



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

Agency Ref, #: SG-2025-00453-1
Budget Account: 3218

SUBAWARD AMENDMENT # 1

Program Name: Public Health Preparedness Bureau of Bureau of Health Protection and Prevention Donielle Allen / DPBHPHPFiscal@health.nv.gov	Subrecipient Name: Northern Nevada Public Health Andrea Esp / aesp@nnph.org
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
Subaward Period: 07/01/2023 through 06/30/2025	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to: /E Scope of Work /E Term X Budget X Funding Source

Reason for Amendment: Amendment to redirect funds in excess of 10% in support of change in activity level with no change to scope of work.

Required Changes

Current Language: See Section B, C and D of the original subaward.

Amended Language: See attached Section C revised on Nov 21, 2024.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$1,567.00	(\$1,567.00)	\$0.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$27,551.00	\$22,915.00	\$50,466.00
4. Equipment	\$20,000.00	(\$20,000.00)	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$5,000.00	(\$5,000.00)	\$0.00
TOTAL DIRECT COSTS	\$54,118.00	(\$3,652.00)	\$50,466.00
8. Indirect Costs	\$7,623.00	\$3,652.00	\$11,275.00
TOTAL APPROVED BUDGET	\$61,741.00	\$0.00	\$61,741.00

Incorporated Documents:

Section B: Description of Services, Scope of Work and Deliverables revised on Nov 21, 2024

Section C: Budget and Financial Reporting Requirements revised on Nov 21, 2024

Section D: Request for Reimbursement revised on Nov 21, 2024

Section E: Audit Information Request revised on Nov 21, 2024

Section F: Current or Former State Employee Disclaimer revised on Nov 21, 2024

Section G: Business Associate Addendum revised on Nov 21, 2024

Section H: Matching Funds Agreement revised on Nov 21, 2024

Exhibit A: Original Notice of Subaward and all previous amendments

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Name	Signature	Date
Chad Kingsley, District Health Officer	Chad Kinglsey	4/7/2025
Janice Hadlock-Burnett, Bureau Chief	Janice Hadlock - Burnett	4/7/2025
for Cody Phinney, Administrator, DPBH	Cody Phinney	4/11/2025

**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:	\$0.00	Match Required X Y Æ N	10.00%				
Cumulative Prior Awards this Budget Period:	\$61,741.00	Amount Required this Action:	\$0.00				
Total Federal Funds Awarded to Date:	\$61,741.00	Amount Required Prior Awards:	\$6,174.10				
		Total Match Amount Required:	\$6,174.10				
Research and Development Æ Y X N							
Federal Budget Period			Federal Project Period				
7/1/2023 through 6/30/2025			7/1/2019 through 6/30/2025				
FOR AGENCY USE ONLY							
FEDERAL GRANT #: 6 NU90TP922047-05-01	Source of Funds: Nevada Public Health Emergency Preparedness (PHEP) Program	% Funds: 100.00	CFDA: 93.069	FAIN: NU90TP922047	Federal Grant Award Date by Federal Agency: 4/29/2024		
Budget Account	Category	GL	Function	Sub-org	Job Number		
3218	22	8516	-	-	9306924		
Non-Federal Source Of Funds	% Funds	Amount	Budget Account	Category	GL	Function	Sub-Org
	0.00						
Job Number:	Description:						

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

SECTION B

Description of Services, Scope of Work and Deliverables
revised on Nov 21, 2024

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

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

Scope of Work for Northern Nevada Public Health

Primary Goal: See attachment.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. See attachment.	See attachment	06/30/2025	See attachment.

Domain 1 Summary	
Domain Name	Community Resilience
Domain Description	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.
Associated Capabilities	• Community Preparedness • Community Recovery
Community Preparedness Definition	Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to • Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness • Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health • Identify populations that may be disproportionately impacted by an incident or event and at-risk individuals with access and functional needs • Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event • Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors • Convene or participate with community partners to identify and implement additional ways to strengthen community resilience • Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster
Community Recovery Definition	Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Community Preparedness	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
X	Build – plan to increase the capability or capacity of the capability
	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Community Recovery	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
X	Build – plan to increase the capability or capacity of the capability
	Sustain – plan to maintain the current level of capability or capacity of the capability

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Community Resilience	
1a. Planned Objective		
<i>Incorporate AFN partners into community response exercises to plan for and respond to populations disproportionately impacted by public health emergencies and all-hazards events.</i>		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Develop workgroup of stakeholders critical to the set up and operation of mass shelter and identify training and exercising needs to improve coordination in the set up and operation of mass care operations with emphasis on specialty AFN populations (ORR/AAR/Quad)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: ConOps or initial meeting agenda/Emails/Meeting notes		
Planned Activity:	Develop checklists and/or process flows specific to AFN (i.e., Empower data, SPI) to be included in the exercise planning process. (ORR/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: ExPlan/Agendas/Situation Manual/Participant feedback forms.		
Planned Activity:	Provide Empower data to create AFN population estimation for exercises and real events to identify required transportation assets, durable medical equipment needs and population numbers. (ORR/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Sign in sheets/feedback forms		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Mass shelter workgroup	
Proposed Output:	Mass shelter checklists	
Proposed Output:	Empower data	
2a. Planned Objective		
Nevada will evaluate public health and medical services gaps and vulnerabilities in response to extreme drought.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	PHP program will participate in any drought education, training or exercise activities that State sets up.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting notes/agendas		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	

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

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

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

Proposed Output:	Meeting notes
Proposed Output:	
Proposed Output:	

3a. Planned Objective

Develop and conduct a mass care exercise to enable the identification and evaluation of Health District responsibilities across all divisions.

3b. Completion Timeline

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

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

Planned Activity:	Develop WCHD shelter exercise to review all aspects of public health involvement to include a walkthrough of environmental health services operations, medical services and epidemiological surveillance with a review specific to CMIST considerations. (ORR /Quad)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheet/participant feedback forms		
Planned Activity:	Conduct shelter exercise internal to WCHD. (ORR/AAR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: CMIST evaluation		
Planned Activity:	Develop AAR-IP for exercise. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

X	Implement corrective actions to mitigate damage from future incidents	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	CMIST evaluation for exercise	
Proposed Output:	AAR-IP	
Proposed Output:	Exercise documents (ExPlan)	
4a. Planned Objective		
By June 30, 2024, increase availability of internally developed Incident Command System (ICS) training resources for Health District Staff.		
4b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Develop protocol to guide recovery operations for District Health. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Protocol or processes/Updated plan documents if applicable		
Planned Activity:	Create process and documentation for ‘crash course’ mini-response training with focus on how to task staff to work in ICS structure outside of their division. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Mini-response training forms/sign in sheets		
Planned Activity:	Develop or identify ICS trainings for emergency public health operations such as POD operations (create in Q1) and/or CRC operations (create in Q3) and make them available in Bridge. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Trainings in Everbridge		
4c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

X	Support recovery operations for public health and related systems for the community
	Implement corrective actions to mitigate damage from future incidents
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Recovery protocol
Proposed Output:	Mini-response exercise template documents
Proposed Output:	New ICS trainings on learning portal-Bridge

