

Item # 9-3B

**City of Carson City
Agenda Report**

Date Submitted: June 22, 2010

Agenda Date Requested: July 1, 2010

Time Requested: Consent

To: Carson City Board of Supervisors
From: Health and Human Services Department

Subject Title: Action to approve a sub-grant award in the amount of \$75,000 from the Nevada Department of Health and Human Services, Tobacco Education and Prevention Program, Bureau of Child, Family and Community Wellness, for funds to support tobacco prevention and education activities in Carson City, Douglas, and Lyon Counties. (*Marena Works*)

Staff Summary: This grant will be used to support our Public Health Program Specialist to provide tobacco education and prevention programs to youth and adults in Carson City, Douglas and Lyon County.

Type of Action Requested: (check one)

Resolution Ordinance
 Formal Action/Motion Other (Specify _____)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve a sub-grant award in the amount of \$75,000 from the Nevada Department of Health and Human Services, Tobacco Education and Prevention Program, Bureau of Child, Family and Community Wellness, for funds to support tobacco prevention and education activities in Carson City, Douglas, and Lyon Counties.

Explanation for Recommended Board Action: Carson City Health and Human Services (CCHHS) provides health prevention and education services to Carson City, Douglas and Lyon Counties. CCHHS and Nevada's Tobacco Education and Prevention Program join together to focus efforts on preventing youth initiation of tobacco use; encouraging youth and adults to quit tobacco products; protect individuals from secondhand smoke exposure and reduce health disparities in communities that suffer disproportionately from tobacco related disease in Carson City, Douglas and Lyon Counties.

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: State Grant, 25% match required

Supporting Material: Notice of sub-grant award

Prepared By: Marena Works, Director

Reviewed By:

(Health Department)

(City Manager)

(District Attorney)

(Finance Director)

Date: 10-22-10

Date: 6/22/10

Date: 6/22/10

Date: 6/22/10

Board Action Taken:

Motion: _____

1) _____

Aye/Nay

2) _____

(Vote Recorded By)

Department of Health and Human Services

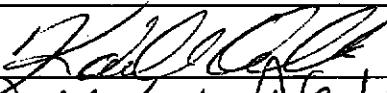
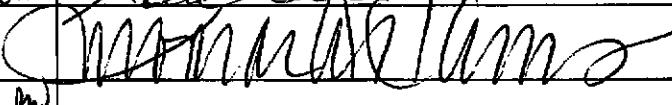
Health Division # 10229

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3220
 Category #: 10
 GL #: 8780

NOTICE OF SUBGRANT AWARD

Program Name: Tobacco Education and Prevention Program Bureau of Child Family and Community Wellness Nevada State Health Division	Subgrantee Name: Carson City Health and Human Services (CCHHS)	
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706	Address: 900 East Long Street Carson City, Nevada 89706	
Subgrant Period: March 29, 2010 through March 28, 2011	Subgrantee EIN#: 88-6000189 Subgrantee Vendor#: T80990941J Dun & Bradstreet#: 07-738-7152	
Reason for Award: To provide tobacco prevention and education activities to Carson City.		
County(ies) to be served: () Statewide (X) Specific county or counties: <u>Carson City, Lyon, Douglas</u>		
Approved Budget Categories:		
1. Personnel	\$ 71,600.00	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Budget expenditures must be made by March 28, 2011 for guaranteed reimbursement.
2. Travel	\$ 1,000.00	
3. Operating	\$ 00.00	
4. Equipment	\$ 00.00	
5. Contractual/Consultant	\$ 00.00	
6. Supplies	\$ 800.00	
7. Other	\$ 1600.00	
Total Cost	\$ 75,000.00	
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$75,000.00 during the sub-grant period.		
Source of Funds: Centers for Disease Control and Prevention (CDC)	% of Funds: 100%	CFDA#: 93.283 Federal Grant #: 5U58DP002003-02
Terms and Conditions In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award. 		
Authorized Sub-grantee Official CCHHS	Signature	
Kandi Qualis Interim Tobacco Program Manager	 6-1-10	
Deborah A. Harris, MA, CPM Bureau Chief	 6/8/10	
Richard Whitley, MS Administrator, Health Division		

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

The Carson City Health and Human Services, hereinafter referred to as Subgrantee, agrees to focus its efforts on preventing youth initiation of tobacco use; encouraging youth and adults to quit tobacco products; protecting individuals from secondhand smoke exposure; and reducing health disparities in communities that suffer disproportionately from tobacco related disease.

