



**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:	\$471,713.00	Match Required L Y Y N		10.00%		
Cumulative Prior Awards this Budget Period:	\$0.00	Amount Required this Action:		\$47,171.30		
Total Federal Funds Awarded to Date:	\$471,713.00	Amount Required Prior Awards:		\$0.00		
		Total Match Amount Required:		\$47,171.30		
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 U3REP240774-02-00	Source of Funds: Nevada Public Health Preparedness Hospital Preparedness Program		% Funds: 100.00	CFDA: 93.889	FAIN: U3REP240774	Federal Grant Award Date by Federal Agency: 6/26/2025
Budget Account	Category	GL	Function	Sub-org	Job Number	
3218	23	8516	N/A	N/A	9388925	

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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

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

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Goal: Programmatic Conditions of Award

Objective	Activities	Due Date	Documentation Needed
1. Ensure active engagement and project progress.	<p>Travel</p> <p><del>T</del>ACCHO Summit: Mandatory for at least one traveler to attend the summit; it may be met and/or combined with travel funded by the CDC Cooperative Agreement funds.</p> <p><del>T</del>NHCPC Conference: Mandatory for at least one traveler representing the coalition to attend the conference.</p> <p><del>T</del>State Public Health Preparedness Rural Preparedness Summit: Attendance of at least one traveler is strongly recommended for all HPP recipients. *</p> <p><del>T</del>NEPA Preparedness Conference: Strongly recommended for at least one coalition member to attend the conference; may be met and/or combined with travel funded by the CDC Cooperative Agreement funds.</p> <p>Mandatory Reporting</p> <p><del>T</del>Quarterly Progress Report must include a spend plan that includes remaining balances and spending projections for future quarters</p> <p><del>T</del>Staffing changes, specifically vacancies, must be reported and include projected salary savings as a result; include any plans or projections for redirect of salary savings.</p> <p>Strategic Planning Participation</p> <p><del>T</del>Subrecipients 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.</p> <p><del>T</del>Subrecipients MUST participate in strategic plan performance measure surveys and annual review activities upon request.</p> <p><del>T</del>Subrecipients MUST participate in quarterly POETE meetings.</p> <p>*Recipients: subrecipients to the Nevada ASPR Cooperative Agreement award</p>	06/30/2026	<p><del>T</del>Proof of travel or request for reimbursement for mandatory travel;</p> <p><del>T</del>Quarterly reporting to include spend plans;</p> <p><del>T</del>Representation on strategic work group member list(s) and performance measure survey response(s); and,</p> <p><del>T</del>POETE updates and representation on sign-in sheets.</p>

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

**Northern Nevada Public Health**  
**ASPR Hospital Preparedness Program (HPP)**  
**Detailed Work Plan / Scope of Work**  
**July 1, 2025, through June 30, 2026 (BP2)**

## ASPR-HPP Requirements

All HCCs must fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: Please see pg. 48-49 of the FOA for the HCC staffing support requirements.

### CLINICAL ADVISOR

Percentage of FTE supporting the HCC: \_\_\_\_\_ 5% \_\_\_\_\_

Is this position's HCC time paid by HPP funds, in-kind or other?

\_\_\_\_\_ HPP Funds and in-kind \_\_\_\_\_

Name of Advisor's agency and position (unrelated to coalition)

Renown Health (Trauma Critical Care RN and Charge Nurse),  
Renown Health (Associate Nurse Manager of Children's Services)  
and Sierra Medical Center (Chief of Nursing)

### HCC READINESS & RESPONSE COORDINATOR (RRC)

Percentage of FTE supporting the HCC: \_\_\_\_\_ 95% \_\_\_\_\_

Is this position's time paid by HPP funds, in-kind or other?

\_\_\_\_\_ HPP Funds \_\_\_\_\_

Name of RRC's agency and position (unrelated to coalition)

\_\_ Northern Nevada Public Health, Public Health Emergency Response  
Coordinator \_\_\_\_\_

- Additionally, All HPP subrecipients must complete the HPP Exercise Form for all HCC-sponsored exercises.

**ALL HPP Sub-awardees: Annually, NV HPP sub awardees are expected to participate in all active strategic plan workgroups and revision efforts throughout the budget period, including state PHP staff representatives.**

## CAPABILITY 1: Foundation for Health Care and Medical Readiness

### Proposed Activity Details

Objective 1: Establish and Operationalize a Health Care Coalition

Planned activity(s)	Progress Report
1) Review and revise, if necessary, IHCC bylaws by December 31, 2025. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core function: organizational development)	Q1: Q2: Q3: Q4:
2) Review and revise, if necessary, IHCC MOU by December 31, 2025. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core function: organizational development)	Q1: Q2: Q3: Q4:
3) As appropriate, core membership will approve all HCC plans and bylaws. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core function: organizational development)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b>	
1) IHCC Bylaws (as necessary) 2) IHCC MOU	
Planned activity(s)	Progress Report

**Nevada HPP Subgrantee Scope of Work**  
**BP2 – SFY25 – SFY26**

1) HCCs will document efforts to engage additional community agencies and educational agencies to attend the coalitions, further enhancing whole-community preparedness and response to healthcare incidents. (Proposed HPP Capability 8: Community Integration) (Core functions: specialty care planning and coordination; organizational development)	Q1: Q2: Q3: Q4:
2) Core members should be represented at all HCC meetings, virtually or in person. Core members should sign all HCC-related documentation. Core members should participate in ALL HCC exercises. (Proposed HPP Capability 8: Community Integration) (Core functions: information sharing; specialty care planning and coordination)	Q1: Q2: Q3: Q4:
3) Contact healthcare facilities for updated of point-of-contact (POC) spreadsheet quarterly. (Proposed HPP Capability 8: Community Integration) (Core function: information sharing; organizational development) <ul style="list-style-type: none"> <li>For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, clinics</li> </ul>	Q1: Q2: Q3: Q4:
4) As requested, HCC will provide representation at other HCC meetings and events. (Proposed HPP Capability 8: Community Integration) (Core functions: information sharing; organizational development; training, exercise, and evaluation) <ul style="list-style-type: none"> <li>For example, HCC meetings, PODs, trainings, and exercises</li> </ul>	Q1: Q2: Q3: Q4:
5) Representation from additional functional entities is essential for the purpose of supporting acute health care service delivery. HCC will recruit and incorporate the following entities into their membership. These entities include, but are not limited to the following: (Proposed HPP Capability 8: Community Integration) (Core function: specialty care planning and coordination; organizational development) <ul style="list-style-type: none"> <li>Medical Supply Chain organizations</li> <li>Pharmacies</li> <li>Blood Banks</li> </ul>	Q1: Q2: Q3: Q4:



**Nevada HPP Subgrantee Scope of Work  
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<ul style="list-style-type: none"> <li>- Clinical Labs</li> <li>- Federal Health Care Organizations</li> <li>- Outpatient Care Centers &amp; LTC</li> </ul>	
<b>Output(s)- must be specific and measurable</b> 1) Attendance records 2) Updated Healthcare Contact List	
Planned activity(s)	Progress Report
1) HCC will fund (in-kind support of dedicated time or reimbursement of time) to support Clinical Advisors and HCC Readiness and Response Coordinator (RRC). (Proposed HPP Capability 7: Specialty Care) (Core functions: specialty care planning and coordination; respond) <ul style="list-style-type: none"> <li>• Scope of work for Clinical Advisors will be reviewed, if necessary</li> </ul>	<b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b>
2) The HCC will annually update and maintain the following information related to its governance by December 31, 2025. For example, bylaws, Preparedness Planning Guidelines (Readiness Plan) and Response Guide (Response Plan). (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core functions: organizational development; respond) <ul style="list-style-type: none"> <li>• IHCC membership             <ul style="list-style-type: none"> <li>○ Identification of core members</li> </ul> </li> <li>• HCC led or co-led by hospitals or healthcare organizations</li> <li>• ESF # lead agency with IHCC jurisdiction</li> <li>• Member guidelines for participation</li> <li>• Appropriate policies and procedures</li> <li>• HCC integration with existing state, local, and member specific incident management structures and roles.</li> </ul>	<b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b>