Domain 2 Summary		
Domain Name	Incident Management	
Domain Description	Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the National Incident Management System (NIMS) and coordinated with the jurisdictional incident, unified, or area command structure.	
Associated Capabilities	Emergency Operations Coordination	
Emergency Operations Definition	Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Operations Coordination		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
☐	Build – plan to increase the capability or capacity of the capability	
☐	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Incident Management	
1a. Planned Objective		
Sustain current NIMS (National Incident Management System), NRF (National Response Framework), ICS (Incident Command System) training and exercises.		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Develop a public health activation exercise using emergency staff communication to develop a staffing plan for the response, shift changes and a rotating schedule. (ORR, AAR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise documents/ExPlan		
Planned Activity:	Conduct activation exercise and use real staff response to fill out needed ICS positions and identify gaps in ability to staff the response as well as impacts to regular divisional job functions. (ORR, AAR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets/participant feedback forms		
Planned Activity:	Review staffing and structure of ICS response and identify those 'have to' functions and review against the COOP plan for the Health District. (AAR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Documentation: Recommendations for COOP plan/AAR-IP		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
X	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	
X	Demobilize and evaluate public health emergency operations	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Exercise documentation (ExPlan)	
Proposed Output:	AAR-IP	
Proposed Output:	List of 'have to' functions integrated into COOP plan	
2a. Planned Objective		
By June 30, 2024, review and update the MCM plan, POD Manual and PIP plan.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Update Medical Countermeasures (MCM) plan. Draft update in Q3 and complete in Q4 with any AAR-IP updates from exercise. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated MCM plan		
Planned Activity:	Update Point of Dispensing Operations Manual. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated Point of Dispensing Operations Manual		
Planned Activity:	Update Pandemic Influenza Plan. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated Pandemic Influenza Plan		
Planned Activity:	Update Bio Detection Plan (BDS) in Q3 based on Post Office led exercise, if applicable. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

		☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated CBRNE Plan, as needed.		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated Medical Countermeasures plan	
Proposed Output:	Updated POD Operations Manual	
Proposed Output:	Updated Pandemic Influenza Plan	
3a. Planned Objective		
By June 30, 2024, coordinate the evaluation of the WCHD Outbreak Response Plan for relevance and update or eliminate it based on EPHP input.		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Review Outbreak Response plan and evaluate it against the need for a process for identifying activations processes for a public health response. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated Outbreak Response Plan or other plan/process		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Documentation:	
3c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Emergency Operations Coordination:	
	Conduct preliminary assessment to determine the need for activation of public health emergency operations
	Activate public health emergency operations
X	Develop and maintain an incident response strategy
	Manage and sustain the public health response
	Demobilize and evaluate public health emergency operations
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	WCHD workgroup
Proposed Output:	Updated Outbreak Response Plan and/or another plan
Proposed Output:	

Domain 3 Summary		
Domain Name	Information Management	
Domain Description	Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts, and warnings using a whole community approach, and to exchange health information and situational awareness with federal, state, local, territorial and tribal levels of governments and partners.	
Associated Capabilities	- Emergency Public Information and Warning - Information Sharing	
Emergency Public Information and Warning Definition	Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.	
Information Sharing Definition	Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Public Information and Warning		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Information Sharing		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Information Management	
1a. Planned Objective		
Review and update public information components in preparedness and response plans.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate with Washoe County Emergency Management to review and update the Emergency Communications and Public Information Plan. Document agenda, sign in and meeting notes. (PIO/ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated ECPIP		

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Planned Activity:	Develop a public health activation communications drill utilizing alternate modes of communication with public when standard methods are inoperable. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: ExPlan, messaging, meeting notes		
Planned Activity:	Develop AAR-IP. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
1c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
X	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated Emergency Communications and Public Information Plan (ECPIP)	
Proposed Output:	ExPlan/Exercise documents	
Proposed Output:	AAR-IP	
2a. Planned Objective		
By June 30, 2024, provide multiple opportunities to implement new processes and public information pushout to the community with a focus on providing access to hard-to-reach local populations.		
2b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:	Create media information protocol that can be disseminated at the beginning of an activation event to be provided to response staff that includes basic instructions such as interactions with media, etiquette, identification of briefing areas and training. (AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Completed protocol (formatted in email/training/video)		
Planned Activity:	Identify communications trainings that may include CDC Crisis and Emergency Risk Communication (CERC) for Communication team. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Training certificates		
Planned Activity:	As part of the fall flu POD exercises and other activities as appropriate, create 2 or more culturally appropriate media and/or informational pushout documents in support of the exercise/s. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Press releases/informational flyers		
2c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
X	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Media Protocol	
Proposed Output:	CERC trained Public Information Officers	
Proposed Output:	Two media or informational pushout documents to support emergency operations.	
3a. Planned Objective		
Provide multiple opportunities to drill and review internal modes of communications for information pushout to staff.		
3b. Completion Timeline		

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Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i>		
Planned Activity:	Drill/exercise all forms of internal communications methods quarterly. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
Planned Activity:	Maintain Code Red bi-weekly exercising with assigned staff. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Messaging schedule, CodeRed messages		
Planned Activity:	Develop a yearly AAR-IP for communication exercises. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
3c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
X	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. <i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		
Proposed Output:	Exercise document – running ExPlan	
Proposed Output:	Biweekly CodeRed exercises	
Proposed Output:	AAR-IP	

Domain 4 Summary	
Domain Name	Countermeasures and Mitigation
Domain Description	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.
Associated Capabilities	• Medical Countermeasure Dispensing and Administration • Medical Materiel Management and Distribution • Nonpharmaceutical Interventions • Responder Safety and Health
Medical Countermeasure Dispensing and Administration Definition	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.
Medical Materiel Management and Distribution	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.
Nonpharmaceutical Interventions	Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include • Isolation • Quarantine • Restrictions on movement and travel advisories or warnings • Social distancing • External decontamination • Hygiene • Precautionary protective behaviors
Responder Safety and Health	Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Medical Countermeasure Dispensing and Administration	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Medical Materiel Management and Distribution	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Nonpharmaceutical Interventions	

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Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Responder Safety and Health		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Countermeasures and Mitigation	
1a. Planned Objective		
Complete a full-scale exercise of an anthrax event within the CRI jurisdiction.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate with Southern Nevada Health District on the development and participation in CRI Anthrax exercise in Las Vegas. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Planning meeting documents/agendas/sign in sheets		
Planned Activity:	Participate in CRI Anthrax exercise in Las Vegas. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets/acknowledgement in ExPlan		
Planned Activity:	Participate in AAR-IP development. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: AAR-IP		
Planned Activity:	Conduct programmatic review of exercise and AAR-IP to identify best practices to incorporate into WCHD planning documents and exercises. (AAR/ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: List of best practices/Sign in Sheet		

1c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Medical Countermeasure Dispensing and Administration	
X	Determine medical countermeasure dispensing/administration strategies
X	Receive medical countermeasures to be dispensed/administered
X	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events
Medical Materiel Management & Distribution	
X	Direct and activate medical materiel management and distribution
X	Acquire medical materiel from national stockpiles or other supply sources
X	Distribute medical materiel
X	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
X	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
X	Monitor responder safety and health during and after incident response
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Exercise planning documents (WCHD listed as participant)
Proposed Output:	WCHD participation in exercise
Proposed Output:	AAR-IP (Southern Nevada led)
Proposed Output:	List of best practices to incorporate into local planning
Proposed Output:	
2a. Planned Objective	
By June 30, 2024, plan, coordinate and conduct a chemical exercise in close coordination with regional partners and the Hospital Preparedness Program (HPP).	
2b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	

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Planned Activity:	Coordinate with HPP program and regional partners to choose most concerning chemical threat hazard for Washoe County, identify risks, gaps and mitigation requirements and use the information created to design a chemical tabletop exercise. (ORR/FOA/Quad)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: List of chemical threats/list of gaps/list of resources		
Planned Activity:	In coordination with the HPP program and regional partners conduct concept of operations meeting, initial planning meeting and create exercise documentation for chemical exercise. (FOA/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Situation Manual/Sign in sheets/agendas		
Planned Activity:	Conduct Chemical exercise. (FOA/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise announcements/sign in sheets		
Planned Activity:	Develop AAR-IP. (FOA/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
X	Determine medical countermeasure dispensing/administration strategies	
X	Receive medical countermeasures to be dispensed/administered	
X	Activate medical countermeasure dispensing/administration operations	
X	Dispense/administer medical countermeasures to targeted population(s)	
X	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		

