for communicable disease as well as provides technical support in the designing of functional processes for emergency response and reporting.							
Andrea Esp - Preparedness and EMS Program Manager 70008981	\$148,331.63	50.00%	16.00%	8.40	70.00%	\$24,919.71	L L
Directly supervises PHP staff at NNPH; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives and activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; oversees all contractors and approves work product and financial payments; provides direct, consistent, timely and accurate communication and coordination with PHP Program staff at the Nevada State Health Division, Health District Leadership Team, EPHP Director and PHP staff. The Program Manager provides close fiscal and programmatic accountability and feedback; provides continuous monitoring of PHP grant activities to ensure that projects are completed on time and with high quality.							
Stephen Shipmen - Public Health Emergency Response Coordinator 70004308	\$118,523.78	60.00%	100.00%	8.40	70.00%	\$132,746.63	L L
Develop emergency response plans in coordination with department staff and other public health entities and partner agencies in the community. Develop and carry out exercises with stakeholders and make revisions to the plans as appropriate. Coordinate the participation of NNPH personnel in response exercises and community disaster training activities.							
Raquel DePuy Grafton - Public Health Emergency Response Coordinator 70006650	\$108,125.14	52.00%	100.00%	8.40	70.00%	\$115,045.15	L L
Develop emergency response plans in coordination with department staff and other public health entities and partner agencies in the community. Develop and carry out exercises with stakeholders and make revisions to the plans as appropriate. Coordinate the participation of NNPH personnel in response exercises and community disaster training activities.							
Jordyn Marchi - Public Health Emergency Response Coordinator 70002292	\$97,553.09	50.00%	5.00%	8.40	70.00%	\$5,121.54	L L
Spends 5% of time working on PHEP SOW items where there is overlap in capabilities and initiatives between HPP and PHEP. Develop emergency response plans in coordination with department staff and other public health entities and partner agencies in the community. Develop and carry out exercises with stakeholders and make revisions to the plans as appropriate.							

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April Miller - Senior Office Specialist 70002158	\$68,640.29	54.00%	88.00%	8.40	70.00%	\$65,114.92	L
Provides administrative support to the PHEP program. Activities include but not limited to: purchasing, monitoring of the budget, training and exercise support, etc.							
Anastasia Gunawan - Statistician 70008979	\$104,020.95	48.00%	5.00%	8.40	70.00%	\$5,388.29	L
Provides statistical analysis to the program. Examples include: JRA and other hazard assessments.							

In-State Travel						Total:	\$630.00
Destination of Trip: PHP Partner Meetings - In-State travel							
	Cost	# of Trips	# of Days	# of Staff	Total		
Cost of trips x # of staff	\$0.00	0		0	\$0.00		
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00	0		0	\$0.00		
Food: \$ amount per person x # of trips x # of staff	\$0.00	0	0	0	\$0.00		
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00	0	0	0	\$0.00		
Other: \$ amount x # of trips x # of staff	\$0.00	0	0	0	\$0.00		
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$10.50	15		4	\$630.00		
Other: \$ amount x # of trips x # of staff	\$0.00	0	0	0	\$0.00		
Meetings with partners throughout the region. The average number of miles varies for each partner from the Washoe County Complex to partner facilities. Mileage shown is an estimate based on average mileage from past years. The program is unable to redirect funds into Travel once a subaward is received, so the program slightly over budgets to ensure there are enough funds to cover travel expenses.						\$630.00	

Out of State Travel	OSMot Days	Total:	\$0.00
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Operating				Total:	\$4,292.00
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?
Office Supplies	\$12.40	4.0	12.0	\$596.00	L
Meals, snacks, and light refreshments will support the SOW of training and exercises during working hours that expand over the course of lunches and breaks. Office supplies to include copier paper, pens, Post-its notes, Kleenex, highlighters, tape, staples, etc. Other supplies support the operations of the program to achieve grant deliverables, including medical surge (i.e., alpha kits, handheld radios, medical supply bags, bleeding control kits, wheeled stretchers, etc.). Alpha kits: Small Pouches, Medium Mesh Pouches, Gauze, Conforming 4", Abd Pads 5x9, Trauma Shears, Hyfin Twin Vent 2/pk, Emergency Trauma Dressing 4", CAT Tourniquet, Space Blanket, Carabiners, Multi-Trauma Dressing 12x30, NPA 28s, Burn Sheets 60x96, Advanced Patient Mover, Micro BVM Pocket BVM w/ Oxygen Tubing, Nitrile Exam Gloves (Medium), Nitrile Exam Gloves (Large), Nitrile Exam Gloves (X-Large), Suction Device Tactical Clear 1000mL, Sharpies, Duct Tape, Tactical Lantern, black bag, Hyfin Twin Vent Chest Seal, NPA 28, Robertazzi 10/pk, Lubricating Jelly, Surgilube 144/cs, shears (the contents within the kit goes through a review as research and lessons learned from our jurisdictions becomes available and content can slightly change)					