**Nevada HPP Subgrantee Scope of Work  
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<b>Output(s)- must be specific and measurable</b> 1) Clinical Advisor Scope of Work 2) Bylaws, Response Guide (Response Plan), Preparedness Planning Guidelines (Readiness Plan)	
Objective 2: Identify Risks and Needs	
<b>Recurring Statewide Objective: Nevada will include at-risk populations into planning and exercise activities by June 30, 2026.</b>	
Planned activity(s)	Progress Report
1) HCCs will annually update and maintain their HVA to identify risks and impacts, including impacts specific to AFN populations, and upload into ASPR CAAMP reporting site when available, by December 31, 2025. (Proposed HPP Capability 5: Resources; Capability 8: Community Integration) (Core function: assessment and risk mitigation)	Q1: Q2: Q3: Q4:
2) (Joint HPP/PHEP activity) HCCS will participate in a Risk Assessment (RA) (previously known as a Jurisdictional Risk Assessment) with ESF-8 and jurisdictional emergency management partners and submit once in the five-year FY 2024-2028 period, uploading the final regional RA into ASPR CAAMP. (Proposed HPP Capability 2: Information Management; Capability 6: Operational Continuity) (Core function: assessment and risk mitigation)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) HVA 2) Risk Assessment	
Planned activity(s)	Progress Report

**Nevada HPP Subgrantee Scope of Work  
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1) Coalition members to complete the Readiness Assessment (i.e., HPP Capability Assessments) by December 31, 2025. (Proposed HPP Capability 8: Community Integration) (Core function: assessment and risk mitigation)	Q1: Q2: Q3: Q4:
2) Research Supply Chain Integrity Assessment in BP2 and submit by December 31, 2026. (Proposed HPP Capability 5: Resources) (Core function: assessment and risk mitigation)	Q1: Q2: Q3: Q4:
3) Research Workforce Assessment in BP2 and submit by December 31, 2026. (Proposed HPP Capability 4: Workforce) (Core function: assessment and risk mitigation)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) Coalition Goals & Objectives 2) HPP Capability Assessments	
Planned activity(s)	Progress Report
1) Track HCC's FY26 goals, objectives and activities. (Proposed HPP Capability 8: Community Integration) (Core functions: health care workforce support; organizational development)	Q1: Q2: Q3: Q4:

**Nevada HPP Subgrantee Scope of Work  
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<p>2) Present HCC’s FY26 accomplishments as it relates to goals, objectives, and activities. (Proposed HPP Capability 8: Community Integration) (Core functions: information sharing; organizational development)</p> <ul style="list-style-type: none"> <li>For example, presentation by HCC Chair to the District Board of Health</li> </ul>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) Goals and Objectives for FY26</p> <p>2) DBOH Presentation</p>	
<p><b>Recurring Statewide Objective: Each of Nevada’s HCCs will provide a product that demonstrates usage of CMS (Center for Medicare and Medicaid Services) emPOWER data, by June 30, 2026. Products can include but are not limited to the GIS mapping of emPOWER data, inclusion of data into coalition plans or assessments, etc.</b></p>	
Planned activity(s)	Progress Report
<p>1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2025, during exercises or real-world events. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 2: Information Management; Capability 8: Community Integration) (Core function: information sharing)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>

**Nevada HPP Subgrantee Scope of Work  
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<p>2) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2026. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 2: Information Management; Capability 8: Community Integration) (Core functions: respond; assessment and risk mitigation)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p>3) (Joint HPP/PHEP Activity) HPP and PHEP recipients should conduct inclusive risk planning throughout the project period for the whole community including children, pregnant individuals, senior citizens, individuals with access and functional needs, including people with disabilities; individuals with pre-existing conditions; and others with unique needs and vulnerabilities. (Proposed HPP Capability 8: Community Integration) (Core Functions: assessment and risk mitigation; respond)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p>4) (Joint HPP/PHEP Activity) HPP and PHEP recipients should involve each funded HCC and its members in risk planning. In addition, HPP and PHEP recipients are encouraged to involve experts in chronic conditions and maternal and child health in risk planning. (Proposed HPP Capability 8: Community Integration) (Core functions: assessment and risk mitigation; respond)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>

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<p>5) As requested, connect with organizations that work with at risk populations to prepare for emergencies, including exercises and updating response guidelines (Response Plan) (Proposed HPP Capability 1: Incident Management and Coordination; Capability 6: Operational Continuity; Capability 8: Community Integration) (Core functions: assessment and risk mitigation; respond)</p> <ul style="list-style-type: none"> <li>Examples: AFN training, education, exercises, emergency preparedness materials to healthcare partners.</li> </ul>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) De-identified data sets</p> <p>2) HCC Preparedness Planning Guidelines</p>	
Planned activity(s)	Progress Report
<p>1) HCC, if requested, will assist with review, update, and training of the Isolation and Quarantine Plan, and Public Health/Legal Regulatory Plan. (Proposed HPP Capability 5: Resources) (Core function: health care workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) Isolation and Quarantine Plan</p>	
<p>Objective 3: Develop a Health Care Coalition Preparedness Plan</p>	
Planned activity(s)	Progress Report

**Nevada HPP Subgrantee Scope of Work  
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<p>1) HCC will update and maintain their preparedness plan annually and following major incidents or large-scale exercises. The plan must be approved by all its core members organizations. All the HCC’s additional member organizations should be given an opportunity to provide input into the preparedness plan, and all member organizations must receive a final copy of the plan. (Proposed HPP Capability 8: Community Integration) (Core functions: respond; specialty care planning and coordination)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) HCC Preparedness Planning Guidelines (Readiness Plan)</p>	
<p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p>	
Planned activity(s)	Progress Report
<p>1) NIMS and other sponsored trainings will be offered (sign-in sheets will be maintained and made available to NV State PHP upon request) (Proposed HPP Capability 8: Community Integration) (Core function: health care workforce support)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p>2) Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education and levels and need. (Proposed HPP Capability 1: Incident Management and Coordination) (Core function: health care workforce support)</p>	<p>Q1: Q2: Q3: Q4:</p>

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<p>3) Assist HCC members, as requested, with incorporating NIMS components into their emergency operations plans. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core function: health care workforce support)</p> <ul style="list-style-type: none"> <li>For example: review of plans, trainings</li> </ul>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) Training Certificates (if provided by the individual)</p>	
Planned activity(s)	Progress Report
<p>1) HCC will develop a list of planned training activities based on the FY26 goals and objectives and appropriate improvement items from after-action reports (AARs). Training activities may include but are not limited to initial education, continuing education, appropriate certifications and just-in-time training. Awareness and operational level training on all aspects of HCC functions focused on preparedness, response and recovery should be conducted. (Proposed HPP Capability 8: Community Integration) (Core functions: health care workforce support; organizational development)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p>2) Review and submit updated training and exercise plan by December 31, 2025. (Proposed HPP Capability 8: Community Integration) (Core functions: health care workforce support; organizational development)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>



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<p>3) Participate in all active strategic plan workgroups and revision efforts throughout the budget period. Submit the Nevada State strategic plan for FY2024-2028 by December 31, 2025. (Proposed HPP Capability 8: Community Integration) (Core function: organizational development)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p><b>Output(s)- must be specific and measurable</b> 1) Goals &amp; Objectives Tracking Form</p>	
<p><b>Objective 4: Train and Prepare the Health Care and Medical Workforce</b></p>	
<p><b>Statewide Objective: By June 30, 2026, Healthcare Coalitions (HCCs) will identify and document just-in-time training opportunities to support new clinical responsibilities, including critical care skills, pediatric skills for adult providers/adult skills for pediatric providers, and cultural competency.</b></p>	
Planned activity(s)	Progress Report
<p>1) HCC will plan and conduct an exercise based on the identified needs from AAR's, HVAs and Resource and Gap Analysis. (Proposed HPP Capability 8: Community Integration) (Core functions: respond; training, exercise, and evaluation)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p><b>Output(s)- must be specific and measurable</b> 1) AAR/IP</p>	

**Nevada HPP Subgrantee Scope of Work  
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Planned activity(s)	Progress Report
<p>1) HCC will follow HSEEP fundamentals for coalition-sponsored exercises. (Proposed HPP Capability 1: Incident Management and Coordination) (Core function: health care workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p>2) HCC will promote individual members to follow HSEEP fundamentals for individual exercises. (Proposed HPP Capability 1: Incident Management and Coordination) (Core function: health care workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b>  1) ExPlan  2) AAR/IP</p>	
Planned activity(s)	Progress Report

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<p>1) AARs from previous years will be used to train staff and update plans. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core functions: assessment and risk mitigation; health care workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b>  1) Updated Plans  2) Coalition Goals &amp; Objectives</p>	
Planned activity(s)	Progress Report
<p>1) After action reports will be shared with HCC members, when available. (Proposed HPP Capability 8: Community Integration) (Core functions: information sharing; organizational development)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b>  1) AAR/IPs</p>	
<p>Objective 5: Ensure Preparedness is Sustainable</p>	
Planned activity(s)	Progress Report
<p>1) Upon receipt, HHC Readiness and Response Coordinator will distribute state coalition newsletter to the HCC. (Proposed HPP Capability 8: Community Integration) (Core functions:</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b></p>