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X	Identify responder safety and health risks
X	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	List of chemical risks and gaps
Proposed Output:	Situation manual/Exercise documents
Proposed Output:	AAR-IP
Proposed Output:	
3a. Planned Objective	
By March 30, 2024, plan, coordinate and conduct a Point of Dispensing exercise that includes a focus on security, emergency use authorizations, and multidivisional staffing models.	
3b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>	
Planned Activity:	Develop exercise plan for Fall Flu POD activities to focus on POD security, EUA/IND protocols, and multidivisional staffing. (ORR/JRA/Quad)
	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise documents/agendas/meeting notes	
Planned Activity:	Conduct POD exercise and evaluate upon completion. (ORR/JRA/Quad)
	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets/media pushouts/participant evaluations	
Planned Activity:	Develop AAR-IP. (ORR/JRA/Quad)
	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: AAR-IP	
Planned Activity:	Coordinate, as requested, with the U.S. Postal Service in their annual BDS exercise.
	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting notes, invitation, email	
3c. Function Association (Select all that apply):	

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Subrecipients must select the functions used to guide planned activities.	
Medical Countermeasure Dispensing and Administration	
X	Determine medical countermeasure dispensing/administration strategies
X	Receive medical countermeasures to be dispensed/administered
X	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events
Medical Materiel Management & Distribution	
	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources
	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Exercise documents
Proposed Output:	Participant feedback forms
Proposed Output:	AAR-IP
Proposed Output:	

Domain 5 Summary	
Domain Name	Surge Management
Domain Description	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other non-medical volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.
Associated Capabilities	• Fatality Management • Mass Care • Medical Surge • Volunteer Management
Fatality Management Definition	Fatality management is the ability to coordinate with organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting • Recovery and preservation of remains • Identification of the deceased • Determination of cause and manner of death • Release of remains to an authorized individual • Provision of mental/behavioral health assistance for the grieving The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.
Mass Care Definition	Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.
Medical Surge Definition	Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.
Volunteer Management Definition	Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Fatality Management	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
X	Build – plan to increase the capability or capacity of the capability
	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Mass Care	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
	Sustain – plan to maintain the current level of capability or capacity of the capability

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	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Medical Surge		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Volunteer Management		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy		Strengthen Surge Management
1a. Planned Objective		
By June 30, 2024, increase availability of WebEOC training resources to Health District Staff.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Develop WebEOC instructions for WCHD staff. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Completed training manual		
Planned Activity:	Develop WebEOC training for Bridge training system and push out to all WCHD staff. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: WebEOC training module		
Planned Activity:	Participate and coordinate with Human Services Agency (HSA) representative on the Disaster Behavioral Health Annex, as able. (ORR/JRA)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas and minutes/updated plan if completed.		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		

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Fatality Management	
	Determine the public health agency role in fatality management
X	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
X	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
X	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
	Recruit, coordinate, and train volunteers
	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Updated WebEOC instructions and/or video
Proposed Output:	Updated Behavioral Health Plan if completed (PHP does not own plan)
Proposed Output:	
2a. Planned Objective	
Conduct shelter exercise with a focus on clarifying processes and protocols for Health District with engagement across divisions.	
2b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>	

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:	Participate in the update of the MAEA and MCIP as requested. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: ExPlan/planning meeting agendas		
Planned Activity:	Incorporate communications drill into shelter exercise for notification of WCHD MRC. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Shelter ExPlan, communications message		
Planned Activity:	Incorporate into shelter exercise the WCHD MRC component for clarification of processes and roles for volunteers. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP, Shelter ExPlan		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
☐	Determine the public health agency role in fatality management	
☐	Identify and facilitate access to public health resources to support fatality management operations	
☐	Assist in the collection and dissemination of antemortem data	
☐	Support the provision of survivor mental/behavioral health services	
☐	Support fatality processing and storage operations	
Mass Care		
X	Determine public health role in mass care operations	
☐	Determine mass care health needs of the impacted population	
X	Coordinate public health, medical, and mental/behavioral health services	
X	Monitor mass care population health	
Medical Surge		
☐	Assess the nature and scope of the incident	
☐	Support activation of medical surge	
☐	Support jurisdictional medical surge operations	
☐	Support demobilization of medical surge operations	
Volunteer Management		
X	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
☐	Conduct or support volunteer safety and health monitoring and surveillance	
☐	Demobilize volunteers	

Other (please specify)		
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	AAR-IP	
Proposed Output:	Updated plan/protocol	
Proposed Output:		
3a. Planned Objective		
Coordinate with partners and identify and clarify Health District roles and responsibilities in the Family Assistance Center Plan.		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Coordinate with the Washoe County Emergency Manager (WCEM) and Washoe County Medical Examiner's Office (WCMEO) on Family Assistance Center plan update with focus on clarifying the public health role in plan. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated FAC plan		
Planned Activity:	Participate in any State facilitated Crisis Standards of Care (CSC) activities or meetings as requested. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Agenda/meeting notes		
Planned Activity:	Update Medical Service Unit handbook based on updated Family Assistance Center Plan. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated MSU handbook		
Planned Activity:	As appropriate, update and clarify role of WCHD MRC in FAC. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: FAC Plan, meeting notes.		
Planned Activity:	Conduct in-person POD training specific to WCHD MRC and CERT volunteers as appropriate. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Documentation: Agenda, sign-in sheets, presentation slides	
3c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Fatality Management	
X	Determine the public health agency role in fatality management
X	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
X	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
X	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
X	Coordinate public health, medical, and mental/behavioral health services
X	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
X	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Updated Family Assistance Center Plan (if completed by partners)
Proposed Output:	Updated MSU handbook
Proposed Output:	POD trainings

Domain 6 Summary		
Domain Name	Biosurveillance	
Domain Description	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, and radiological agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks and adverse events, and provide relevant information in a timely manner to stakeholders and the public.	
Associated Capabilities	• Public Health Laboratory Testing • Public Health Surveillance and Epidemiological Investigation	
Public Health Laboratory Testing Definition	Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies.	
Public Health Surveillance and Epidemiological Investigation Definition	Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Public Health Laboratory Testing		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
☐	Build – plan to increase the capability or capacity of the capability	
☐	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Public Health Surveillance and Epidemiological Investigation		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
☒	Build – plan to increase the capability or capacity of the capability	
☐	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Bio surveillance	
1a. Planned Objective		
Increase disease investigation capacity by training and incorporating COVID-19 disease investigators to support other communicable diseases with ensured quality of data gathered.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Develop trainings and transition COVID-19 disease investigators to take on commonly reported diseases.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

		☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Training documents, workflow SOP and meetings.		
Planned Activity:	Create data exports in EpiTrax on a regular basis and create and run code logic for quality assurance checks.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Number of QAs run.		
Planned Activity:	Train and use COVID-19 disease investigators in data entry needs in CRO, HBV and HCV databases to support data completion in a timely manner.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: SOP and completion of data entry		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		
☐	Conduct laboratory testing and report results	
☐	Enhance laboratory communications and coordination	
☐	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
☐	Conduct or support public health surveillance	
X	Conduct public health and epidemiological investigations	
☐	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Completed code logic for QA and regular QA checks run	
Proposed Output:	Completed training and workplan for COVID-19 disease investigators	
Proposed Output:		
2a. Planned Objective		
Update communicable disease manual		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:	Update the communicable disease manual to reflect the most up to date information.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated CD manual chapters.		
Planned Activity:	Create and manage a communicable disease chapter tracker system.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: CD chapter tracker system.		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated communicable disease manual	
Proposed Output:		
Proposed Output:		
3a. Planned Objective		
Provide disease background, surveillance, and awareness updates to the community through reports and newsletter publications		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE. Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Publish regular Epi News newsletter on various disease topics, made available for public access.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website		
Planned Activity:	Publish a COVID-19 summary report to encompass activities and case data from March 2020-December 2022.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website		
Planned Activity:	Published reports on influenza activities during the flu season and quarterly CPO report.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		
☐	Conduct laboratory testing and report results	
☐	Enhance laboratory communications and coordination	
☐	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
☐	Conduct or support public health surveillance	
☐	Conduct public health and epidemiological investigations	
☐	Recommend, monitor, and analyze mitigation actions	
☒	Improve public health surveillance and epidemiological investigation systems	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Epi News publications	
Proposed Output:	COVID-19 Summary report	
Proposed Output:	Flu and CPO reports	

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**SECTION C
Budget and Financial Reporting Requirements
revised on Nov 21, 2024**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to:
This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant # 6 NU90TP922047-05-01 from Nevada Public Health Emergency Preparedness (PHEP) Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Public Health Emergency Preparedness (PHEP) Program.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6 NU90TP922047-05-01 from Nevada Public Health Emergency Preparedness (PHEP) Program.

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	Including Fringe	Total:	\$0
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In-State Travel	Total:	\$0
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Out of State Travel	OSMot Days	Total:	\$0
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Operating					Total:	\$50,466
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?	
Operating Supplies	\$4,205.45	1.0	12.0	\$50,466.00	X	
Other supplies support the operations of the program to achieve grant deliverables including medical surge (i.e. Clear outsert assembly, Gen II VPU Devices, Gas Mask Adapter, Pocket Talker Amplifier, Pocket Talker, Batteries, Magnifying Glass, Communication cards, Clear plastic boxes, alpha kits, handheld radios, medical supply bags, bleeding control kits, wheeled stretchers, etc.). Meals and snacks will support scope of work following eCFR: 45 CFR Part 75.						

Equipment	Total:	\$0
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Contractual/Contractual and all Pass-thru Subawards	Total:	\$0
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Training	Total:	\$0
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Other					Total:	\$0
				\$0.00	Æ	

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TOTAL DIRECT CHARGES			\$50,466
<u>Indirect Charges</u>	Indirect Rate:	22.3%	\$11,275
Indirect Methodology: 22.34% of all direct expenses per proposed indirect agreement			
TOTAL BUDGET			\$61,741

**STATE OF NEVADA
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Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$61,741.00								\$61,741.00

EXPENSE CATEGORY

Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$50,466.00								\$50,466.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$0.00								\$0.00
Other Expenses	\$0.00								\$0.00
Indirect	\$11,275.00								\$11,275.00
TOTAL EXPENSE	\$61,741.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$61,741.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Total Indirect Cost	\$11,275.00	Total Agency Budget							\$61,741.00
Percent of Subrecipient Budget									100.00%

B. Explain any items noted as pending:

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C. Program Income Calculation:

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- "The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

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 \$61,741.00;
 - 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;
 - ψ A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed. If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement. If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.
; and
- Additional expenditure detail will be provided upon request from the Department.

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:
 - Â Providing technical assistance, upon request from the Subrecipient;
 - Â Providing prior approval of reports or documents to be developed;
 - Â Forwarding a report to another party, i.e. CDC.
 - Â The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

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

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

This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that

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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 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.
- , 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
revised on Nov 21, 2024**

<u>Program Name:</u> Public Health Preparedness	<u>Subrecipient Name:</u> Northern Nevada Public Health
<u>Address:</u> 4126 Technology Way, Carson City, Nevada 89706	<u>Address:</u> 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<u>Subaward Period:</u> 07/01/2023 - 06/30/2025	<u>Subrecipient's:</u> EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s)	Calendar Year
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Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$50,466.00	\$0.00	\$0.00	\$0.00	\$50,466.00	0.00%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8. Indirect	\$11,275.00	\$0.00	\$0.00	\$0.00	\$11,275.00	0.00%
Total	\$61,741.00	\$0.00	\$0.00	\$0.00	\$61,741.00	0.00%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Emergency Preparedness (PHEP) Program	\$0.00	\$6,174.10	\$0.00	\$0.00	\$0.00	0.00%

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

Authorized Signature

Title

Date

FOR DEPARTMENT USE ONLY

Is program contact required? /E Yes /E 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** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? X Yes /E 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? 12/27/2023
7. What time-period did your last audit cover? 7/1/2022 - 6/30/2023
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 | Æ | If "YES" list the names of any current or former employees of the State and the services that each person will perform. |
| NO | X | 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 (the "HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 (the "HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

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

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

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

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

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

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individual. Refer to 45 CFR 160.103.

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e)(2)(ii)(E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media,

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

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any

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breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

1. Effect of Termination:

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

VI. MISCELLANEOUS

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

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

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

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**SECTION H
Matching Funds Agreement**

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

Program Name	Public Health Preparedness	Subrecipient Name	Northern Nevada Public Health
Federal grant Number	6 NU90TP922047-05-01	Subaward Number	
Federal Amount	\$61,741.00	Contact Name	Northern Nevada Public Health
Non-Federal (Match) Amount	\$6,174.10	Address	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Total Award	\$61,741.00		
Performance Period	07/01/2019 through 06/30/2025		

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 \$61,741.00

Required Match Percentage 10.00%

Total Required Match \$6,174.10

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$156.80
2	Travel	\$	\$1,137.90
3	Operating	\$	\$651.40
4	Contract/Consultant	\$	\$0.00
5	Supplies	\$	\$150.00
6	Training	\$	\$0.00
7	Other	\$	\$2,977.70
8	Indirect	\$	\$1,100.30
	Total	\$	\$6,174.10

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
(Hereinafter referred to as the Department)

Agency Ref, #: SG-2025-00453-1
Budget Account: 3218

SUBAWARD AMENDMENT # 1

Program Name: Public Health Preparedness Bureau of Bureau of Health Protection and Prevention Donielle Allen / DPBHPHFiscal@health.nv.gov	Subrecipient Name: Northern Nevada Public Health Andrea Esp / aesp@nnph.org
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
Subaward Period: 07/01/2023 through 06/30/2025	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to: ☐ Scope of Work ☐ Term ☒ Budget ☒ Funding Source

Reason for Amendment: Amendment to redirect funds in excess of 10% in support of change in activity level with no change to scope of work.