The Carson City Health and Human Services, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

SCOPE OF WORK

The scope of work for this sub-grantee relates directly to the addressing the CDC Tobacco Goals, which are reflected in the Nevada Tobacco Statewide Plan: 1. Prevention and Initiation of Tobacco Use Among Adults and Young People; 2. Eliminate Non-Smokers exposure to Second Hand Smoke; 3. Promote Quitting Among Adults and Young People; 4. Identify and Eliminate Tobacco Related Disparities.

DELIVERABLES

Please submit all of the following data items in a report to the NSHD for your Quarterly and Annual Reports.

REPORT SCHEDULE

- Quarter 1 (April – June) – Due by July 10, 2010 – Table Format
- Quarter 2 (July - Sept) – Due by Oct 10, 2010 – Table Format
- Quarter 3 (Oct - Dec) – Due by Jan 10, 2010 – Table Format
- Quarter 4 (Jan – March) – Due by April 10, 2011 – Table Format
- 2011 ANNUAL Report (April 2010 – March 2011) – Due by April 15, 2011 – Full Report

Performance Measures		
Performance Measures	Activities	County(ies)
CCHHS will provide tobacco education to over 1,000 students in Carson City, Lyon and Douglas County.	Tobacco Prevention Education Programs: target secondhand smoke, affects of tobacco use (both long and short term), and effective methods to say "no".	Carson City, Lyon and Douglas
To build a functional TATU (Teens Against Tobacco Use) program in Carson City.	Collaborate with American Lung Association. Pre and post examination to show effectiveness of program.	Carson City
CCHHS will provide the Tar Wars curriculum to over 500 elementary students in Carson City, Lyon and Douglas County.	Tar Wars curriculum for elementary schools. Provide students with information regarding secondhand smoke.	Carson City, Lyon and Douglas
Conduct health fairs in Tri-County Area for 2,000	Teen health fairs Other health fairs: provide information regarding	Carson City, Lyon and Douglas

individuals.	secondhand smoke, the effects of tobacco use and healthier choices.	
Educate 100 teens accessing the family planning clinic.	CCHHS will incorporate tobacco use prevention strategies among teens accessing the family planning clinic.	Carson City, Lyon and Douglas
Develop and disseminate counter-marketing campaign that addresses secondhand smoke.	Counter-marketing materials include flyers, and DVDs	Carson City, Lyon and Douglas
Develop a statewide message in regards to secondhand smoke exposure	Collaborate with other Local Lead Agencies	Statewide
Participate in Nevada Tobacco Prevention Coalition Meetings	Focus on policies related to the Nevada Clean Indoor Air Act	Statewide
Educate 500 youth on dangers of secondhand smoke.	Collaborate with Lee Radtke	Statewide
Provide directly or refer 60 adults in regards to tobacco cessation.	8 week cessation course Coordinate/refer to the quitline.	Carson City, Lyon and Douglas
Provide cessation services to 30 youth/teens.	Collaborate with ALA to establish and conduct cessation classes	Carson City, Lyon and Douglas
Provide cessation program to at least 12 individuals receiving services through Rural Regional Center.	CCHHS will provide cessation and tobacco prevention services to individuals receiving services through Rural Regional Center, identified by RRC staff as wanting tobacco prevention services	Carson City
Provide tobacco education and cessation services to 20 people who have developmental disabilities or mental health diagnosis.	Reach out to the community members through various organizations. Coordinate services with the Quitline for mental health diagnosis.	Carson City
Provide Brief Intervention Trainings to staff at MHDS.	Contact and coordinate with the Quitline.	Carson City, Lyon, Douglas, Churchill
Provide Brief Intervention Trainings for clinic staff at CCHHS.	Contact and coordinate with the Quitline.	Carson City
Incorporate Brief Interventions into family planning, STD, and	Coordinate with Quitline to train staff on Brief	Carson City, Lyon and Douglas

well child clinical encounters for clients of CCHHS (low income or teens).	Interventions.	
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REPORTS AND INVOICES

Quarterly invoices will not be approved for payment until quarterly reports are received by the Tobacco Program Manager.