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information sharing; health care workforce support)	<b>Q4:</b>
2) HCC will continue to promote health care executive's engagement in debriefs related to exercises, planned events, and real incidents. (Proposed HPP Capability 8: Community Integration) (Core function: organizational development)	<b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b>
<b>Output(s)- must be specific and measurable</b> 1) Newsletters 2) AAR/IPs	
Planned activity(s)	Progress Report
1) HCC Clinical Advisor, in collaboration with the HCC Readiness and Response Coordinator, will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core functions: specialty care planning and coordination; health care workforce support)	<b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b>
2) Continue to reach out and engage HCC members and other response organizations to promote HCC preparedness efforts to clinicians, community leaders, and others as deemed appropriate. (Proposed HPP Capability 8: Community Integration) (Core function: organizational development)	<b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b>
<b>Output(s)- must be specific and measurable</b> 1) Meeting notes 2) Timesheets	

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Planned activity(s)	Progress Report
1) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (Proposed HPP Capability 8: Community Integration) (Core functions: specialty care planning & coordination; organizational development)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) AAR/IP	
Planned activity(s)	Progress Report
1) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member’s requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (Proposed HPP Capability 8: Community Integration)(Core functions: Resource management; health care workforce support)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) Meeting notes 2) Bylaws 3) Preparedness Planning Guidelines (Readiness Plan)	

## CAPABILITY 2: Health Care and Medical Response Coordination

### Proposed Activity Details

Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

**Statewide Objective: By June 30, 2026, HCCs will incorporate into the response and preparedness plans a documented system for tracking communication methods and maintaining up-to-date points of contact between and across healthcare organizations, coordinating entities (e.g., HCCs, RDHRS, Pediatric COEs), public health, and emergency management. This will include defining communication protocols and updating contact information at least biannually to ensure accuracy during emergency responses.**

Planned activity(s)	Progress Report
1) As requested, HCC will assist healthcare member organizations to develop individual EOPs (see page 26 in Capabilities document) (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core function: health care workforce support)	Q1: Q2: Q3: Q4:
2) As requested, HCC will participate in the review, revision, and training/exercising of county response plans. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core function: health care workforce support) <ul style="list-style-type: none"> <li>HCC will participate in LEPC</li> <li>For example: hazard mitigation, damage assessment, behavioral health and Medical Examiner plans, Family Assistance center</li> </ul>	Q1: Q2: Q3: Q4:
3) As appropriate, HCC will incorporate triggers and actions annex into the Response Guide or Preparedness Planning Guidelines. (Proposed HPP Capability 2: Information Management, Capability 8: Community Integration) (Core functions: specialty care planning and coordination;	Q1: Q2: Q3: Q4:

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continuity and recovery)	
<b>Output(s)- must be specific and measurable</b> 1) County Plans, if updated 2) Response Guide 3) Preparedness Planning Guidelines	
Planned activity(s)	Progress Report
1) HCC Response Plan describes the HCC’s operational roles that support strategic planning, situational awareness, information sharing, and resource management. (Proposed HPP Capability 2: Information Management; Capability 5: Resources) (Core functions: resource management; organizational development)	Q1: Q2: Q3: Q4:
2) Develop Workforce Readiness/Resilience Plan and submit by December 31, 2026 (BP3). (Proposed Capability 4: Workforce) (Core function: respond)	Q1: Q2: Q3: Q4:
3) Review and revise HCC Response Plan to include requirements of the Information-Sharing Plan by June 30, 2026. (Proposed HPP Capability 2: Information Management) (Core function: information sharing)	Q1: Q2: Q3: Q4:
4) Review and revise HCC Response Plan to include requirements of the Resource Management Plan by June 30, 2026. (Proposed HPP Capability 5: Resources). (Core function: resource management)	Q1: Q2: Q3: Q4:
5) Review and revise HCC Response Plan to include requirements of the Recovery Plan by June 30, 2026. (Proposed HPP Capability 6: Operational Continuity) (Core function: continuity and recovery)	Q1: Q2: Q3: Q4:

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**Output(s)- must be specific and measurable**

- 1) Healthcare Contact List
- 2) Response Guide

Objective 2: Utilize Information Sharing Processes and Platforms

**Recurring Statewide Objective: Nevada will exercise processes to share real-time information related to an incident, the current state of the health care delivery system, and situational awareness across the various response organizations and levels of government during exercises and real-world events throughout the budget period.**

Planned activity(s)	Progress Report
1) HCC will participate in a statewide activity or exercise to demonstrate information sharing practices by utilizing the EEI form developed through the Information Sharing Workgroup, or by utilizing a jurisdictional EEI form. (Proposed HPP Capability 2: Information Management, Capability 8: Community Integration) (Core function: information sharing)	Q1: Q2: Q3: Q4:
2) HCC in coordination with its public health agency members and HPP and PHEP recipients will develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses by June 30, 2026. (Proposed HPP Capability 2: Information Management) (Core functions: information sharing; health care workforce support)	Q1: Q2: Q3: Q4:
3) HCC will implement the coalition Response Plan to share real-time information through identified communication platforms (i.e. WebEOC, AlertMedia). (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration) (Core function: information sharing)	Q1: Q2: Q3: Q4:



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**Output(s)- must be specific and measurable**

- 1) [Response Guide \(Response Plan\)](#)
- 2) [Preparedness Planning Guidelines \(Readiness Plan\)](#)

Planned activity(s)	Progress Report
1) HCC will continue to provide training/exercising, as requested, and promote information sharing platform to provide situational awareness. (Proposed HPP Capability 2: Information Management) (Core functions: information sharing; health care workforce support)	Q1: Q2: Q3: Q4:
2) HCC will continue to train its members on WebEOC, as one of the information sharing platforms. (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration) (Core function: information sharing)	Q1: Q2: Q3: Q4:
3) Continue to train and exercise on the Healthcare Operating Status Form. (Proposed HPP Capability 2: Information Management, Capability 8: Community Integration) (Core function: information sharing) <ul style="list-style-type: none"> <li>Examples include: redundant communications, WebEOC training, exercises</li> </ul>	Q1: Q2: Q3: Q4:
4) Continue to ensure multiple HCC members, as deemed appropriate, understand and have access to the coalition's information sharing systems/platforms. (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration) (Core function: information sharing)	Q1: Q2: Q3: Q4:

**Output(s)- must be specific and measurable**

- 1) [Healthcare Contact List](#)
- 2) [Sign in sheets](#)

Planned activity(s)	Progress Report
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1) Coalition will conduct two redundant communication drills. For example: WebEOC, 800 MHz, AlertMedia and Ham radio (Proposed HPP Capability 2: Information Management; Capability 6: Operational Continuity; Capability 8: Community Integration) (Core functions: continuity and recovery; information sharing)	Q1: Q2: Q3: Q4:
2) Keep communication system or app updated for redundant communications, based on updated Point of Contact quarterly information. (Proposed HPP Capability 2: Information Management; Capability 6: Operational Continuity; Capability 8: Community Integration) (Core function: organizational development)	Q1: Q2: Q3: Q4:
3) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net. (Proposed HPP Capability 2: Information Management) (Core functions: organizational development; information sharing)	Q1: Q2: Q3: Q4:
4) As appropriate, HCC will continue to share pertinent emergency information with HCC members, the ESF-8 lead agency and other stakeholders. (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration) (Core function: information sharing)	Q1: Q2: Q3: Q4:
5) HCC will review the Communications Plan within the Response Guide (Response Plan) and update, if necessary. (Proposed HPP Capability 2: Information Management; Capability 8: Community Integration) (Core function: organizational development)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) Healthcare Contact List 2) AAR/IPs 3) 800 MHz and Ham Stats Log 4) Response Guide (Response Plan)	

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**Objective 3: Coordinate Response Strategy, Resources, and Communications**

**Statewide Objective: By June 30, 2026, the Healthcare Coalition will maintain the ability to engage specialty providers—both from within facilities and external specialty consultants (e.g., critical care, burn, pediatric, infectious disease, trauma surgeons)—by establishing and documenting a regional process for specialty provider coordination. This will include identifying available specialists appropriate to the geographical area the coalition covers and inviting them to participate in coalition meetings.**

Planned activity(s)	Progress Report
1) HCC will review the Response Guide and update with information regarding engagement of specialty providers, as appropriate. (Proposed HPP Capability 7: Specialty Care, Capability 8: Community Integration) (Core functions: specialty care planning and coordination; organizational development)	Q1: Q2: Q3: Q4:
2) HCC will continue to engage partners with an increased focused on specialty providers (e.g., critical care, burn, pediatric, infectious disease, trauma surgeons). (Proposed HPP Capability 8: Community Integration) (Core function: specialty care planning and coordination)	Q1: Q2: Q3: Q4:

**Output(s)- must be specific and measurable**

- 1) Response Guide (Response Plan)

**Objective 3: Coordinate Response Strategy, Resources, and Communications**

Planned activity(s)	Progress Report
1) As needed, review and revise the Pandemic Influenza Plan in coordination with PHEP. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 2: Information Management) (Core functions: specialty care planning and coordination; information sharing)	Q1: Q2: Q3: Q4:

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2) By June 30, 2027 (BP3), the HCC will develop an Allocation of Scarce Resources Plan and integrate components into the Readiness Plan, as appropriate. (Proposed HPP Capability 5: Resources) (Core function: resource management)

**Output(s)- must be specific and measurable**

1) Pandemic Influenza Plan

## CAPABILITY 3: Continuity of Health Care Service Delivery

Proposed Activity Details	
Objective 1: Identify Essential Functions for Health Care Delivery	
Objective 2: Plan for Continuity of Operations	
Planned activity(s)	Progress Report
1) If requested, the HCC will provide technical assistance on continuity of operations planning. (Proposed HPP Capability 6: Operational Continuity) (Core function: continuity and recovery)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) <a href="#">Response Guide (Response Plan)</a> 2) <a href="#">Preparedness Planning Guidelines (Readiness Plan)</a>	
Planned activity(s)	Progress Report

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<p>1) HCC will update the HCC continuity of operations (COOP) plan within the Response plan, if necessary by June 30, 2026. It needs to continue to include: (Proposed HPP Capability 4: Workforce; Capability 6: Operational Continuity) (Core function: continuity and recovery)</p> <ul style="list-style-type: none"> <li>a. Activation and response functions</li> <li>b. Multiple points of contact for each HCC member</li> <li>c. Orders of succession and delegations of authority for leadership continuity</li> <li>d. Immediate actions and assessments to be performed in case of disruptions</li> <li>e. Safety assessment and resource inventory to determine ongoing HCC operations</li> <li>f. Redundant, replacement, or supplemental resources, including communications systems</li> <li>g. Strategies and priorities for addressing disruptions to mission critical systems such as electricity, water, and medical gases.</li> <li>• List of essential records and forms, including locations of electronic and hard copies of each.</li> </ul>	<p><b>Q1:</b></p> <p><b>Q2:</b></p> <p><b>Q3:</b></p> <p><b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) <a href="#">Response Guide (Response Plan)</a></p>	
Planned activity(s)	Progress Report
<p>1) HCC Finance Subcommittee will meet as needed to review administrative and finance functions. (Proposed HPP Capability 6: Operational Continuity) (Core function: continuity and recovery)</p>	<p><b>Q1:</b></p> <p><b>Q2:</b></p> <p><b>Q3:</b></p> <p><b>Q4:</b></p>

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2) Review and revise, if necessary, IHCC bylaws. (Proposed HPP Capability 1: Incident Management and Coordination) (Core function: organizational development)	Q1: Q2: Q3: Q4:
3) As appropriate, HCC will incorporate triggers and actions annex into the Response Guide or Preparedness Planning Guidelines. (Proposed HPP Capability 2: Information Management, Capability 8: Community Integration) (Core functions: specialty care planning and coordination; information sharing)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) Finance Subcommittee Meeting Notes & Agendas 2) Bylaws 3) Triggers and Actions Annex	
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency	
Planned activity(s)	Progress Report
1) Research Supply Chain Integrity Assessment and submit by December 31, 2026. (Proposed HPP Capability 5: Resources) (Core function: resource management)	Q1: Q2: Q3: Q4:
2) Review and revise (if necessary) the inventory tracking policy. (Proposed HPP Capability 5: Resources) (Core function: resource management)	Q1: Q2: Q3: Q4:
3) Review and revise, if necessary, the policy related to the activation and deployment of any stockpile (Pharmaceuticals, PPE, supplies) and a policy relating to the disposal of expired materials (Proposed HPP Capability 5: Resources) (Core function: resource	Q1: Q2: Q3: Q4:

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management)	
<b>Outputs(s)- must be specific and measurable</b>	
1) Inventory Tracking Policy and Tracker	
2) Supply/Storage Tracking SOP	
Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks	
Objective 5: Protect Responders' Safety and Health	
Planned activity(s)	Progress Report
1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 6: Operational Continuity) (Core functions: respond; continuity and recovery)	Q1: Q2: Q3: Q4:
2) Coalition members to complete cybersecurity assessment by June 30, 2026. (Proposed HPP Capability 6: Operational Continuity) (Core function: continuity and recovery) <ul style="list-style-type: none"> <li>Develop cybersecurity assessment during first quarter</li> <li>Send out cybersecurity assessment during second quarter</li> <li>Analyze assessment results during the third quarter</li> </ul>	Q1: Q2: Q3: Q4:



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<p>3) Coalition members to completed extended downtime health care delivery impact assessment by June 30, 2026. (Proposed HPP Capability 6: Operational Continuity) (Core function: continuity and recovery)</p> <ul style="list-style-type: none"> <li>• Develop assessment during first quarter</li> <li>• Send out assessment during second quarter</li> <li>• Analyze assessment results during the third quarter</li> </ul>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) Preparedness Plan</p> <p>2) Cybersecurity Assessment</p> <p>3) Downtime Health Care Delivery Impact Assessment</p>	
Planned activity(s)	Progress Report
<p>1) Annually as appropriate, HCC will equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations and document in HCC training planning. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 5: Resources; Capability 6: Operational Continuity; Capability 8: Community Integration) (Core functions: continuity and recovery; respond; resource management)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>

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1) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (Proposed HPP Capability 5: Resources) (Core function: resource management)	Q1: Q2: Q3: Q4:
2) HCC will provide technical assistance, if requested. (Proposed HPP Capability 4: Workforce; Capability 6: Operational Continuity) (Core functions: organizational development; continuity and recovery)	Q1: Q2: Q3: Q4:
3) HCC will disseminate health care worker resilience information and resources with coalition partners. (Proposed HPP Capability 4: Workforce; Capability 8: Community Integration) (Core functions: information sharing; health care workforce support)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b>	
1) Meeting notes 2) IHCC Emails	
Objective 6: Plan for Health Care Evacuation and Relocation	
<b>Planned activity(s)</b>	<b>Progress Report</b>
1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 6: Operational Continuity) (Core functions: health care workforce support; continuity and recovery)	Q1: Q2: Q3: Q4:

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2) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (Proposed HPP Capability 5: Resources) (Core function: resource management)	Q1: Q2: Q3: Q4:
3) As appropriate, HCC will update and educate stakeholders on the High-Consequence Infectious Disease Community Response Plan. (Proposed HPP Capability 5: Resources; Capability 6: Operational Continuity) (Core functions: resource management; health care workforce support; continuity and recovery)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b>	
1) Training sign-in forms, if applicable 2) Yearly goals & activity sheet 3) High-Consequence Infectious Disease (HCID) Community Response Plan	
Objective 7: Coordinate Health Care Delivery System Recovery	
Planned activity(s)	Progress Report
1) HCC will participate in state and local pre-emergency recovery planning activities as appropriate. (Proposed HPP Capability 6: Operational Continuity; Capability 8: Community Integration) (Core function: continuity and recovery)	Q1: Q2: Q3: Q4:
2) If requested, the HCC will provide technical assistance on continuity of operations planning. (Proposed HPP Capability 6: Operational Continuity) (Core functions: continuity and recovery; health care workforce support)	Q1: Q2: Q3: Q4:

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<p>3) Research Workforce Assessment and submit by December 31, 2026. (Proposed HPP Capability 4: Workforce) (Core function: health care workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b> 1) <a href="#">Workforce Assessment</a></p>	
Planned activity(s)	Progress Report
<p>1) If requested, HCC will provide technical assistance on data collection and analysis to identify priorities in the constitution and delivery of community health care services at the onset of an emergency. (Proposed HPP Capability 6: Operational Continuity; Capability 8: Community Integration) (Core functions: information sharing; continuity and recovery)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p>2) HCC will update response plans with lessons learned from emergencies as appropriate. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 6: Operational Continuity; Capability 8: Community Integration) (Core functions: assessment and risk mitigation; health care workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b> 1) <a href="#">Response Plans</a></p>	
Planned activity(s)	Progress Report

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1) If requested, HCC will facilitate recovery assistance and implementation with coalition partners. (Proposed HPP Capability 6: Operational Continuity; Capability 8: Community Integration) (Core function: continuity and recovery)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) <a href="#">Response Plans</a>	