Required Changes
Current Language: See Section B, C and D of the original subaward.
Amended Language: See attached Section C revised on Nov 21, 2024.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$1,567.00	(\$1,567.00)	\$0.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$27,551.00	\$22,915.00	\$50,466.00
4. Equipment	\$20,000.00	(\$20,000.00)	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$5,000.00	(\$5,000.00)	\$0.00
TOTAL DIRECT COSTS	\$54,118.00	(\$3,652.00)	\$50,466.00
8. Indirect Costs	\$7,623.00	\$3,652.00	\$11,275.00
TOTAL APPROVED BUDGET	\$61,741.00	\$0.00	\$61,741.00

Incorporated Documents:
Section B: Description of Services, Scope of Work and Deliverables revised on Nov 21, 2024
Section C: Budget and Financial Reporting Requirements revised on Nov 21, 2024
Section D: Request for Reimbursement revised on Nov 21, 2024
Section E: Audit Information Request revised on Nov 21, 2024
Section F: Current or Former State Employee Disclaimer revised on Nov 21, 2024
Section G: Business Associate Addendum revised on Nov 21, 2024
Section H: Matching Funds Agreement revised on Nov 21, 2024
Exhibit A: Original Notice of Subaward and all previous amendments

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Name	Signature	Date
Chad Kingsley, District Health Officer		4/7/2025
Janice Hadlock-Burnett, Bureau Chief		
for Cody Phinney, Administrator, DPBH		

**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:	\$0.00	Match Required ☒ Y ☐ N	10.00%				
Cumulative Prior Awards this Budget Period:	\$61,741.00	Amount Required this Action:	\$0.00				
Total Federal Funds Awarded to Date:	\$61,741.00	Amount Required Prior Awards:	\$6,174.10				
		Total Match Amount Required:	\$6,174.10				
Research and Development ☐ Y ☒ N							
Federal Budget Period			Federal Project Period				
7/1/2023 through 6/30/2025			7/1/2019 through 6/30/2025				
FOR AGENCY USE ONLY							
FEDERAL GRANT #: 6 NU90TP922047-05-01	Source of Funds: Nevada Public Health Emergency Preparedness (PHEP) Program		% Funds: 100.00	CFDA: 93.069	FAIN: NU90TP922047	Federal Grant Award Date by Federal Agency: 4/29/2024	
Budget Account	Category	GL	Function	Sub-org	Job Number		
3218	22	8516	-	-	9306924		
Non-Federal Source Of Funds	% Funds	Amount	Budget Account	Category	GL	Function	Sub-Org
	0.00						
Job Number:		Description:					

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

SECTION B

Description of Services, Scope of Work and Deliverables
revised on Nov 21, 2024

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

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

Scope of Work for Northern Nevada Public Health

Primary Goal: See attachment.

Objective	Activities	Due Date	Documentation Needed
1. See attachment.	See attachment	06/30/2025	See attachment.

Domain 1 Summary	
Domain Name	Community Resilience
Domain Description	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.
Associated Capabilities	• Community Preparedness • Community Recovery
Community Preparedness Definition	Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to • Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness • Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health • Identify populations that may be disproportionately impacted by an incident or event and at-risk individuals with access and functional needs • Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event • Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors • Convene or participate with community partners to identify and implement additional ways to strengthen community resilience • Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster
Community Recovery Definition	Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Community Preparedness	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
X	Build – plan to increase the capability or capacity of the capability
	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Community Recovery	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
X	Build – plan to increase the capability or capacity of the capability
	Sustain – plan to maintain the current level of capability or capacity of the capability

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Scale back – plan to reduce the capability or capacity of the capability		
No planned activities this budget period – there are no planned activities to address this capability		
Strategies/Activities		
Domain Strategy		Strengthen Community Resilience
1a. Planned Objective		
Incorporate AFN partners into community response exercises to plan for and respond to populations disproportionately impacted by public health emergencies and all-hazards events.		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Develop workgroup of stakeholders critical to the set up and operation of mass shelter and identify training and exercising needs to improve coordination in the set up and operation of mass care operations with emphasis on specialty AFN populations (ORR/AAR/Quad)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: ConOps or initial meeting agenda/Emails/Meeting notes		
Planned Activity:	Develop checklists and/or process flows specific to AFN (i.e., Empower data, SPI) to be included in the exercise planning process. (ORR/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: ExPlan/Agendas/Situation Manual/Participant feedback forms.		
Planned Activity:	Provide Empower data to create AFN population estimation for exercises and real events to identify required transportation assets, durable medical equipment needs and population numbers. (ORR/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Sign in sheets/feedback forms		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	
X	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Mass shelter workgroup	
Proposed Output:	Mass shelter checklists	
Proposed Output:	Empower data	
2a. Planned Objective		
Nevada will evaluate public health and medical services gaps and vulnerabilities in response to extreme drought.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	PHP program will participate in any drought education, training or exercise activities that State sets up.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting notes/agendas		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
X	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
	Identify and monitor community recovery needs	
	Support recovery operations for public health and related systems for the community	
	Implement corrective actions to mitigate damage from future incidents	

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

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

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

Proposed Output:	Meeting notes
Proposed Output:	
Proposed Output:	

3a. Planned Objective

Develop and conduct a mass care exercise to enable the identification and evaluation of Health District responsibilities across all divisions.

3b. Completion Timeline

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

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

Planned Activity:	Develop WCHD shelter exercise to review all aspects of public health involvement to include a walkthrough of environmental health services operations, medical services and epidemiological surveillance with a review specific to CMIST considerations. (ORR /Quad)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
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Documentation: Sign in sheet/participant feedback forms

Planned Activity:	Conduct shelter exercise internal to WCHD. (ORR/AAR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
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Documentation: CMIST evaluation

Planned Activity:	Develop AAR-IP for exercise. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
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Documentation: AAR-IP

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

Subrecipients must select the functions used to guide planned activities.

Community Preparedness:

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

Community Recovery:

	Identify and monitor community recovery needs
X	Support recovery operations for public health and related systems for the community

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

X	Implement corrective actions to mitigate damage from future incidents	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	CMIST evaluation for exercise	
Proposed Output:	AAR-IP	
Proposed Output:	Exercise documents (ExPlan)	
4a. Planned Objective		
By June 30, 2024, increase availability of internally developed Incident Command System (ICS) training resources for Health District Staff.		
4b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Develop protocol to guide recovery operations for District Health. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Protocol or processes/Updated plan documents if applicable		
Planned Activity:	Create process and documentation for ‘crash course’ mini-response training with focus on how to task staff to work in ICS structure outside of their division. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Mini-response training forms/sign in sheets		
Planned Activity:	Develop or identify ICS trainings for emergency public health operations such as POD operations (create in Q1) and/or CRC operations (create in Q3) and make them available in Bridge. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Trainings in Everbridge		
4c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Community Preparedness:		
	Determine risks to the health of the jurisdiction	
	Strengthen community partnerships to support health preparedness	
	Coordinate with partners and share information through community social networks	
X	Coordinate training and provide guidance to support community involvement with preparedness efforts	
Community Recovery:		
X	Identify and monitor community recovery needs	

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

X	Support recovery operations for public health and related systems for the community
	Implement corrective actions to mitigate damage from future incidents
4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Recovery protocol
Proposed Output:	Mini-response exercise template documents
Proposed Output:	New ICS trainings on learning portal-Bridge

Domain 2 Summary		
Domain Name	Incident Management	
Domain Description	Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the National Incident Management System (NIMS) and coordinated with the jurisdictional incident, unified, or area command structure.	
Associated Capabilities	Emergency Operations Coordination	
Emergency Operations Definition	Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Operations Coordination		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Incident Management	
1a. Planned Objective		
Sustain current NIMS (National Incident Management System), NRF (National Response Framework), ICS (Incident Command System) training and exercises.		
1b. Completion Timeline		
Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Develop a public health activation exercise using emergency staff communication to develop a staffing plan for the response, shift changes and a rotating schedule. (ORR, AAR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise documents/ExPlan		
Planned Activity:	Conduct activation exercise and use real staff response to fill out needed ICS positions and identify gaps in ability to staff the response as well as impacts to regular divisional job functions. (ORR, AAR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets/participant feedback forms		
Planned Activity:	Review staffing and structure of ICS response and identify those 'have to' functions and review against the COOP plan for the Health District. (AAR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Documentation: Recommendations for COOP plan/AAR-IP		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
X	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	
X	Demobilize and evaluate public health emergency operations	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.		
Proposed Output:	Exercise documentation (ExPlan)	
Proposed Output:	AAR-IP	
Proposed Output:	List of 'have to' functions integrated into COOP plan	
2a. Planned Objective		
By June 30, 2024, review and update the MCM plan, POD Manual and PIP plan.		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.		
Planned Activity:	Update Medical Countermeasures (MCM) plan. Draft update in Q3 and complete in Q4 with any AAR-IP updates from exercise. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated MCM plan		
Planned Activity:	Update Point of Dispensing Operations Manual. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated Point of Dispensing Operations Manual		
Planned Activity:	Update Pandemic Influenza Plan. Draft update in Q1 based on ORR with finalization in Q3 with identified AAR-IP updates from Fall exercises. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated Pandemic Influenza Plan		
Planned Activity:	Update Bio Detection Plan (BDS) in Q3 based on Post Office led exercise, if applicable. Document agenda, sign in and meeting notes. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

		☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated CBRNE Plan, as needed.		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Emergency Operations Coordination:		
	Conduct preliminary assessment to determine the need for activation of public health emergency operations	
	Activate public health emergency operations	
X	Develop and maintain an incident response strategy	
	Manage and sustain the public health response	
	Demobilize and evaluate public health emergency operations	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.		
Proposed Output:	Updated Medical Countermeasures plan	
Proposed Output:	Updated POD Operations Manual	
Proposed Output:	Updated Pandemic Influenza Plan	
3a. Planned Objective		
By June 30, 2024, coordinate the evaluation of the WCHD Outbreak Response Plan for relevance and update or eliminate it based on EPHP input.		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.		
Planned Activity:	Review Outbreak Response plan and evaluate it against the need for a process for identifying activations processes for a public health response. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated Outbreak Response Plan or other plan/process		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30

Documentation:	
3c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Emergency Operations Coordination:	
	Conduct preliminary assessment to determine the need for activation of public health emergency operations
	Activate public health emergency operations
X	Develop and maintain an incident response strategy
	Manage and sustain the public health response
	Demobilize and evaluate public health emergency operations
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.	
Proposed Output:	WCHD workgroup
Proposed Output:	Updated Outbreak Response Plan and/or another plan
Proposed Output:	

Domain 3 Summary		
Domain Name	Information Management	
Domain Description	Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts, and warnings using a whole community approach, and to exchange health information and situational awareness with federal, state, local, territorial and tribal levels of governments and partners.	
Associated Capabilities	• Emergency Public Information and Warning • Information Sharing	
Emergency Public Information and Warning Definition	Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.	
Information Sharing Definition	Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Public Information and Warning		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
☐	Build – plan to increase the capability or capacity of the capability	
☒	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Information Sharing		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
☐	Build – plan to increase the capability or capacity of the capability	
☒	Sustain – plan to maintain the current level of capability or capacity of the capability	
☐	Scale back – plan to reduce the capability or capacity of the capability	
☐	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Information Management	
1a. Planned Objective		
Review and update public information components in preparedness and response plans.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate with Washoe County Emergency Management to review and update the Emergency Communications and Public Information Plan. Document agenda, sign in and meeting notes. (PIO/ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated ECPIP		

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:	Develop a public health activation communications drill utilizing alternate modes of communication with public when standard methods are inoperable. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: ExPlan, messaging, meeting notes		
Planned Activity:	Develop AAR-IP. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
1c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
	Establish and participate in information system operations	
X	Establish avenues for public interaction and information exchange	
	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
X	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.		
Proposed Output:	Updated Emergency Communications and Public Information Plan (ECPIP)	
Proposed Output:	ExPlan/Exercise documents	
Proposed Output:	AAR-IP	
2a. Planned Objective		
By June 30, 2024, provide multiple opportunities to implement new processes and public information pushout to the community with a focus on providing access to hard-to-reach local populations.		
2b. Completion Timeline		
Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.		

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Planned Activity:	Create media information protocol that can be disseminated at the beginning of an activation event to be provided to response staff that includes basic instructions such as interactions with media, etiquette, identification of briefing areas and training. (AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Completed protocol (formatted in email/training/video)		
Planned Activity:	Identify communications trainings that may include CDC Crisis and Emergency Risk Communication (CERC) for Communication team. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Training certificates		
Planned Activity:	As part of the fall flu POD exercises and other activities as appropriate, create 2 or more culturally appropriate media and/or informational pushout documents in support of the exercise/s. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Press releases/informational flyers		
2c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
X	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.		
Proposed Output:	Media Protocol	
Proposed Output:	CERC trained Public Information Officers	
Proposed Output:	Two media or informational pushout documents to support emergency operations.	
3a. Planned Objective		
Provide multiple opportunities to drill and review internal modes of communications for information pushout to staff.		
3b. Completion Timeline		

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Recipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE. Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.		
Planned Activity:	Drill/exercise all forms of internal communications methods quarterly. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
Planned Activity:	Maintain Code Red bi-weekly exercising with assigned staff. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Messaging schedule, CodeRed messages		
Planned Activity:	Develop a yearly AAR-IP for communication exercises. (ORR)	Completion Timeline: - ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
3c. Function Association (Select all that apply):		
Recipients must select the functions used to guide planned activities.		
Emergency Public Information and Warning:		
	Activate the emergency public information system	
	Determine the need for a Joint Information System	
X	Establish and participate in information system operations	
	Establish avenues for public interaction and information exchange	
X	Issue public information, alerts, warnings, and notifications	
Information Sharing:		
	Identify stakeholders that should be incorporated into information flow and define information sharing needs	
X	Identify and develop guidance, standards, and systems for information exchange	
	Exchange information to determine a common operating picture	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.		
Proposed Output:	Exercise document – running ExPlan	
Proposed Output:	Biweekly CodeRed exercises	
Proposed Output:	AAR-IP	

Domain 4 Summary	
Domain Name	Countermeasures and Mitigation
Domain Description	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.
Associated Capabilities	• Medical Countermeasure Dispensing and Administration • Medical Materiel Management and Distribution • Nonpharmaceutical Interventions • Responder Safety and Health
Medical Countermeasure Dispensing and Administration Definition	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.
Medical Materiel Management and Distribution	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.
Nonpharmaceutical Interventions	Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include • Isolation • Quarantine • Restrictions on movement and travel advisories or warnings • Social distancing • External decontamination • Hygiene • Precautionary protective behaviors
Responder Safety and Health	Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Medical Countermeasure Dispensing and Administration	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Medical Materiel Management and Distribution	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Nonpharmaceutical Interventions	

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Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Responder Safety and Health		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Countermeasures and Mitigation	
1a. Planned Objective		
Complete a full-scale exercise of an anthrax event within the CRI jurisdiction.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Coordinate with Southern Nevada Health District on the development and participation in CRI Anthrax exercise in Las Vegas. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Planning meeting documents/agendas/sign in sheets		
Planned Activity:	Participate in CRI Anthrax exercise in Las Vegas. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign in sheets/acknowledgement in ExPlan		
Planned Activity:	Participate in AAR-IP development. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: AAR-IP		
Planned Activity:	Conduct programmatic review of exercise and AAR-IP to identify best practices to incorporate into WCHD planning documents and exercises. (AAR/ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: List of best practices/Sign in Sheet		

1c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Medical Countermeasure Dispensing and Administration	
X	Determine medical countermeasure dispensing/administration strategies
X	Receive medical countermeasures to be dispensed/administered
X	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events
Medical Materiel Management & Distribution	
X	Direct and activate medical materiel management and distribution
X	Acquire medical materiel from national stockpiles or other supply sources
X	Distribute medical materiel
X	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
X	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
X	Monitor responder safety and health during and after incident response
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.	
Proposed Output:	Exercise planning documents (WCHD listed as participant)
Proposed Output:	WCHD participation in exercise
Proposed Output:	AAR-IP (Southern Nevada led)
Proposed Output:	List of best practices to incorporate into local planning
Proposed Output:	
2a. Planned Objective	
By June 30, 2024, plan, coordinate and conduct a chemical exercise in close coordination with regional partners and the Hospital Preparedness Program (HPP).	
2b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.	
Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.	