NSHD reserves the right to conduct a site visit in regards to the subgrant and deliverables. If deliverables are not met for this subgrant period, NSHD is not obligated to issue continuation funding.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 71,600	Cover a portion of Salary and Fringe toward 1 FTE – Program Specialist
2. Travel	\$ 1,000	Travel within Carson City, Douglas, Lyon, and Washoe County
3. Operating	\$ 00	
4. Equipment	\$ 00	
5. Contractual Consultant	\$ 00	
6. Supplies	\$ 800	Materials, Postage, etc.
7. Other	\$ 1,600	Web hosting, revisions
Total Cost	\$ 75,000	
In-Kind Match	\$ 18,750	(25% of Grant Award)

- This subgrantee is asked to provide an in-kind match of up to 25% of the total grant award (reflected above). The in-kind match will be reported on quarterly basis with the deliverables, and can include any type of work, service, time, personnel, supplies, etc., that relate to the scope of work in this subgrant that is paid by a non-federal source, this can include Healthy Nevada Funding. Basically any contribution toward the scope of work that was not funded by a federal source and utilized for an in-kind match for other funding.
- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Subgrantee is required to provide an in-kind match equal to or greater than 25% of their total project cost.
- 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/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 30 days of the end of the monthly reporting cycle and no later than 30 days of the end of the subgrant period which is March 28, 2011.

- **The Maximum amount available under this sub-grant is \$75,000.00.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, and monthly or quarterly deliverable report.
- Additional expenditure detail will be provided on a quarterly basis to the State of Nevada Health Division, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.

Additionally, the Subgrantee agrees to provide:

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

The Nevada State Health Division agrees:

- To providing technical assistance, upon request from the Subgrantee;
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

An annual site visit will be performed by the State of Nevada Health Division, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, 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 Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

- ☞ A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant 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 Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

- A. Approved Budget:** List the approved budget amounts in this column by category.
- B. Total Prior Requests:** List the total expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the previous Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.
- C. Current Request:** List the current expenditures requested at this time for reimbursement in this column, for each category.
- D. Year to Date Total:** Add Column B and Column C for each category.
- E. Budget Balance:** Subtract Column D from Column A for each category.
- F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments MUST be completed (including all approving signatures) 30 days prior to the end of the subgrant period.

**An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.*

Nevada Department of Health and Human Services

Health Division # 10229
 Bureau Program # 3220
 GL # 8780
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Tobacco Education and Prevention Program Bureau of Child Family and Community Wellness Nevada State Health Division	Subgrantee Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706	Address: 900 East Long Street Carson City, Nevada 89706
Subgrant Period: March 29, 2010 through March 28, 2011	Subgrantee EIN#: <u>88-6000189</u> Subgrantee Vendor#: <u>T80990941J</u> Dun & Bradstreet#: <u>07-738-7215</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in whole dollars; must be accompanied by expenditure report/back-up)

Month(s): _____

Calendar Year: _____

Approved Budget Category		A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1	Personnel	\$ 69,000	\$ 0	\$ 0	\$ 0	\$ 69,000	0%
2	Travel	\$ 1,000	\$ 0	\$ 0	\$ 0	\$ 1,000	0%
3	Operating	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	#DIV/0!
4	Equipment	\$ 800	\$ 0	\$ 0	\$ 0	\$ 800	0%
5	Contract/Consultant	\$ 2,600	\$ 0	\$ 0	\$ 0	\$ 2,600	0%
6	Supplies	\$ 800	\$ 0	\$ 0	\$ 0	\$ 800	0%
7	Other	\$ 800	\$ 0	\$ 0	\$ 0	\$ 800	0%
8	Total	\$ 75,000	\$ 0	\$ 0	\$ 0	\$ 75,000	0%

This report is true and correct to the best of my knowledge.

Authorized Signature

Title

Date

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____