## CAPABILITY 4: Medical Surge

Proposed Activity Details	
Objective 1: Plan for a Medical Surge	
<b>Recurring Statewide Objective: Annually, volunteers will be invited to participate in training and exercise opportunities sponsored by HCCs, LHAs and the Nevada State PHP Program.</b>	
Planned activity(s)	Progress Report
1) Training opportunities will be distributed to volunteers as the trainings are identified as appropriate. (Proposed HPP Capability 8: Community Integration) (Core functions: information sharing; health care workforce support)	Q1: Q2: Q3: Q4:
2) Incorporate MRC process into Response Plan (IHCC Response Guide) to ensure that health care-centric roles during acute care medical surge response can be filled. MRC duties that can be funded by HPP include, Triage support staff, ED staff, Medical Shelter clinical staff and field hospital clinical staff. (Proposed HPP Capability 8: Community Integration) (Core functions: health care workforce support; organizational development)	Q1: Q2: Q3: Q4:
3) Coordinate with the Northern Nevada Public Health's Medical Reserve Corp program to ensure ESAR-VHP compliance requirements are met when volunteers are utilized. (Proposed HPP Capability 8: Community Integration) (Core functions: health care workforce support; specialty care planning and coordination)	Q1: Q2: Q3: Q4:

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<p>4) Ensure that Acute care hospitals participate in National Disaster Management System (NDMS) and enter into formal agreements with NDMS. This is intended to improve HCC's surge capacity and enhance hospital preparedness in a response to a medical surge event. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 4: Workforce) (Core functions: respond; health care workforce support)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p>5) As appropriate, review and revise the Multi-Casualty Incident Plan (MCIP) to incorporate requirements of the Medical Surge Support Plan, partner feedback, best practices, and lessons learned by June 30, 2026. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 8: Community Integration) (Core functions: health care workforce support; assessment and risk mitigation)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p>6) As appropriate, review and revise the Patient Movement Plan (Mutual Aid Evacuation Agreement) to incorporate partner feedback, best practices, and lessons learned. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 8: Community Integration) (Core functions: health care workforce support; assessment and risk mitigation)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) Sign-in sheets, if applicable</p> <p>2) MCIP</p> <p>3) MAEA</p>	
Planned activity(s)	Progress Report

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<p>1) HCC will work with Public Health and EMS coalition members to confirm that regional plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 5: Resources) (Core functions: health care workforce support; specialty care planning and coordination)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p>2) HCC will identify and procure supplies and equipment to support HCC plans and response efforts. (Proposed HPP Capability 5: Resources) (Core function: resource management; health care workforce support)</p>	
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) MCIP 2) MAEA 3) Inventory Tracking Spreadsheet</p>	
Planned activity(s)	Progress Report
<p>1) As appropriate, HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 6: Operational Continuity) (Core functions: continuity and recovery; health care workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) Response Guide 2) Multi-Casualty Incident Plan</p>	
<p>Objective 1: Plan for a Medical Surge</p>	



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<b>Statewide Objective:</b> By <b>June 30, 2026</b> , healthcare coalitions (HCCs) will <b>identify regional coordinating entities</b> (e.g., HCCs, RDHRS, Pediatric COEs) and healthcare systems in order to <b>establish specialty care consultation mechanisms by BP3</b> , including for <b>surge situations</b> .	
Planned activity(s)	Progress Report
1) If requested, HCC will assist in any plan updates that public health, Washoe County or PHEP program make. Specifically processes to reunify families, reunification considerations for children and family notification and initiation of reunification process. (Proposed HPP Capability 8: Community Integration) (Core functions: health care workforce support; organizational development)	Q1: Q2: Q3: Q4:
2) HCC will review & revise the medical surge support plan and CBRNE (i.e. MCIP) to meet the grant requirements and annexes. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration) (Core function: health care workforce support)	Q1: Q2: Q3: Q4:
3) HCC will conduct a Patient Movement Exercise to evaluate the Patient Movement Plan, also known as the Mutual Aid Evacuation Agreement (MAEA). (Proposed HPP Capability: Community Integration) (Core function: training, exercise, and evaluation)	

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4) HCC will conduct a Medical Response and Surge Exercise (MRSE) or use a real-world incident to meet the MRSE requirements by June 30, 2026. As appropriate, activate county plans and/or HCC response plans. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 8: Community Integration) (Core function: training, exercise, and evaluation)	Q1: Q2: Q3: Q4:
5) HCC will conduct an exercise to address additional jurisdictional priorities or areas of improvement once in the five-year period of performance. (Proposed HPP Capability 8: Community Integration) (Core function: health care workforce support; training, exercise, and evaluation)	
6) Within two weeks of exercise, committee will pull HCC acute care census for planning purposes. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core function: information sharing)	Q1: Q2: Q3: Q4:
7) Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise. (Proposed HPP Capability 8: Community Integration) (Core function: information sharing; training, exercise, and evaluation)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) Response Guide/Preparedness Plan 2) Multi-Casualty Incident Plan 3) MRSE Tool	
Objective 2: Respond to a Medical Surge	

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Planned activity(s)	Progress Report
<p>1) (Joint HPP/PHEP Activity) HPP and PHEP recipients should coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction’s response to incidents. HPP recipients and HCC should incorporate the use of volunteers to support acute care medical surge response training, drills, and exercises throughout the five-year project period. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core functions: health care workforce support; organizational development)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p>2) HCC will establish a relationship with their regional transfer center and work towards identifying trigger points for patient movement, supporting specialty care within the healthcare system. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution) (Core function: organizational development)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p>3) Update MCI plan with partners and verify burn, pediatrics, CBRNE, etc. do not need to be updated. include pediatric items as needed. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration) (Core functions: health care workforce support; specialty care planning and coordination)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) Meeting notes 2) Sign-in sheets, if applicable 3) MCIP</p>	

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Planned activity(s)	Progress Report
<p>1) Annually, as appropriate, HCC will coordinate with PHEP to address the public health, medical and mental health needs of those impacted by an incident at congregate locations. (Proposed HPP Capability 4: Workforce; Capability 7: Specialty Care; Capability 8: Community Integration) (Core functions: organizational development; specialty care planning and coordination)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p>2) As appropriate or requested, review and revise the alternate care site plan. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 5: Resources; Capability 8: Community Integration) (Core function: health care workforce support)</p>	<p>Q1: Q2: Q3: Q4:</p>
<p><b>Output(s)- must be specific and measurable</b></p> <p>1) Meeting notes</p>	
<p><b>Statewide Objective:</b> By June 2026, healthcare coalitions (HCCs) and their partner agencies will optimize the use of available resources, including but not limited to the state Disasters in Seconds: Pediatrics training kit, at least once to test and strengthen critical care skills including the triage, treatment, and transport pediatric patients.</p>	

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Planned activity(s)	Progress Report
1) HCC will share information on the use of available resources. (Proposed HPP Capability 2: Information Management) (Core function: information sharing)	Q1: Q2: Q3: Q4:
2) HCC will use available resources to test and strengthen critical care skills for pediatric patients. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 7: Specialty Care) (Core functions: resource management; specialty care planning and coordination)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) MCIP 2) Inventory Tracking Spreadsheet 3) Training/Exercise Sign-in sheets	
Planned activity(s)	Progress Report
1) (Joint HPP/PHEP activity) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands for distributing medical countermeasures: (Proposed HPP Capability 1: Incident Management and Coordination; Capability 5: Resources) (Core function: resource management) <ul style="list-style-type: none"> <li>• Establish a medical common operating picture</li> <li>• Develop or update plans accordingly</li> <li>• Establish key indicators in EEIs</li> <li>• Provide real-time information sharing</li> <li>• Coordinate public messaging</li> </ul>	Q1: Q2: Q3: Q4:

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<b>Output(s)- must be specific and measurable</b> 1) IHCC Emails	
<b>Statewide Objective:</b> Healthcare coalitions HCCs will maintain and exercise at least one specialty response plans/annexes for mass trauma, chemical, radiation, burn, infectious disease/bioterrorism, and pediatric scenarios with input from clinical SMEs during BP2.	
Planned activity(s)	Progress Report
1) Based on assessments and partner feedback, HCC will exercise at least one specialty response annex/plan. (Proposed HPP Capability 3: Patient Movement and Distribution; Capability 8: Community Integration) (Core functions: assessment and risk mitigation; specialty care planning and coordination)	Q1: Q2: Q3: Q4:
2) HCC will involve coalition members, clinical SMEs, and stakeholders in exercise planning meetings and plan review meetings. (Proposed HPP Capability 8: Community Integration) (Core functions: specialty care planning and coordination; organizational development)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) ExPlan 2) Response Plan/Annex	
Planned activity(s)	Progress Report
1) HCC will determine the need and feasibility to exercise additional plans/annexes such as the MCI and CBRNE Plans. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration) (Core functions: assessment and risk mitigation; specialty care planning and coordination)	Q1: Q2: Q3: Q4:

**Nevada HPP Subgrantee Scope of Work  
BP2 – SFY25 – SFY26**

<b>Output(s)- must be specific and measurable</b> 1) MCI Plan	
Planned activity(s)	Progress Report
1) Review and revise burn annex in MCIP as appropriate. (Proposed HPP Capability 1: Incident Management and Coordination; Capability 3: Patient Movement and Distribution; Capability 8: Community Integration) (Core function: health care workforce support)	Q1: Q2: Q3: Q4:
2) Educational materials that are received by HCC regarding Burn Care during a medical surge response, will be pushed out to partners for their education. (Proposed HPP Capability 8: Community Integration) (Core functions: information sharing; health care workforce support)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) Sign- in sheets, if applicable 2) MCIP 3) IHCC Emails	
Planned activity(s)	Progress Report
1) Educational materials that are received by HCC regarding Trauma Care during a medical surge response, will be pushed out to partners for their education. (Proposed HPP Capability 8: Community Integration) (Core functions: information sharing; healthcare workforce support)	Q1: Q2: Q3: Q4:
<b>Output(s)- must be specific and measurable</b> 1) IHCC Emails	

**Nevada HPP Subgrantee Scope of Work  
BP2 – SFY25 – SFY26**

Planned activity(s)	Progress Report
<b>1)</b> HCC will share Behavioral Health training opportunities for healthcare partners during a medical Surge Response if one becomes available. (Proposed HPP Capability 8: Community Integration) (Core functions: information sharing; healthcare workforces support)	<b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b>
<b>Output(s)- must be specific and measurable</b> <b>1)</b> Sign-in sheets, if applicable <b>2)</b> IHCC Emails	
Planned activity(s)	Progress Report
<b>1)</b> When appropriate during an infectious disease outbreak, HCC will coordinate required activities to ensure the ability to surge to meet the demands during a highly infectious disease response. (Proposed HPP Capability 8: Community Integration) (Core functions: respond; health care workforce support)	<b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b>
<b>2)</b> HCC will determine the need and feasibility to exercise the Infectious Disease Preparedness and Surge Response Annex (i.e. Response Guide). (Proposed HPP Capability 1: Incident Management and Coordination; Capability 8: Community Integration) (Core functions: training, exercise, and evaluation)	<b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b>



**Nevada HPP Subgrantee Scope of Work  
BP2 – SFY25 – SFY26**

<p>4) As requested, update with regional partners, the Mass Fatality Plans. (Proposed HPP Capability 5: Resources) (Core function: organizational development; healthcare workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p>5) As requested, update with regional partners, the Family Assistance Center Plan. (Proposed HPP Capability 5: Resources; Capability 8: Community Integration) (Core functions: organizational development; healthcare workforce support)</p>	<p><b>Q1:</b> <b>Q2:</b> <b>Q3:</b> <b>Q4:</b></p>
<p><b>Output(s)- must be specific and measurable</b> 1) <a href="#">Response Guide (Response Plan)</a></p>	

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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 U3REP240774-02-00 from Nevada Public Health Preparedness Hospital Preparedness 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 Preparedness Hospital Preparedness Program."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 5 U3REP240774-02-00 from Nevada Public Health Preparedness Hospital Preparedness Program .

Subrecipient agrees to adhere to the following budget:

<b>Total Personnel Costs</b> including fringe						<b>Total:</b> \$283,125.00	
<u>Employee</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>	<u>Subject to Indirect? Fringe Salary</u>
Nancy Diao, Director, Epidemiology and Public Health Preparedness, 70002293	\$207,074.00	44.00%	15.00%	12.00	100.00%	\$44,727.98	L L
Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of Northern Nevada Public Health (NNPH); 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, assists 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	\$148,329.89	50.00%	16.00%	12.00	100.00%	\$35,599.17	L L
Preparedness and EMS Program Manager: Directly supervises PHP staff at the WCHD; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives to include healthcare coalition identified activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; provides direct, consistent, timely and accurate communication and coordination with PHP program staff at the Nevada State Health Division, NNPH 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. Specific to the healthcare coalition, the Program Manager participates on the development and/or revision of emergency plans, is the primary planner for mass fatality initiatives, is a responder to the Emergency Operations Center facilitating communication with the coalition membership during an emergency. With NNPH being the fiduciary agent for the healthcare coalition, the Program Manager is the first approval within the financial structure.							
Jordyn Marchi, Public Health Emergency Response Coordinator, 70002292	\$97,553.09	50.00%	95.00%	12.00	100.00%	\$139,013.15	L L
Public Health Emergency Response Coordinator (HCC Readiness and Response Coordinator): specifically identified to work with the coalition as the Healthcare Coalition Readiness and Response Coordinator. Work is achieved by coordinating planning actions between NNPH and local healthcare system and emergency response professionals; through the coalition, develops and strengthens partnerships with hospitals, healthcare organizations, community groups, emergency response personnel, medical examiners office, and healthcare organizations; through the coalition, collaborates with healthcare system leaders on disaster preparedness planning, training and exercises. With approval from the coalition, the coordinator is able to represent the coalition on various boards and committees, research and write staff reports, make recommendations and presentations to the healthcare coalition leadership and financial sub-committee.							
Kelsey Zaski, Office Specialist, 70006876	\$76,604.98	60.00%	50.00%	12.00	100.00%	\$61,283.98	L L
Office Specialist (OS): Works to support the healthcare coalition through documenting and achieving the identified grant initiatives and annual goals. Provides information or resolves problems with require explanation of coalition or department processes; performs support services to management and the coalition through preparation of agendas, transcribes minutes, maintains records and updates contact lists; processes paperwork for purchases that support coalition initiatives and maintains all related documentation and records.							
Overtime	\$2,500.00	0.00%	100.00%	12.00	100.00%	\$2,500.00	L L

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Overtime in support of after hours exercises and trainings and COVID-19/EID response. PHP often plans/coordinates cross divisional exercises with personnel funded by different sources. For instance, a radiological exercise would utilize Environmental Health Services personnel as subject matter experts.

<b>In-State Travel</b>					<b>Total:</b>	<b>\$3,887.00</b>
<b>Destination of Trip:</b> Nevada Emergency Preparedness Association (NEPA) Preparedness Summit (Las Vegas, NV)						
	Cost	# of Trips	# of Days	# of Staff	Total	
Cost of travel: \$ amount per person x # of trips x # of staff	\$300.00	1		2	\$600.00	
Baggage fee: \$ amount per person x # of trips x # of staff	\$100.00	1		2	\$200.00	
Per diem: \$ amount per person x # of trips x # of days x # of staff	\$86.00	1	2.5	2	\$430.00	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$225.00	1	3	2	\$1,350.00	
Other: \$ amount per person x # of trips x # of days x # of staff	\$40.00	1	2	2	\$160.00	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00				\$0.00	
Subtotal	\$20.00	1	2	2	\$80.00	
2 coalition members or 1 coalition member and PHERC to share research and best practices, network, and collaborate on ways to move healthcare preparedness forward. 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. Taxes and/or fees have been included in addition to GSA rate for lodging. (Lodging: \$225 per day (\$159 per day per GSA rate x 13.5% for estimated taxes and \$44 a night for estimated resort/misc. fees) x 1 trip x 3 nights x 2 staff). Costs covered as funds are available across funding sources hence less per diem (2.5) than allowed (3.5) on this subaward.					\$2,820.00	

<b>Destination of Trip:</b> Partner Meeting: Las Vegas, NV						
	Cost	# of Trips	# of Days	# of Staff	Total	
Cost of travel: \$ amount per person x # of trips x # of staff	\$300.00	1		1	\$300.00	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00	0		0	\$0.00	
Per diem: \$ amount per person x # of trips x # of days x # of staff	\$64.50	1	1	1	\$65.00	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00	0	0	0	\$0.00	
Other: \$ amount per person x # of trips x # of days x # of staff	\$0.00				\$0.00	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00				\$0.00	
Subtotal	\$18.00	1	1	1	\$18.00	
Meeting with coalition partner(s) in Las Vegas. Funding projected to support 1 PHERC to travel to Las Vegas. 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. Local travel policy reimburses at actual travel up to 100% per diem.					\$383.00	

<b>Destination of Trip:</b> Partner Meetings						
	Cost	# of Trips	# of Days	# of Staff	Total	