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Planned Activity:	Coordinate with HPP program and regional partners to choose most concerning chemical threat hazard for Washoe County, identify risks, gaps and mitigation requirements and use the information created to design a chemical tabletop exercise. (ORR/FOA/Quad)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: List of chemical threats/list of gaps/list of resources		
Planned Activity:	In coordination with the HPP program and regional partners conduct concept of operations meeting, initial planning meeting and create exercise documentation for chemical exercise. (FOA/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Situation Manual/Sign in sheets/agendas		
Planned Activity:	Conduct Chemical exercise. (FOA/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise announcements/sign in sheets		
Planned Activity:	Develop AAR-IP. (FOA/AAR/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
X	Determine medical countermeasure dispensing/administration strategies	
X	Receive medical countermeasures to be dispensed/administered	
X	Activate medical countermeasure dispensing/administration operations	
X	Dispense/administer medical countermeasures to targeted population(s)	
X	Report adverse events	
Medical Materiel Management & Distribution		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
Responder Safety and Health		

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X	Identify responder safety and health risks	
X	Identify and support risk-specific responder safety and health training	
	Monitor responder safety and health during and after incident response	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	List of chemical risks and gaps	
Proposed Output:	Situation manual/Exercise documents	
Proposed Output:	AAR-IP	
Proposed Output:		
3a. Planned Objective		
By March 30, 2024, plan, coordinate and conduct a Point of Dispensing exercise that includes a focus on security, emergency use authorizations, and multidivisional staffing models.		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Develop exercise plan for Fall Flu POD activities to focus on POD security, EUA/IND protocols, and multidivisional staffing. (ORR/JRA/Quad)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Exercise documents/agendas/meeting notes		
Planned Activity:	Conduct POD exercise and evaluate upon completion. (ORR/JRA/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Sign In sheets/media pushouts/participant evaluations		
Planned Activity:	Develop AAR-IP. (ORR/JRA/Quad)	Completion Timeline: ☐ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: AAR-IP		
Planned Activity:	Coordinate, as requested, with the U.S. Postal Service in their annual BDS exercise.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting notes, invitation, email		
3c. Function Association (Select all that apply):		

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Subrecipients must select the functions used to guide planned activities.	
Medical Countermeasure Dispensing and Administration	
X	Determine medical countermeasure dispensing/administration strategies
X	Receive medical countermeasures to be dispensed/administered
X	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events
Medical Materiel Management & Distribution	
	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources
	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
Nonpharmaceutical Interventions	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
Responder Safety and Health	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.	
Proposed Output:	Exercise documents
Proposed Output:	Participant feedback forms
Proposed Output:	AAR-IP
Proposed Output:	

Domain 5 Summary	
Domain Name	Surge Management
Domain Description	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other non-medical volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.
Associated Capabilities	• Fatality Management • Mass Care • Medical Surge • Volunteer Management
Fatality Management Definition	Fatality management is the ability to coordinate with organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting • Recovery and preservation of remains • Identification of the deceased • Determination of cause and manner of death • Release of remains to an authorized individual • Provision of mental/behavioral health assistance for the grieving The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.
Mass Care Definition	Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.
Medical Surge Definition	Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.
Volunteer Management Definition	Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.
Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Fatality Management	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
X	Build – plan to increase the capability or capacity of the capability
	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Mass Care	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
	Sustain – plan to maintain the current level of capability or capacity of the capability

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	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Medical Surge		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Volunteer Management		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy		Strengthen Surge Management
1a. Planned Objective		
By June 30, 2024, increase availability of WebEOC training resources to Health District Staff.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs. <i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Develop WebEOC instructions for WCHD staff. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Completed training manual		
Planned Activity:	Develop WebEOC training for Bridge training system and push out to all WCHD staff. (ORR/AAR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: WebEOC training module		
Planned Activity:	Participate and coordinate with Human Services Agency (HSA) representative on the Disaster Behavioral Health Annex, as able. (ORR/JRA)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Meeting agendas and minutes/updated plan if completed.		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		

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Fatality Management	
	Determine the public health agency role in fatality management
X	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
X	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
X	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
	Recruit, coordinate, and train volunteers
	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Updated WebEOC instructions and/or video
Proposed Output:	Updated Behavioral Health Plan if completed (PHP does not own plan)
Proposed Output:	
2a. Planned Objective	
Conduct shelter exercise with a focus on clarifying processes and protocols for Health District with engagement across divisions.	
2b. Completion Timeline	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>	

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Planned Activity:	Participate in the update of the MAEA and MCIP as requested. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: ExPlan/planning meeting agendas		
Planned Activity:	Incorporate communications drill into shelter exercise for notification of WCHD MRC. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Shelter ExPlan, communications message		
Planned Activity:	Incorporate into shelter exercise the WCHD MRC component for clarification of processes and roles for volunteers. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: AAR-IP, Shelter ExPlan		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Fatality Management		
☐	Determine the public health agency role in fatality management	
☐	Identify and facilitate access to public health resources to support fatality management operations	
☐	Assist in the collection and dissemination of antemortem data	
☐	Support the provision of survivor mental/behavioral health services	
☐	Support fatality processing and storage operations	
Mass Care		
X	Determine public health role in mass care operations	
☐	Determine mass care health needs of the impacted population	
X	Coordinate public health, medical, and mental/behavioral health services	
X	Monitor mass care population health	
Medical Surge		
☐	Assess the nature and scope of the incident	
☐	Support activation of medical surge	
☐	Support jurisdictional medical surge operations	
☐	Support demobilization of medical surge operations	
Volunteer Management		
X	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
☐	Conduct or support volunteer safety and health monitoring and surveillance	
☐	Demobilize volunteers	

Other (please specify)		
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	AAR-IP	
Proposed Output:	Updated plan/protocol	
Proposed Output:		
3a. Planned Objective		
Coordinate with partners and identify and clarify Health District roles and responsibilities in the Family Assistance Center Plan.		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Coordinate with the Washoe County Emergency Manager (WCEM) and Washoe County Medical Examiner's Office (WCMEO) on Family Assistance Center plan update with focus on clarifying the public health role in plan. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation: Updated FAC plan		
Planned Activity:	Participate in any State facilitated Crisis Standards of Care (CSC) activities or meetings as requested. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Agenda/meeting notes		
Planned Activity:	Update Medical Service Unit handbook based on updated Family Assistance Center Plan. (ORR)	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated MSU handbook		
Planned Activity:	As appropriate, update and clarify role of WCHD MRC in FAC. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: FAC Plan, meeting notes.		
Planned Activity:	Conduct in-person POD training specific to WCHD MRC and CERT volunteers as appropriate. (ORR)	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Documentation: Agenda, sign-in sheets, presentation slides	
3c. Function Association (Select all that apply):	
Subrecipients must select the functions used to guide planned activities.	
Fatality Management	
X	Determine the public health agency role in fatality management
X	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
X	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations
Mass Care	
X	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
X	Coordinate public health, medical, and mental/behavioral health services
X	Monitor mass care population health
Medical Surge	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
Volunteer Management	
X	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	Updated Family Assistance Center Plan (if completed by partners)
Proposed Output:	Updated MSU handbook
Proposed Output:	POD trainings