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Operating Supplies	\$77.00	4.0	12.0	\$3,696.00	L
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Meals, snacks, and light refreshments will support the SOW of training and exercises during working hours that expand over the course of lunches and breaks. Office supplies to include copier paper, pens, Post-its notes, Kleenex, highlighters, tape, staples, etc. Other supplies support the operations of the program to achieve grant deliverables, including medical surge (i.e., alpha kits, handheld radios, medical supply bags, bleeding control kits, wheeled stretchers, etc.). Alpha kits: Small Pouches, Medium Mesh Pouches, Gauze, Conforming 4", Abd Pads 5x9, Trauma Shears, Hyfin Twin Vent 2/pk, Emergency Trauma Dressing 4", CAT Tourniquet, Space Blanket, Carabiners, Multi-Trauma Dressing 12x30, NPA 28s, Burn Sheets 60x96, Advanced Patient Mover, Micro BVM Pocket BVM w/ Oxygen Tubing, Nitrile Exam Gloves (Medium), Nitrile Exam Gloves (Large), Nitrile Exam Gloves (X-Large), Suction Device Tactical Clear 1000mL, Sharpies, Duct Tape, Tactical Lantern, black bag, Hyfin Twin Vent Chest Seal, NPA 28, Robertazzi 10/pk, Lubricating Jelly, Surgilube 144/cs, shears (the contents within the kit goes through a review as research and lessons learned from our jurisdictions becomes available and content can slightly change)

Equipment	Total:	\$0.00
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Contractual/Contractual and all Pass-thru Subawards	Total:	\$0.00
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Training	Total:	\$0.00
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Other	Total:	\$26,067.00
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Expenditure	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect
Printing Services	\$300.00	1	12	\$3,600.00	L

Justification: Printing services to print items needed for exercises, calendars for staff, etc.

Copier/Printer Lease	\$91.64	1	12	\$1,100.00	L
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Justification: Copier/Printer Lease: PHP portion of the lease charge for the copier and printer charges.

Other	\$1,451.00	1	12	\$17,412.00	L
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Justification: County Trailer/Vehicles Maintenance and Depreciation Expenses: This supports trailers, AM radio stations, reader boards, and a vehicle, which includes a monthly depreciation cost and maintenance fee.

Postage	\$20.00	1	12	\$240.00	L
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Justification: Postage for any mailings that need to be sent out.

State Phone Line	\$27.91	5	12	\$1,675.00	L
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Justification: General day to day operational use of telephones.

Other	\$60.00	4	1	\$240.00	L
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Justification: NEPA application and due fees.

Other	\$150.00	1	12	\$1,800.00	L
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Justification: General day to day operational use of network and cellular phones

TOTAL DIRECT CHARGES	\$515,001.00
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Indirect Charges	Indirect Rate:	22.3%	\$115,053.00
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Indirect Methodology: Negotiated rate between Washoe County and Nevada DHHS. Indirect rate is calculated on the total costs minus the equipment. Indirect rate is 22.34%

TOTAL BUDGET	\$630,054
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**STATE OF NEVADA
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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

FUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$630,054.00								\$630,054.00

EXPENSE CATEGORY

Personnel	\$484,012.00								\$484,012.00
Travel	\$630.00								\$630.00
Operating	\$4,292.00								\$4,292.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$0.00								\$0.00
Other Expenses	\$26,067.00								\$26,067.00
Indirect	\$115,053.00								\$115,053.00
TOTAL EXPENSE	\$630,054.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$630,054.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Total Indirect Cost	\$115,053.00	Total Agency Budget							\$630,054.00
Percent of Subrecipient Budget									100.00%

B. Explain any items noted as pending:

--

C. Program Income Calculation:

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< /> 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.**

< /> the program upon termination of this agreement.

< /> 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."

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 \$630,054.00;

< /> 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 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 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; 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 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.

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.

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.

< /> The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

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Both parties agree:

- < *****The site visit/monitoring schedule may be clarified here. The Department will conduct at least annual site visits with the Subrecipient to monitor progress on goals and objectives outlined in the Scope of Work and to meet and converse with staff working on the project to determine successes and challenges associated with the project.
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.
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.
- < *****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.
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
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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	\$484,012.00	\$0.00	\$0.00	\$0.00	\$484,012.00	0.00%
2. Travel	\$630.00	\$0.00	\$0.00	0.0000	\$630.00	0.00%
3. Operating	\$4,292.00	\$0.00	\$0.00	\$0.00	\$4,292.00	0.00%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
7. Other	\$26,067.00	\$0.00	\$0.00	\$0.00	\$26,067.00	0.00%
8. Indirect	\$115,053.00	\$0.00	\$0.00	\$0.00	\$115,053.00	0.00%
Total	\$630,054.00	\$0.00	\$0.00	\$0.00	\$630,054.00	0.00%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Emergency Preparedness (PHEP) Program	\$63,005.40	\$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 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.

Authorized Signature	Title	Date
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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 by an independent accounting firm.
2. Did your organization expend \$1,000,000 or more in all federal awards during your organization's most recent fiscal year? L Yes Y No
3. When does your organization's fiscal year end? 6/30/2024
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 | <input checked="" type="radio"/> | If YES, list the names of any current or former employees of the State and the services that each person will perform. |
| NO | <input type="radio"/> | Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department. |

Name

Services

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

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

STATE OF NEVADA
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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

And

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+D and Northern Nevada Public Health (referred to as %Subrecipient+E

Program Name	Public Health Preparedness	Subrecipient Name	Northern Nevada Public Health
Federal grant Number	5 NU90TU000057-02-00	Subaward Number	
Federal Amount	\$630,054.00	Contact Name	Northern Nevada Public Health
Non-Federal (Match) Amount	\$63,005.40	Address	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Total Award	\$630,054.00		
Performance Period	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 \$630,054.00

Required Match Percentage 10.00%

Total Required Match \$63,005.40

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$48,401.20
2	Travel	\$	\$63.00
3	Operating	\$	\$429.20
4	Contract/Consultant	\$	\$0.00
5	Supplies	\$	\$0.00
6	Training	\$	\$0.00
7	Other	\$	\$2,606.70
8	Indirect	\$	\$11,505.30
	Total	\$	\$63,005.40

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