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Cost of travel: \$ amount per person x # of trips x # of staff	\$0.00				\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00				\$0.00
Per diem: \$ amount per person x # of trips x # of staff	\$0.00				\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00				\$0.00
Other: \$ amount per person x # of trips x # of staff	\$0.00				\$0.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$342.00	1		2	\$684.00
Subtotal: \$ amount per person x # of trips x # of staff	\$0.00				\$0.00
Meeting with coalition partners throughout the region including routine local trips to healthcare facilities. Average amount of miles varies for each partner from the Washoe County Complex to coalition 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.					\$684.00

Out of State Travel		OSMot Days			Total:	\$28,315.00
Destination of Trip: Association of Healthcare Emergency Preparedness Professionals (AHEPP), Date and Location Unknown						
	Cost	# of Trips	# of Days	# of Staff	Total	
Cost of travel: \$ amount per person x # of trips x # of staff	\$600.00	1		3	\$1,800.00	
Baggage fee: \$ amount per person x # of trips x # of staff	\$100.00	1		3	\$300.00	
Per diem: \$ amount per person x # of trips x # of staff	\$92.00	1	2.5	3	\$690.00	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$360.00	1	3	3	\$3,240.00	
Other: \$ amount per person x # of trips x # of staff	\$40.00	1	2	3	\$240.00	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.00				\$0.00	
Subtotal: \$ amount per person x # of trips x # of staff	\$18.00	1	3	3	\$162.00	
Coalition members to share research and best practices, network, and collaborate on ways to move healthcare preparedness forward. Taxes and/or fees have been included in addition to GSA rate for lodging. (Lodging:\$360 per day (\$276 per day per GSA rate for Washington DC x 14.5% for estimated taxes and \$44 a night for estimated resort/misc. fees) x 1 trip x 3 nights x 3 staff). These rates were determined based upon national averages. This is to ensure the most accurate estimate for travel. Washoe County policy states funds cannot be redirected into Travel after initial grant approval. Estimates may be slightly higher than actual amount. 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. Per diem is paid up to the budgetary limit at 2.5 days.					\$6,432.00	

Destination of Trip: Preparedness Summit, Date and Location Unknown						
	Cost	# of Trips	# of Days	# of Staff	Total	
Cost of travel: \$ amount per person x # of trips x # of staff	\$600.00	1		4	\$2,400.00	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0.00	0		0	\$0.00	

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of trips x # of staff					
Lodging: \$ per day + \$ tax = total \$ x # of trips	\$360.00	1	3	4	\$4,320.00
x # of nights x # of staff					
Ö/[ ~ } äÄ/ä • } [ :cä } KÁÄ/Ä/ÄÄ Ä/ÄÄ -Ää • Ä	\$50.00	1	2	4	\$400.00
x # of staff					
Mileage: (rate per mile x # of miles per r/trip) x	\$0.00	0		0	\$0.00
# of trips x # of staff					
Üæ\ ä * KÁÄ/Ä/Äæ Ä/ÄÄ -Ää • Ä/ÄÄ -Äæ • Ä/ÄÄ	\$18.00	1	4	4	\$288.00
of staff					
NNPH PHERC and 3 Coalition members will gain knowledge to assist in protecting the health of the Washoe County community in the event of a public health emergency. Taxes and/or fees have been included in addition to GSA rate for lodging. (\$360 per day (\$276 per day per GSA rate for Washington DC x 14.5% for estimated taxes and \$44 a night for estimated resort/misc. fees) x 1 trip x 3 nights x 4 staff). These rates were determined based upon national averages. This is to ensure the most accurate estimate for travel. Washoe County policy states funds cannot be redirected into Travel after initial grant approval. Estimates may be slightly higher than actual amount. 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.					\$8,696.00

Destination of Trip: Joint Commission Conference Chicago, IL - Dates Unknown					
	Cost	# of Trips	# of Days	# of Staff	Total
Öæ\ ä * KÁÄ/Ä/Äæ Ä/ÄÄ -Ää • Ä/ÄÄ -Äæ • Ä/ÄÄ	\$600.00	1		3	\$1,800.00
of trips x # of staff					
Baggage fee: \$ amount per person x # of trips	\$0.00	0		0	\$0.00
x # of staff					
ÚÀ/Öa( KÁÄ/Ä/Äæ Ä/ÄÖÜCÄæ Ä/Äæ Ä/Ä/	\$92.00	1	3.5	3	\$966.00
of trips x # of staff					
Lodging: \$ per day + \$ tax = total \$ x # of trips	\$329.00	1	3	3	\$2,961.00
x # of nights x # of staff					
Ö/[ ~ } äÄ/ä • } [ :cä } KÁÄ/Ä/ÄÄ Ä/ÄÄ -Ää • Ä	\$50.00	1	2	3	\$300.00
x # of staff					
Mileage: (rate per mile x # of miles per r/trip) x	\$0.00	0		0	\$0.00
# of trips x # of staff					
Üæ\ ä * KÁÄ/Ä/Äæ Ä/ÄÄ -Ää • Ä/ÄÄ -Äæ • Ä/ÄÄ	\$18.00	1	4	3	\$216.00
of staff					
NNPH PHERC or 2 Coalition members will gain knowledge to assist in protecting the health of the Washoe County community in the event of a public health emergency. Taxes and/or fees have been included in addition to GSA rate for lodging. (Lodging: \$329 per day (\$234 per day per GSA rate x 21.89% for estimated taxes and \$44 a night for estimated resort/misc. fees) x 1 trip x 3 nights x 1 staff). These rates were determined based upon national averages. This is to ensure the most accurate estimate for travel. Washoe County policy states funds cannot be redirected into Travel after initial grant approval. Estimates may be slightly higher than actual amount. 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.					\$6,243.00

Destination of Trip: National Healthcare Coalition Preparedness Conference (NHCP); Grapevine, TX Dec 1-3, 2025					
	Cost	# of Trips	# of Days	# of Staff	Total
Öæ\ ä * KÁÄ/Ä/Äæ Ä/ÄÄ -Ää • Ä/ÄÄ -Äæ • Ä/ÄÄ	\$600.00	1		4	\$2,400.00
of trips x # of staff					
Baggage fee: \$ amount per person x # of trips	\$50.00	1		4	\$200.00
x # of staff					
ÚÀ/Öa( KÁÄ/Ä/Äæ Ä/ÄÖÜCÄæ Ä/Äæ Ä/Ä/	\$80.00	1	3.5	4	\$1,120.00
of trips x # of staff					
Lodging: \$ per day + \$ tax = total \$ x # of trips	\$224.00	1	3	4	\$2,688.00
x # of nights x # of staff					
Ö/[ ~ } äÄ/ä • } [ :cä } KÁÄ/Ä/ÄÄ Ä/ÄÄ -Ää • Ä	\$40.00	1	2	4	\$320.00
x # of staff					
Mileage: (rate per mile x # of miles per r/trip) x	\$0.00	0		0	\$0.00
# of trips x # of staff					

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4 coalition members or 3 coalition members and PHERC will attend the Coalition Preparedness Conference to learn about healthcare preparedness planning and methods to involve and engage other healthcare and non-traditional partner facilities in planning efforts. Taxes and/or fees have been included in addition to GSA rate for lodging. (Lodging: \$201 per day (\$140 per day per GSA rate x 13.5% for estimated taxes and \$42 a night for estimated resort/misc. fees) x 1 trip x 3 nights x 4 staff). These rates were determined based upon national averages. This is to ensure the most accurate estimate for travel. Washoe County policy states funds cannot be redirected into Travel after initial grant approval. Estimates may be slightly higher than actual amount. 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.	\$18.00	1	3	4	\$216.00
					\$6,944.00

<b>Operating</b>					<b>Total:</b>
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?
Office Supplies	\$5.20	4.0	12.0	\$250.00	L
Office supplies to support the 4 FT staff, to include, but not limited to: pens, paper, tape, paperclips, staples, etc.					
Meals, snacks, and light refreshments	\$3,000.00	1.0	1.0	\$3,000.00	L
Meals, snacks, and light refreshments will support SOW of trainings and exercises during working hours that span the course of lunches and breaks. How is this food and beverages are being purchased as part of a required programmatic activity. Under 2 CFR 200.432 (Conferences), costs associated with meals during a working meeting or training may be allowable when they support the objectives of the federal award and are not solely for entertainment. The purchase is also evaluated under 2 CFR 200.404 (Reasonableness) and 2 CFR 200.405 (Allocability) to ensure the cost is necessary, reasonable, and directly tied to the grant-funded activity.+					
Operating Supplies	\$114.35	4.0	12.0	\$5,489.00	L
Operating supplies to 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.).					