Domain 6 Summary		
Domain Name	Biosurveillance	
Domain Description	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, and radiological agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks and adverse events, and provide relevant information in a timely manner to stakeholders and the public.	
Associated Capabilities	• Public Health Laboratory Testing • Public Health Surveillance and Epidemiological Investigation	
Public Health Laboratory Testing Definition	Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies.	
Public Health Surveillance and Epidemiological Investigation Definition	Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.	
Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Public Health Laboratory Testing		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Public Health Surveillance and Epidemiological Investigation		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
X	Build – plan to increase the capability or capacity of the capability	
	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Bio surveillance	
1a. Planned Objective		
Increase disease investigation capacity by training and incorporating COVID-19 disease investigators to support other communicable diseases with ensured quality of data gathered.		
1b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Develop trainings and transition COVID-19 disease investigators to take on commonly reported diseases.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

		☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Training documents, workflow SOP and meetings.		
Planned Activity:	Create data exports in EpiTrax on a regular basis and create and run code logic for quality assurance checks.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Number of QAs run.		
Planned Activity:	Train and use COVID-19 disease investigators in data entry needs in CRO, HBV and HCV databases to support data completion in a timely manner.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: SOP and completion of data entry		
1c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
	Conduct or support public health surveillance	
X	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	
1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Completed code logic for QA and regular QA checks run	
Proposed Output:	Completed training and workplan for COVID-19 disease investigators	
Proposed Output:		
2a. Planned Objective		
Update communicable disease manual		
2b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

Planned Activity:	Update the communicable disease manual to reflect the most up to date information.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Updated CD manual chapters.		
Planned Activity:	Create and manage a communicable disease chapter tracker system.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: CD chapter tracker system.		
Planned Activity:		Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☐ Q4: April 1 – June 30
Documentation:		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Updated communicable disease manual	
Proposed Output:		
Proposed Output:		
3a. Planned Objective		
Provide disease background, surveillance, and awareness updates to the community through reports and newsletter publications		
3b. Completion Timeline		
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		

PHEP Budget Period 5 Nevada Subgrantee Work Plan Template: Community Resilience

For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE. Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.		
Planned Activity:	Publish regular Epi News newsletter on various disease topics, made available for public access.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website		
Planned Activity:	Publish a COVID-19 summary report to encompass activities and case data from March 2020-December 2022.	Completion Timeline: ☐ Q1: July 1 – September 30 ☐ Q2: October 1 – December 31 ☐ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website		
Planned Activity:	Published reports on influenza activities during the flu season and quarterly CPO report.	Completion Timeline: ☒ Q1: July 1 – September 30 ☒ Q2: October 1 – December 31 ☒ Q3: January 1 – March 31 ☒ Q4: April 1 – June 30
Documentation: Publication updates on the Washoe County website		
3c. Function Association (Select all that apply): Subrecipients must select the functions used to guide planned activities.		
Public Health Laboratory Testing:		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
Public Health Surveillance and Epidemiological Investigation:		
	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	
3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities): Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective. Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.		
Proposed Output:	Epi News publications	
Proposed Output:	COVID-19 Summary report	
Proposed Output:	Flu and CPO reports	

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**SECTION C
Budget and Financial Reporting Requirements
revised on Nov 21, 2024**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to:
"This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant # 6 NU90TP922047-05-01 from Nevada Public Health Emergency Preparedness (PHEP) Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Public Health Emergency Preparedness (PHEP) Program."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6 NU90TP922047-05-01 from Nevada Public Health Emergency Preparedness (PHEP) Program.

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	Including Fringe	Total:	\$0
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In-State Travel	Total:	\$0
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Out of State Travel	OSMot Days	Total:	\$0
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Operating					Total:	\$50,466
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?	
Operating Supplies	\$4,205.45	1.0	12.0	\$50,466.00	☒	
Other supplies support the operations of the program to achieve grant deliverables including medical surge (i.e. Clear outsert assembly, Gen II VPU Devices, Gas Mask Adapter, Pocket Talker Amplifier, Pocket Talker, Batteries, Magnifying Glass, Communication cards, Clear plastic boxes, alpha kits, handheld radios, medical supply bags, bleeding control kits, wheeled stretchers, etc.). Meals and snacks will support scope of work following eCFR: 45 CFR Part 75.						

Equipment	Total:	\$0
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Contractual/Contractual and all Pass-thru Subawards	Total:	\$0
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Training	Total:	\$0
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Other					Total:		\$0
					\$0.00	☐	

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TOTAL DIRECT CHARGES			\$50,466
Indirect Charges	Indirect Rate:	22.3%	\$11,275
Indirect Methodology: 22.34% of all direct expenses per proposed indirect agreement			
TOTAL BUDGET			\$61,741

STATE OF NEVADA
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Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$61,741.00								\$61,741.00

EXPENSE CATEGORY

Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$50,466.00								\$50,466.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$0.00								\$0.00
Other Expenses	\$0.00								\$0.00
Indirect	\$11,275.00								\$11,275.00
TOTAL EXPENSE	\$61,741.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,741.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Indirect Cost	\$11,275.00							Total Agency Budget	\$61,741.00
								Percent of Subrecipient Budget	100.00%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- *"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 \$61,741.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement;
 - A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

Any work performed after the BUDGET PERIOD will not be reimbursed. If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement. If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

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

- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

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

The Department agrees:

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. CDC.
 - The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

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

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

This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that

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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 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.
- 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
revised on Nov 21, 2024**

<u>Program Name:</u> Public Health Preparedness	<u>Subrecipient Name:</u> Northern Nevada Public Health
<u>Address:</u> 4126 Technology Way, Carson City, Nevada 89706	<u>Address:</u> 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<u>Subaward Period:</u> 07/01/2023 - 06/30/2025	<u>Subrecipient's:</u> EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s)	Calendar Year
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Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$50,466.00	\$0.00	\$0.00	\$0.00	\$50,466.00	0.00%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8. Indirect	\$11,275.00	\$0.00	\$0.00	\$0.00	\$11,275.00	0.00%
Total	\$61,741.00	\$0.00	\$0.00	\$0.00	\$61,741.00	0.00%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Public Health Emergency Preparedness (PHEP) Program	\$0.00	\$6,174.10	\$0.00	\$0.00	\$0.00	0.00%

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

Authorized Signature

Title

Date

FOR DEPARTMENT USE ONLY

Is program contact required? ☐ Yes ☐ No

Contact Person

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required):

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SECTION E

Audit Information Request

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

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

☒ Yes ☐ No

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

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?

12/27/2023

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

7/1/2022 - 6/30/2023

8. Which accounting firm conducted your last audit?

Eide Bailly

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

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SECTION F

Current or Former State Employee Disclaimer

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

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

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

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

Name

Services

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

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

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

And

Northern Nevada Public Health

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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individual. Refer to 45 CFR 160.103.

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e)(2)(ii)(E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media,

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

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**
 - a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
 - b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
 - c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any

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breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

1. Effect of Termination:

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

VI. MISCELLANEOUS

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

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

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

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**SECTION H
Matching Funds Agreement**

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

Program Name	Public Health Preparedness	Subrecipient Name	Northern Nevada Public Health
Federal grant Number	6 NU90TP922047-05-01	Subaward Number	
Federal Amount	\$61,741.00	Contact Name	Northern Nevada Public Health
Non-Federal (Match) Amount	\$6,174.10	Address	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Total Award	\$61,741.00		
Performance Period	07/01/2019 through 06/30/2025		

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 \$61,741.00

Required Match Percentage 10.00%

Total Required Match \$6,174.10

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$156.80
2	Travel	\$	\$1,137.90
3	Operating	\$	\$651.40
4	Contract/Consultant	\$	\$0.00
5	Supplies	\$	\$150.00
6	Training	\$	\$0.00
7	Other	\$	\$2,977.70
8	Indirect	\$	\$1,100.30
	Total	\$	\$6,174.10

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