<b>Equipment</b>					<b>Total:</b>
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?
Lucas Device	\$18,500.00	5	1	\$92,500.00	Y
Mechanical CPR devices (Lucas 3) for use in medical surge and/or MCI response. These devices are life saving pieces of equipment that have a lifetime of several years. Equipment: means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See also the definitions of capital assets, computing devices, general purpose equipment, information technology systems, special purpose equipment, and supplies in this section.					

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<b>Contractual/Contractual and all Pass-thru Subawards</b>				<b>Total:</b>	<b>\$7,185.00</b>
<u>Name of Contractor/Subrecipient:</u> TBD					
<u>Method of Selection:</u> Sole Source					
<u>Period of Performance:</u> 7/1/2025 - 6/30/2026					
<u>Scope of Work:</u> Medical Surge supplies rotation assistance					
<u>*Sole Source Justification:</u> Rotation of medical surge supplies requires an organization with logistical expertise and utilization of the supplies needing to be rotated.					
<u>Budget</u>					
Contractual		\$7,185.00			
<u>Method of Accountability:</u> Jordyn Marchi will supervise work being completed.					Total: \$7,185.00

<b>Training</b>					<b>Total:</b>	<b>\$11,690.00</b>
	Amount	# of FTE or Units	# of Months or Occurrences	Cost		
Conference Registration - AHEPP (\$700 per participant x 3 participants)	\$700.00	3	1	\$2,100.00		
AHEPP Registration						
Conference Registration - NEPA (\$150 per participant x 5 participants)	\$150.00	5	1	\$750.00		
NEPA Registration						
Conference Registration - NHCP ( \$700 per participant x 4 participants)	\$700.00	4	1	\$2,800.00		
NHCP Registration						
Conference Registration - Preparedness Summit (\$835 per participant x 4 participants)	\$835.00	4	1	\$3,340.00		
Preparedness Summit Registration						
Conference Registration - Joint Commission (\$900 per participant x 3 participants)	\$900.00	3	1	\$2,700.00		
Joint Commission Registration						

<b>Other</b>						<b>Total:</b>	<b>\$856.00</b>
Expenditure	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect		
Copier/Printer Lease	\$29.33	1	12	\$352.00	L		
Justification: Budget supports copies that are made for a variety of programmatic documents/needs.							
Other	\$13.00	1	12	\$156.00	L		
Justification: Needed to replace printer, fax, office chair, etc.							
Postage	\$1.00	1	12	\$12.00	L		
Justification: Postage to send out mail/documents as needed.							
				\$0.00	Y		
Justification:							

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State Phone Line	\$14.00	2	12	\$336.00	L
Justification: Phone lines for 2 staff					

<b>TOTAL DIRECT CHARGES</b>	<b>\$436,297.00</b>
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<b>Indirect Charges</b>	Indirect Rate:	10.3%	\$35,416.00
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Indirect Methodology: Indirect rate is calculated on the total costs minus equipment. Indirect rate is 10.3%  $(417,781 - 74,000 = 343,781 * .103 = 35,409)$

<b>TOTAL BUDGET</b>	<b>\$471,713</b>
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Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

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

<b>FUNDING SOURCES</b>	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$471,713.00								\$471,713.00

**EXPENSE CATEGORY**

Personnel	\$283,125.00								\$283,125.00
Travel	\$32,202.00								\$32,202.00
Operating	\$8,739.00								\$8,739.00
Equipment	\$92,500.00								\$92,500.00
Contractual/Consultant	\$7,185.00								\$7,185.00
Training	\$11,690.00								\$11,690.00
Other Expenses	\$856.00								\$856.00
Indirect	\$35,416.00								\$35,416.00
TOTAL EXPENSE	\$471,713.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$471,713.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Total Indirect Cost	\$35,416.00	Total Agency Budget							\$471,713.00
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 \$471,713.00;

< \*\*\*\*\*> Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;

< \*\*\*\*\*> Indicate what additional supporting documentation is needed in order to request reimbursement;

A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any unobligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final 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 credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.; and

< \*\*\*\*\*> Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

< \*\*\*\*\*> A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

< \*\*\*\*\*> Any work performed after the BUDGET PERIOD will not be reimbursed.

< \*\*\*\*\*> If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.

< \*\*\*\*\*> If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

< \*\*\*\*\*> Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:

§\*\*\*Providing technical assistance, upon request from the Subrecipient;

§\*\*\*Providing prior approval of reports or documents to be developed;

§\*\*\*Forwarding a report to another party, i.e. CDC.

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

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

**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.

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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.

Financial Status Reports and Request for Funds must be submitted by the 20th of each month in accordance with the guidelines and all forms prescribed by the program for invoicing purposes, unless specific exceptions are provided in writing by the awarding program manager.

All subgrantees are expected to fulfill grant obligations and spend down all awarded funding within the subaward budget period. For all 12-month budget period awards, sub-awardees should have approximately 67% of the awarded budget within the first eight (8) months of the budget period. If a sub-awardee has not spent approximately 67% of the awarded budget within the first eight (8) months of the budget period, the sub-awardee may not be eligible for future carry-over opportunities.

< \*\*\*\*\*The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

< \*\*\*\*\*All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.

< \*\*\*\*\*This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

< \*\*\*\*\*A Request for Reimbursement is due on a Monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.

< \*\*\*\*\*Reimbursement is based on actual expenditures incurred during the period being reported.

< \*\*\*\*\*Payment will not be processed without all reporting being current.

< \*\*\*\*\*Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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**SECTION D  
Request for Reimbursement**

<b>Program Name:</b> Public Health Preparedness	<b>Subrecipient Name:</b> Northern Nevada Public Health
<b>Address:</b> 4126 Technology Way, Carson City, Nevada 89706	<b>Address:</b> 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<b>Subaward Period:</b> 07/01/2025 - 06/30/2026	<b>Subrecipient's:</b> 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	\$283,125.00	\$0.00	\$0.00	\$0.00	\$283,125.00	0.00%
2. Travel	\$32,202.00	\$0.00	\$0.00	0.0000	\$32,202.00	0.00%
3. Operating	\$8,739.00	\$0.00	\$0.00	\$0.00	\$8,739.00	0.00%
4. Equipment	\$92,500.00	\$0.00	\$0.00	\$0.00	\$92,500.00	0.00%
5. Contractual/Consultant	\$7,185.00	\$0.00	\$0.00	\$0.00	\$7,185.00	0.00%
6. Training	\$11,690.00	\$0.00	\$0.00	\$0.00	\$11,690.00	0.00%
7. Other	\$856.00	\$0.00	\$0.00	\$0.00	\$856.00	0.00%
8. Indirect	\$35,416.00	\$0.00	\$0.00	\$0.00	\$35,416.00	0.00%
<b>Total</b>	<b>\$471,713.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$471,713.00</b>	<b>0.00%</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Preparedness Hospital Preparedness Program	\$47,171.30	\$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 a Certified Public Accountant (CPA) or a Certified Management Accountant (CMA).
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? 6/30/2025
4. What is the official name of your organization? Northern Nevada Public Health
5. How often is your organization audited? Annually
6. When was your last audit performed? 11/27/2024
7. What time-period did your last audit cover? 7/1/2023 - 6/30/2024
8. Which accounting firm conducted your last audit? Eide Bailly

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

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**SECTION F**

**Current or Former State Employee Disclaimer**

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

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

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

- |     |                                  |   |
|-----|----------------------------------|---|
| YES | <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.

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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.

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

5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

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

**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

<b>Program Name</b>	Public Health Preparedness	<b>Subrecipient Name</b>	Northern Nevada Public Health
<b>Federal grant Number</b>	5 U3REP240774-02-00	<b>Subaward Number</b>	
<b>Federal Amount</b>	\$471,713.00	<b>Contact Name</b>	Northern Nevada Public Health
<b>Non-Federal (Match) Amount</b>	\$47,171.30	<b>Address</b>	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<b>Total Award</b>	\$471,713.00		
<b>Performance Period</b>	07/01/2024 through 06/30/2029		

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

**FINANCIAL SUMMARY FOR MATCHING FUNDS**

Total Amount Awarded \$471,713.00

Required Match Percentage 10.00%

Total Required Match \$47,171.30

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$28,312.50
2	Travel	\$	\$3,249.00
3	Operating	\$	\$845.10
4	Contract/Consultant	\$	\$718.50
5	Supplies	\$	\$9,250.00
6	Training	\$	\$1,169.00
7	Other	\$	\$85.60
8	Indirect	\$	\$3,541.60
	<b>Total</b>	<b>\$</b>	<b>\$47,171.30</b>

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